

## PLM TITLE COMPANY

## **CAAP SIGN UP FORM**

PLEASE DO NOT LEAVE ANY QUESTIONS BLANK (insert N/A if necessary)

I.						
	□ ESQ. □ AAL					
First Name Last Name	Middle Initial J.D.					
	□ P.C.					
Maiden Name (if applicable)  Date of Birth						
II.						
Home Address Street						
,IL						
City	Zip Code					
Home Phone Mobile Phone						
Spouse's Name How did you hear about PLM Title	Company?					
Favorite Restaurants: Hobbies:						
III.						
	□ CORPORATION □ PARTNERSHIP					
Company / Organization / Firm	□ ASSOCIATION □ INDIVIDUAL					
Do you have an In-House Closer?  YES / Name:	OTHER					
Date of Incorporation   NO						
Business Address Street	County					
,п						
City	Zip Code					
	- AP					
Business Phone Business Fax	APPLICANT LAST NAI					
	ANT I					
Email Address	LAST					
IV.	APPLICANT LAST NAME:					
	15.					
Social Security # Tax I.D. #						
Undergraduate School Degree	Graduated					
Law Sahaal	Croducted					
Law School Degree	Graduated					
Have you ever been registered with the Department?YESNO						
(if "yes") Name(s) registered under  Name(s) of Title Insurance Company						

## QUESTIONS FOR THE STATE OF ILLINOIS DEPT. OF FINANCIAL INSTITUTION CONSUMER CREDIT DIVISION

Please list names and home addresses of *ALL* persons who have a financial interest in the entity/individual listed above, who are known or reasonably believed by the entity/individual to be producers of title business or associates of producers. If none, please indicate "None". Also, please indicate each person's percentage of ownership. (Please attach a sheet for additional names)

Indicate "Title" (A-A) Director B)	E) for each person Sole Shareholder	C) President	D) Vice-President	E) Secretary/Treasurer	
(1) Name				% Ownership Title	
Home Address	City		State	Zip	Birth Date
(2) Name				% Ownership Title	
Home Address	City		State	Zip	Birth Date
(3) Name `				% Ownership Title	
Home Address	City		State	Zip	Birth Date
Errors & Omissions	Carrier				
\$ Coverage Amount	. [		\$ Deductible		
Please list other title companies you are an Agent for:					
Please list all current and former title insurance underwriters and dates of association:					
List previous employers & experience in title examinations & title insurance including attorneys & others familiar w/ your abilities.					
Please list references	s of those who know	you professionally:			
NAME	ADD	RESS	CITY/STATE/ZIP	PHONE	( <i>F</i> <sub>4</sub>
					or Office
PLEASE PROVIDE COPIES OF THE FOLLOWING ITEMS:  Certification of Incorporation  E & O Insurance Declaration Page  Application for Incorporation to Secretary of State					(For Office Use Only) BAS

Thank you for taking the time to complete this form. Your complete and accurate answers will assist us in executing the "Agreements and State Applications" for you to sign. Once you sign these Agreements, you're "IN" and we can consider you an Agent!! Should you need assistance in completing our form, please do not hesitate to contact me at any time!! We look forward to working for you towards a prosperous future!!

## PLM Title Company

1275 E. Butterfield Rd. #110, Wheaton, IL 60187 {p} 630 / 653-4583 {f} 630 / 653-5139 3425 W. Elm Street, McHenry, IL 60050 {p} 815 / 385-7360 {f} 815 / 385-0010 Additional Closing Offices: Aurora / Chicago / Waukegan