

STATE OF WASHINGTON



OFFICE OF
INSURANCE COMMISSIONER

DECLARATION
of
TITLE INSURANCE AGENT

_____ [Title Insurance Agent Representative], being first duly sworn, upon oath deposes and states:

I am the _____ [Title] and duly authorized representative of _____ [Name of Title Insurance Agent]

is 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
<input type="checkbox"/>	Adams	<input type="checkbox"/>	Grays Harbor	<input type="checkbox"/>	Pierce
<input type="checkbox"/>	Asotin	<input type="checkbox"/>	Islands	<input type="checkbox"/>	San Juan
<input type="checkbox"/>	Benton	<input type="checkbox"/>	Jefferson	<input type="checkbox"/>	Skagit
<input type="checkbox"/>	Chelan	<input type="checkbox"/>	King	<input type="checkbox"/>	Skamania
<input type="checkbox"/>	Clallam	<input type="checkbox"/>	Kittitas	<input type="checkbox"/>	Snohomish
<input type="checkbox"/>	Clark	<input type="checkbox"/>	Kitsap	<input type="checkbox"/>	Spokane
<input type="checkbox"/>	Columbia	<input type="checkbox"/>	Klickitat	<input type="checkbox"/>	Stevens
<input type="checkbox"/>	Cowlitz	<input type="checkbox"/>	Lewis	<input type="checkbox"/>	Thurston
<input type="checkbox"/>	Douglas	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	Wahkiakum
<input type="checkbox"/>	Ferry	<input type="checkbox"/>	Mason	<input type="checkbox"/>	Walla Walla
<input type="checkbox"/>	Franklin	<input type="checkbox"/>	Okanogan	<input type="checkbox"/>	Whatcom
<input type="checkbox"/>	Garfield	<input type="checkbox"/>	Pacific	<input type="checkbox"/>	Whitman
<input type="checkbox"/>	Grant	<input type="checkbox"/>	Pend Oreille	<input type="checkbox"/>	Yakima

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

Page 2 - Declaration of Compliance of Title Agent

2. The Title Insurance Agent has ownership and/or lease rights to the plant (both index and documents) and can provide proof of such ownership or lease rights upon random examination of the agency.
3. The Title Insurance Agent has access to County and City records.
4. When and 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 t the Office of Insurance Commissioner the bonds required by RCW 48.29.155 (1),(a),(b).
5. The Agency 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 declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

_____ Signature of Representative	_____ Title of Representative
_____ Print Name	_____ Date
_____ Address	_____ Telephone Number
_____ City, State, Zip	