

UTAH LAND TITLE ASSOCIATION

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APPLICATION FOR ACTIVE OR ASSOCIATE MEMBERSHIP

IN MAKING APPLICATION FOR MEMBERSHIP IN THE ULTA, APPLICANT AGREES TO COMPLY WITH ALL PROVISIONS OF THE ASSOCIATION'S CODE OF ETHICS & BYLAWS UPON ACCEPTANCE INTO MEMBERSHIP.

ACTIVE MEMBERSHIP IS RESTRICTED TO BUSINESS ENTITIES PRIMARILY ENGAGED IN LAND TITLE EVIDENCING OR INSURING AS AN ABSTRACTER, TITLE INSURANCE AGENT OR TITLE INSURANCE UNDERWRITER.

Is applicant primarily engaged in and legally qualified to engage in the business of land title evidencing as an abstractor, title insurance agency or title insurance underwriter?

YES _____ NO _____

APPLICANT NAME _____

COMPANY'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ WEB SITE _____

TELEPHONE _____ FAX NO. _____ EMAIL _____

NAME AND TITLE OF OFFICERS

NAME	TITLE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PAST BUSINESS EXPERIENCE OF THE OFFICERS LISTED ABOVE, WHICH YOU BELIEVE WILL ENABLE YOUR FIRM TO PROVIDE ACCURATE, REPUTABLE SERVICE TO POTENTIAL CLIENTS.

MEMBERSHIP CLASSIFICATION

_____ ACTIVE MEMBERS _____ ASSOCIATE MEMBER

NAME (S) OF UNDERWRITER (S):

UNDERWRITER CONTACT PERSON: _____ TELEPHONE NO. _____

TYPE OF BUSINESS

SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ OTHER _____ N/A (INDIVIDUAL _____

IF INCORPORATED, PLEASE GIVE DATE OF INCORPORATION _____

NAME AND POSTION OF PERSONS IN YOUR OFFICE HOLDING VALID AGENTS LLICENSE ISSUED BY THE UTAH INSURANCE DEPARTMENT

NAME	POSTION	LICENSE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

Minimum of 3 required, two of which must be from different Active member companies. Agents must use their Underwriters as Active references. A third reference may be from an attorney or bank.

1. NAME _____ TELEPHONE NO. _____
TITLE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

2. NAME _____ TELEPHONE NO. _____
TITLE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

3. NAME _____ TELEPHONE NO. _____
TITLE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

INDIVIDUAL

COMPANY

SIGNATURE

AUTHORIZED SIGNATURE

PRINT OR TYPE SIGNED NAME

PRINT OR TYPE SIGNED NAME

DATE _____