



**2016 ANNUAL TITLE AGENT/AGENCY
 REVIEW FORM**

(For the twelve-month period of September 1, 2015 thru August 31, 2016)

Due by January 15, 2017

ATTENTION: All agents and agencies are encouraged to utilize the Department’s user-friendly, web-based Annual Title Review System to file their annual reviews for the filing period. The system, which can be accessed via the Department’s website (www.insurance.ohio.gov), captures all information requested on the Annual Title Agent/Agency Review Form (INS3283) and streamlines the submission of annual reviews. To obtain a user name and password for the Annual Title Review Filing System, please visit the featured link entitled “2016 Annual Title Filing Instructions” on the Department’s website (www.insurance.ohio.gov).

SECTION #1 – AGENT/AGENCY CONTACT INFORMATION

Please check which type of filing you are submitting:

Note: Only one box should be selected as separate filings are required for individuals who hold both an individual and a business entity license.

AGENT Filing AGENCY Filing

Agency Name/Agent Last Name:	Agent First Name: (if applicable)	Agent Middle Initial: (if applicable)	National Producer Number (NPN):

List your **BUSINESS** contact information below:

Business Address:	City, State:	Zip Code:	Business Phone Number:
Business Fax Number:	E-mail Address:		

FOR AGENT FILINGS ONLY: List your **RESIDENTIAL** contact information below:

Home Address:	City, State:	Zip Code:	Home Phone Number:
Mobile Number:	Personal E-mail Address:		

Note: The Annual Title Agent/Agency Review Form cannot be utilized as an address change request. Formal address change requests are to be reported through the National Producer Insurance Registry (www.nipr.com).

Once Section 1 has been completed, please move on to complete Section 2.

SECTION #2 – SUPPLEMENTARY INSURANCE INFORMATION

Check the box below that applies to your Errors and Omission Insurance Coverage:



Important Note: If you are an attorney and you have listed your professional liability policy as your Errors and Omissions Insurance Coverage, you are required to verify your policy covers all of your activities as a title agent and meets all of the conditions outlined in Ohio Revised Code 3953.23(D) and Ohio Administrative Rule 3901-7-02 (D) prior to submitting your annual review.

- I have Errors and Omission Insurance Coverage in the name of the AGENT or AGENCY named on this filing.

Insurance Company:	Policy Number:	Effective Dates (start date to expiration date):

- I am covered under my employer's Errors and Omission Insurance Coverage.

- I do not have Errors and Omission Insurance Coverage.

Please state the reason for not having Errors and Omission Insurance Coverage:

- I am exempt from having Errors and Omission Insurance Coverage because I am an employee of the Title Insurance Company and/or Underwriter noted below:

Name of Title Insurance Co. / Underwriter:	Underwriter NAIC Number:

Next, check the box below that applies to your Surety Bond Coverage:

- I am not required to have a surety bond because I do not handle escrows in real property transactions that do not involve the issuance of title insurance.

- I have a surety bond because I handle escrows in real property transactions that do not involve the issuance of title insurance.

Surety Bond Company:	Bond Number:

- I do not have Surety Bond Coverage:

Please state the reason for not having Surety Bond Coverage:

SECTION #3 – DEPOSITORY ACCOUNT INFORMATION (Part 1)

Check all the boxes below that apply:

- The title agent/agency named on this form does not maintain an IOTA account because no non-directed escrow funds meeting the requirements of sections 1349.20 to 1349.22 of the Ohio Revised Code are handled by the agent.
- The title agent/agency named on this form does not maintain an IOTA account because all escrow funds are handled through an IOTA account maintained by the Ohio licensed Title Insurance Agency noted below:

Name of Ohio Licensed Title Insurance Agency:

National Producer Number (NPN):

NOTE: If you checked either box in Part 1, it is not necessary for you to complete Part 2 of Section #3.

SECTION #3 – DEPOSITORY ACCOUNT INFORMATION (Part 2)

While all agent depository institution accounts, including operating and non-fiduciary accounts that existed at any time during the review period are required to be analyzed as part of the annual review, agents and agencies are only required to provide the Department with a listing of all Interest On Trust Accounts (IOTA) used for the deposit of non-directed escrow funds maintained by the Agent/Agency named on this form.

Using the below table, provide a listing of all **Interest On Trust Accounts** (IOTA) that existed during the reporting period.

Note: If there are more than 10 IOTA accounts, attach a supplemental spreadsheet making sure to include the six column headings listed below. If you wish to attach a spreadsheet of all accounts in lieu of using the form below, all spreadsheets must mirror the format below and include the eight column headings listed.

Name or Title of IOTA Account	Account # (do not include routing #)	Depository Institution	Depository City and State	Date Opened	Date Closed
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

SECTION #4 – DETERMINATION OF FILING STATUS

Please answer the four questions below to determine your filing status:

1. Do you handle escrow funds of clients or third parties that are required to be deposited in an IOTA account **in your name?**

Yes No

If you answered “Yes” to question 1, you are required to complete the next three questions.

 If you answered “No” to question 1, please skip the next three questions and complete the gray shaded box below.

2. If you checked “Yes” to question 1, have you had your escrow accounts reviewed by one or more of the companies with whom you were appointed during the twelve-month period?

Yes No

If you answered “Yes” to question 2, please proceed to question 3.

If you answered “No” to question 2, please proceed to question 4.

3. If you checked “Yes” to question 2, please list below the date of the review and the name of the insurance company:

Date of Insurance Company Review:	Name of Insurance Company Who Performed the Review:

4. Did the title agent/agency named on this form average **five or less Ohio transactions per month** during the review period that are required to be deposited in an IOTA account in your name?

Yes No

If you answered “No” to either question 2 or question 4, you are required to attach an Independent Annual Review (CPA Report of the Agreed-Upon Procedures) as outlined in OAC 3901-7-01 (H)(2).

If you answered “No” to question 1 **OR** “Yes” to questions 1, 2, 3, and 4, you qualify for an EXEMPTION under OAC 3901-7-01 (F) and do not need to submit an Independent Annual Review of your escrow accounts. Please read and sign the **gray shaded box** below to confirm your EXEMPT filing status.

I hereby certify that, under penalty of perjury, all of the information submitted in the above filing is true, complete and accurate. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for license revocation and may subject me to civil and/or criminal penalties.

Printed/Typed Name of Agent or Authorized Representative of Agency named on this filing: _____

Signature of Agent or Signature of Authorized Representative of Agency named on this filing: _____

Date signed: _____

Title of Authorized Agency Representative: _____
(if applicable)

*** Once you have signed the signature box for Section #4, please move on to complete section #5 if you are required to provide any information regarding your Independent Annual Review findings or if there’s an issue that requires further explanation.***

SECTION #5 – AGENT/AGENCY EXPLANATIONS

Note: If more space is required, expand the text box and create additional page(s) for your text as needed.

5. Does your Independent Annual Review have any findings?

No

Yes

If “Yes”, please explain each finding in the space below:

I hereby certify that, under penalty of perjury, all of the information submitted in the above filing is true, complete and accurate. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for license revocation and may subject me to civil and/or criminal penalties.

Printed/Typed Name of Agent or Authorized Representative of Agency named on this filing: _____

Signature of Agent or Signature of Authorized Representative of Agency named on this filing: _____

Date signed: _____

Title of Authorized Agency Representative: _____
(if applicable)