

DECLARATION OF TITLE INSURANCE AGENT

_____, being first duly sworn,
Title Insurance Agent Representative

upon oath deposes and states, I am the _____
Title

and duly authorized representative of _____
Name of Title Insurance Agent

and am in compliance with the following requirements for a title agency located in the State of Washington:

1. The Title Insurance Agent owns or leases and maintains a complete set of tract indexes of the following county or counties in which such agent will do business in accordance with RCW 48.29.160.

Select	County name	Select	County name	Select	County name
	Adams		Grays Harbor		Pierce
	Asotin		Islands		San Juan
	Benton		Jefferson		Skagit
	Chelan		King		Skamania
	Clallam		Kittitas		Snohomish
	Clark		Kitsap		Spokane
	Columbia		Klickitat		Stevens
	Cowlitz		Lewis		Thurston
	Douglas		Lincoln		Wahkiakum
	Ferry		Mason		Walla Walla
	Franklin		Okanogan		Whatcom
	Garfield		Pacific		Whitman
	Grant		Pend Oreille		Yakima

Note: If business is to be conducted in an additional county from your previous Declaration, you must submit an updated Declaration.

2. The Title Insurance Agent has ownership and/or lease rights to the plant (both tract indexes and documents) and attached verifying documentation to this Declaration proving such ownership or leasing rights.

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3. The Title Insurance Agent has access to County and City records.
4. When a title insurer is used by the agent, the Title Insurance Agent will obtain the proper appointment and provide a \$200,000 guarantee letter from the insurer in accordance with RCW 48.29.155 (5) or furnish to the Office of Insurance Commissioner the bonds required by RCW 48.29.155 (1),(a),(b).
5. The title insurance agent will be available for random examination during normal business hours. The agency will demonstrate to the examiner that the agent is capable of an accurate title search, and accessing documentation for a specific address selected by the examiner

_____	_____
<i>Signature of Representative</i>	<i>Title of Representative</i>
_____	_____
<i>Print name</i>	<i>Date</i>
_____	_____
<i>Address</i>	<i>Telephone Number</i>

<i>City, State, ZIP code</i>	

I certify under penalty of perjury under the laws of the State of Washington that all statements above are true and correct.

This form can be submitted electronically via the Formsite Submission process. Additional information and instructions for submissions can be located here (<https://www.insurance.wa.gov/title-agent-reporting-requirements>).

Physical address: 5000 Capitol Boulevard, Tumwater, WA 98501

US postal address: PO Box 40255, Olympia, WA 98504

Phone: 360-725-7144

www.insurance.wa.gov