



PENNSYLVANIA INSURANCE DEPARTMENT
TITLE INSURANCE AGENT

AFFIDAVIT FOR WAIVER OF FIDELITY BOND REQUIREMENT

I, _____, verify that the facts set forth in this affidavit are true and correct to the best of my knowledge, information, and belief. This statement is subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

I am a sole proprietor or designated licensee of a business entity (agency) that has no employees, except for the agency's owners, partners, or stockholders, who do not perform any work in connection with the work I perform as a title agent. I am not an employer required to provide employee compensation under the Worker's Compensation Law nor do I pay withholding taxes for any individual.

I understand that I am required to notify the Insurance Department in writing within 10 days if I employ any individual to perform any work for me in connection with the work I perform as a title agent. I further understand that failure to notify the Insurance Department could result in an enforcement action by the Department.

I further understand that if I am granted a waiver of the fidelity bond requirement, the waiver is deemed automatically withdrawn if I employ an individual to perform any work for me in connection with the work I perform as a title agent.

I also understand that if I employ any individual to perform any work for me in connection with the work I perform as a title agent, I must obtain a fidelity bond in accordance with Act 1995-79 (40 P.S. Sec. 910 *et. seq.*), but not less than \$150,000, within thirty (30) days of employing that individual. I understand that the failure to obtain this bond within thirty (30) days of employing that individual may affect the status of my license, resulting in such penalties as revocation or suspension.

NAME OF INDIVIDUAL LICENSEE _____

NAME OF AGENCY _____

LICENSE NUMBER _____

SIGNATURE _____

Please email this completed form to ra-inspecialtymail@pa.gov