

ADDITIONAL AFFILIATED COMPANIES

For any existing affiliates*, please provide the following information:

Company Name: _____ Length/Tenure: _____
Company Address: _____ City, State & Zip code: _____
Business activities: _____

Affiliate Ownership breakdown:

Name: _____ Ownership: ____ % Affiliate Production: ____ %

Does Applicant share employees with affiliate? () Yes () No

Does Applicant share office space with affiliate? () Yes () No

Does any employee of Applicant have signing authority at the affiliated company? () Yes () No

If yes, provide Name(s) & Title(s): _____

***** If affiliate is a Title Company, complete the following *****

Title Insurer: _____ Main Contact: _____
Contact Phone: _____ Contact Email: _____

For any existing affiliates*, please provide the following information:

Company Name: _____ Length/Tenure: _____
Company Address: _____ City, State & Zip code: _____
Business activities: _____

Affiliate Ownership breakdown:

Name: _____ Ownership: ____ % Affiliate Production: ____ %

Does Applicant share employees with affiliate? () Yes () No

Does Applicant share office space with affiliate? () Yes () No

Does any employee of Applicant have signing authority at the affiliated company? () Yes () No

If yes, provide Name(s) & Title(s): _____

***** If affiliate is a Title Company, complete the following *****

Title Insurer: _____ Main Contact: _____
Contact Phone: _____ Contact Email: _____