



**TITLE INSURANCE APPLICATION  
BUSINESS ENTITY**

**RESIDENT FEE - \$55.00**   
**NON-RESIDENT FEE - \$110.00**   
**MAKE CHECKS PAYABLE TO COMMONWEALTH OF PA**

**(Please Print or Type)**

Federal Employer Identification Number:
Business Entity Name:
Business Address (Physical):
City, State, Zip Code:
Business Entity Phone Number: <span style="float: right;">Business Fax Number:</span>
List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.
Legal Business Type: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/>
<b>Type of License Authority Requested</b>
Lines of Authority: Title <input type="checkbox"/>

<b>List all Owners, Officers, Managers, Partners (even if not licensed as an insurance producer) &amp; Designated Licensees.</b>		
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:

**Background Information**

1. Has the business entity, or the owners, officers, managers, partners or any designated licensee of the business entity, **ever** been subject to an administrative action, penalized or fined, had an insurance license or other financial services license or its equivalent refused, suspended or revoked by a Government entity or is any such action now pending? (If yes, provide a full explanation on a separate sheet of paper.)  
YES  NO
2. Do all **unlicensed** owners, officers, partners or employees understand they cannot perform any act of an Insurance Producer in Pennsylvania?  
YES  NO
3. Are all designated licensees and all other licensed Insurance Producers in the business entity familiar with and agree to abide by all the laws and regulations pertaining to the business of insurance in the Commonwealth of Pennsylvania? YES  NO

**Applicants Certification and Attestation**

I DO HEREBY CERTIFY UNDER **PENALTY OF PERJURY** THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT. NOTE: FALSE STATEMENTS MAY RESULT IN CRIMINAL PENALTIES, APPLICATION DENIAL, ADMINISTRATIVE ENFORCEMENT ACTION OR ALL OF THE AFOREMENTIONED.

\_\_\_\_\_  
Designated Licensee Signature                      Date

\_\_\_\_\_  
Designated Licensee Name & Title (Printed Out)

\_\_\_\_\_  
Designated Licensee Signature                      Date

\_\_\_\_\_  
Designated Licensee Name & Title (Printed Out)

\_\_\_\_\_  
Designated Licensee Signature                      Date

\_\_\_\_\_  
Designated Licensee Name & Title (Printed Out)

\_\_\_\_\_  
Designated Licensee Signature                      Date

\_\_\_\_\_  
Designated Licensee Name & Title (Printed Out)

**Attachments**

- ITL-03 for Designated Licensee(s) nor presently licensed in Pennsylvania.
- Other \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:  
PA INSURANCE DEPARTMENT  
BUREAU OF PRODUCER SERVICES  
ROOM 1209 STRAWBERRY SQUARE  
HARRISBURG PA 17120**

**INSURANCE COMPANY ENDORSEMENT**

NAIC CODE NUMBER \_\_\_\_\_  
EIN#: \_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

I \_\_\_\_\_ A DULY AUTHORIZED REPRESENTATIVE OF \_\_\_\_\_  
CERTIFY THAT A REASONABLE INQUIRY HAS BEEN COMPLETED INTO THE APPLICANT'S BACKGROUND IN ACCORDANCE WITH  
31 PA.CODE SECTION 37.62 AND THE APPLICANT IS OF GOOD BUSINESS REPUTATION AND WORTHY TO CONDUCT THE  
BUSINESS OF INSURANCE. IF THE APPLICANT IS ISSUED A CERTIFICATE OF QUALIFICATION BY THE INSURANCE DEPARTMENT,  
THE APPLICANT WILL BE APPOINTED IN ACCORDANCE WITH 31 PA.CODE 37.61

\_\_\_\_\_  
DATE AUTHORIZED SIGNATURE TITLE PHONE

*NOTE: TO ENDORSE THIS APPLICATION, THE INSURANCE COMPANY MUST BE LICENSED FOR THE LINES OF AUTHORITY BEING  
APPLIED FOR BY THE APPLICANT.*