## **DISCLOSURE STATEMENT** CONTROLLED BUSINESS ARRANGEMENT

(By a Producer of Title Insurance Business or Associate thereof)

This Disclosure is made to: (check one or both)	Seller/Owner	Buyer		
Seller(s)/Owner(s)				
[Print Name(s)]				
Buyer(s)				
[Print Name(s)]				
Regarding the Property located at:				
Street	City	State	Zip Code	
For the Title Insurance Company, Title Insurance Age (Print Company Name)				
In connection with the property described above, the title insurance company, title agent, and/or escrow services.	e undersigned has recommon agent to the above named	ended, or is a d party(ies) to	bout to recommend, the provide title insurance a	above named and/or escrow
The undersigned producer has a financial interest in which has said financial interest and therefore, make and which will be made in connection with the record	es, or has made, the follow	ing estimate of		
Only those charges which may be paid by the party additional parties who choose to utilize services from those services.				
* Owner's Title Policy:	\$			
* Mortgage Title Policy:				
Escrow or Closing Fee	<u> </u>			
Closing Protection Lett	er Fee:			
Other Fees:				
Total Estimated Charg	es: \$======	=======		
* These estimated figures include all charges/serv issuance of Policy(ies). Thee estimates may be and/or lenders require special endorsements which	revised if any unusual circu			
You are not required to use		(name of pro	vider) as a condition for	settlement of
You are not required to use				
The undersigned does hereby certify that the above	disclosure was made to the	e above name	d party(ies) on	
Signature of Producer:		Date: _		
ACKNOWLEDGEMENT				
I/We have read this Disclosure form and under referring me/us to purchase the above described se receiving referral) and may receive a financial or oth			(refer	ring party) is (provider
Seller/Owner:		Date:		
Buyer:				
		Date:		

(NOTE: PURSUANT TO SECTION 18.(b) OF THE TITLE INSURANCE ACT, THE TITLE INSURANCE COMPANY, INDEPENDENT ESCROWEE, OR TITLE INSURANCE AGENT SHALL MAINTAIN THIS DISCLOSURE FORM FOR A PERIOD OF 3 YEARS.)