

**VIRGINIA STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE**

**Title Settlement Agent/Agency Financial Responsibility Certification**

As required by the provisions of Chapter 10 of Title 55.1 of the Code of Virginia and the Bureau's Regulations issued thereunder, I hereby certify that I have in full force and effect the following insurance and bond coverage's, in conjunction with my registration as a title settlement agent:

1. An errors and omissions insurance policy providing limits of at least \$250,000 per occurrence or per claim and issued by an insurer authorized to do business in the Commonwealth of Virginia.

Check (2a or 2 b)

2. a. A blanket fidelity bond or employee dishonesty insurance policy issued by a company authorized to write such bonds or insurance in Virginia providing limits of at least \$100,000 per occurrence or per claim.

**or**

2. b. I am hereby requesting or have previously been granted an exemption from this requirement because I have no employees other than myself or other licensed owner(s), partner(s), shareholder(s), or member(s).

I further certify that all such coverage's will be maintained in full force and effect throughout the time I act as a title settlement agent. I understand that these requirements are subject to further verification by the Bureau at its discretion, and I agree to provide satisfactory evidence of such coverage's upon request.

\_\_\_\_\_  
Typed or Printed Name of Settlement Agent/Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License Number/Federal Tax ID