

SERFF Tracking Number: ITIC-125596812 State: Arkansas
Filing Company: Investors Title Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: F08-18AR
TOI: 34.0 Title Sub-TOI: 34.0000 Title
Product Name: CPL
Project Name/Number: /

Filing at a Glance

Company: Investors Title Insurance Company

Product Name: CPL

TOI: 34.0 Title

Sub-TOI: 34.0000 Title

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: ITIC-125596812

SERFF Status: Closed

Co Tr Num: F08-18AR

Co Status: In Progress

Author: Eva Searle

Date Submitted: 04/09/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Brittany Yielding, Sarah Harper

Disposition Date: 04/11/2008

Disposition Status: Approved

Effective Date (New): 04/12/2008

Effective Date (Renewal):

04/12/2008

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 04/11/2008

State Status Changed: 04/11/2008

Corresponding Filing Tracking Number:

Filing Description:

In order to comply with ACA § 23-103-405, we are submitting herein our Closing Protection Letter and Notice of Availability of Closing Protection Coverage for approval.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Eva Searle, Product Specialist
PO Drawer 2687
Chapel Hill, NC 27515-2687
esearle@invtitle.com
(919) 945-2552 [Phone]
(919) 968-2224[FAX]

Filing Company Information

Investors Title Insurance Company
121 N. Columbia Street
Chapel Hill, NC 27514
(800) 326-4842 ext. [Phone]
CoCode: 50369
Group Code: 627
Group Name:
FEIN Number: 56-0997685
State of Domicile: North Carolina
Company Type:
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No
Fee Explanation: Form filing @ \$50 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Investors Title Insurance Company	\$50.00	04/09/2008	19387075

<i>SERFF Tracking Number:</i>	<i>ITIC-125596812</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Investors Title Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>F08-18AR</i>		
<i>TOI:</i>	<i>34.0 Title</i>	<i>Sub-TOI:</i>	<i>34.0000 Title</i>
<i>Product Name:</i>	<i>CPL</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Sarah Harper	04/11/2008	04/11/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Companion Rate Filing for CPL Fee	Note To Reviewer	Eva Searle	04/09/2008	04/09/2008
Companion Rate Filing for CPL Fee	Reviewer Note	Sarah Harper	04/11/2008	

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Disposition

Disposition Date: 04/11/2008

Effective Date (New): 04/12/2008

Effective Date (Renewal): 04/12/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Closing Protection Letter	Approved	Yes
Form	Notice of Availability of Closing Protection Coverage	Approved	Yes

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Note To Reviewer

Created By:

Eva Searle on 04/09/2008 08:44 AM

Subject:

Companion Rate Filing for CPL Fee

Comments:

I am attempting to submit the companion rate filing for the CPL Fee via SERFF; however, the system will not allow me to submit the filing without the "filing fee" designated. I have been unable to determine what the filing fee would be for this filing. Please advise.

Your assistance is greatly appreciated!

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Reviewer Note

Created By:

Sarah Harper on 04/11/2008 09:40 AM

Subject:

Companion Rate Filing for CPL Fee

Comments:

The filing rate is \$25.00.

Thank you.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Closing Protection Letter	Revised ALTA CPL	3/2008	Other	New			98 ALTA LETTER revised to include seller.pdf ar-24.pdf
Approved	Notice of Availability of Closing Protection Coverage	AR-24	3/2008	Disclosure/	New Notice			



<Date>

<Lender>

<Seller>

Re: Closing Protection Letter (10/17/98)
Borrower:
Provider:

Dear Sir/Madam,

When title insurance of Investors Title Insurance Company is specified for your protection in connection with closings of real estate transactions in which you are to be the seller, lessee, or purchaser of an interest in land or a lender secured by a mortgage (including any other security instrument) of an interest in land, the Company, subject to the Conditions and Exclusions set forth below, hereby agrees to reimburse you for actual loss incurred by you in connection with such closings when conducted by an Issuing Agent (an agent authorized to issue title insurance for the Company), Approved Settlement Company (a settlement company approved by the Company for Insured Closing) or an Approved Attorney (an attorney upon whose certification of title the Company issues title insurance) and when such loss arises out of:

1. Failure of the Issuing Agent, Approved Settlement Company, or Approved Attorney to comply with your written closing instructions to the extent that they relate to (a) the status of the title to said interest in land or the validity, enforceability and priority of lien of said mortgage on said interest in land, including the obtaining of documents and the disbursement of funds necessary to establish such status of title or lien, or (b) the obtaining of any other document, specifically required by you, but only to the extent the failure to obtain such document affects the status of the title to said interest in land or the validity, enforceability and priority of the lien of said mortgage on said interest in land, or
2. Fraud or dishonesty of the Issuing Agent, Approved Settlement Company, or Approved Attorney in handling your funds or documents in connection with such closings to the extent such fraud or dishonesty relates to the status of the title to said interest in land or to the validity, enforceability and priority of the lien of said mortgage on said interest in land.

If you are a lender protected under the foregoing paragraph, your borrower in connection with a loan secured by a mortgage on a one to four family dwelling shall be protected as if this letter were addressed to your borrower.

Conditions and Exclusions

- A. The Company will not be liable to you for loss arising out of:
 1. Failure of the Approved Attorney to comply with your closing instructions which require title insurance protection inconsistent with that set forth in the title insurance binder or commitment issued by the Company. Instructions which require the removal of specific exceptions to title or compliance with the requirements contained in said binder or commitment shall not be deemed to be inconsistent.
 2. Loss or impairment of your funds in the course of collection or while on deposit with a bank due to bank failure, insolvency or suspension, except such as shall result from failure of the Issuing Agent, Approved Settlement Company, or the Approved Attorney to comply with your written closing instructions to deposit the funds in a bank which you designated by name.

3. Mechanics' and materialmen's liens in connection with your purchase or lease or construction loan transactions, except to the extent that protection against such liens is afforded by a title insurance binder, commitment or policy of the Company.
 4. Failure of the Issuing Agent, Approved Settlement Company, or Approved Attorney to comply with your written closing instructions to the extent such instructions require a determination by the Issuing Agent, Approved Settlement Company, or Approved Attorney of the validity, enforceability or effectiveness of any document contemplated under paragraph 1(b) above.
- B. When the Company shall have reimbursed you pursuant to this letter, it shall be subrogated to all rights and remedies which you would have had against any person or property had you not been so reimbursed. Liability of the Company for such reimbursement shall be reduced to the extent that you have knowingly and voluntarily impaired the value of such right of subrogation.
- C. Any liability of the Company for loss incurred by you in connection with closings of real estate transactions by an Issuing Agent, Approved Settlement Company, or Approved Attorney shall be limited to the protection provided by this letter. However, this letter shall not affect the protection afforded by a title insurance binder, commitment or policy of the Company.
- D. Claims shall be made to the Company at its principal office at 121 N. Columbia Street, Chapel Hill, North Carolina 27514 within 12 months from the date of receipt of funds by the Issuing Agent, Approved Settlement Company, or Approved Attorney. When the failure to give prompt notice shall prejudice the Company, then liability of the Company hereunder shall be reduced to the extent of such prejudice.

Any previous insured closing service letter or similar agreement for real estate transactions is hereby cancelled except as to closings of your real estate transactions regarding which you have previously sent, or within 30 days hereafter send, written closing instructions to the Issuing Agent, Approved Settlement Company, or Approved Attorney.

INVESTORS TITLE INSURANCE COMPANY

BY: _____
(Authorized Signature)

cc: <Provider>



Investors Title Insurance Company

P.O. Drawer 2687
Chapel Hill, North Carolina 27515-2687

Local Agent:

NOTICE OF AVAILABILITY OF CLOSING PROTECTION COVERAGE

- Seller: _____
- Buyer/Borrower: _____
- Lender: _____

Re: Premises:
Commitment/File No.:

Pursuant to Arkansas Code Annotated § 23-103-405 and Rule 87 of the Arkansas Insurance Department, Closing Protection Coverage is available from Investors Title Insurance Company (the "Company") via the issuance of a Closing Protection Letter in connection with the above-referenced transaction for an additional fee of \$25 per transaction.

A Closing Protection Letter issued by the Company protects a buyer, lender, or seller against losses because of the following acts of an Issuing Agent (an agent authorized to issue title insurance for the Company), Approved Settlement Company (a settlement company approved by the Company for Insured Closing), or an Approved Attorney (an attorney upon whose certification of title the Company issues title insurance):

- a) Theft or misappropriation of closing funds; or
- b) Failure to comply with written instructions from the proposed insured when agreed to by the closing agent, employee, or title insurance agent as it relates to the status of the title to the interest in land or to the validity, enforceability, and priority of the lien of a mortgage or deed of trust on the interest in land.

You are covered by Closing Protection Coverage only if it is specifically requested below AND the applicable fee is paid. If you are uncertain as to whether you should obtain a Closing Protection Letter, you are urged to seek independent advice.

Acceptance of Offer/Declination of Offer

I (We), the undersigned, acknowledge receipt of this Notice of Availability of Closing Protection Coverage and

- do accept the said Offer of Closing Protection Coverage
- do not accept the said Offer of Closing Protection Coverage

If this Offer of Closing Protection Coverage is accepted, the undersigned hereby agrees to pay the applicable fee.

Signed: _____	Signed: _____
Printed Name: _____	Printed Name: _____
Dated: _____	Dated: _____

A lender's closing instructions requiring Closing Protection Coverage is deemed to be its acknowledgment of receipt of the Notice of Availability of Closing Protection Coverage and its acceptance of the Offer of Closing Protection Coverage.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/11/2008

Comments:

Attachment:

PC Transmittal doc.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1