(DFI-Rev.05/01/97)

## <u>DISCLOSURE STATEMENT</u> <u>CONTROLLED BUSINESS ARRANGEMENT</u>

(By a Producer of Title Insurance Business or Associate thereof)

This Disclosure is made to: (Check one or bot	h) Seller/Owner Buyer
Seller(s)/Owner(s)	
[Print Name(s)]	
Buyer(s)	
[Print Name(s)]	
Regarding the Property located at:	
Street City	State Zip Code
For Title Insurance Company, Title Insurance	Agent, and/or Escrow Agent:
(Print Company Name)	
	ove, the undersigned has recommended, or is about to recommend, the above named title insurance above named party(ies) to provide title insurance and/or escrow services.
The undersigned producer has a financial interfinancial interest and therefore, makes, or has connection with the recommended title and/or	erest in the above named company/business, or is an associate of the party or entity which has said as made, the following estimate of the fees and charges that are known and which will be made in escrow services.
	party(ies) to whom this disclosure is made, are (were) disclosed herein.   If there are additional parties named company/business, there may be additional charges for those services.
* Owner's Title * Mortgage Title Escrow or Clos Other Fees: Total Estimate	e Policy: \$sing Fee: \$s
	es/ services such as title search, title examination, title insurance premiums, and final issuance of if any unusual circumstances occur, unusual risks are "insured over", and/or lenders require special
condition for, settlement of your loan on, or	TLE INSURANCE COMPANY or ACQUEST TITLE SERVICES, LLC., (name of provider) as a purchase, sale, or refinance of, the subject property. There are frequently other settlement service u are free to shop around to determine that you are receiving the best services and the best rate for these
The undersigned does hereby certify that the a	bove disclosure was made to the above named party(ies) on
Signature of Producer:	Date:
	stand that(referring party) is referring me/us to purchase the above O TITLE INSURANCE COMPANY and ACQUEST TITLE SERVICES, LLC., (provider or other benefit as a result of this referral.
Seller/Owner:	Date:
	Date:
Buyer:	Date:
(NOTE: PURSUANT TO SECTION	Date: Date:

(NOTE: PURSUANT TO SECTION 18.(b) OF THE TITLE INSURANCE ACT, THE TITLE INSURANCE COMPANY, INDEPENDENT ESCROWEE, OR TITLE INSURANCE AGENT SHALL MAINTAIN THIS DISCLOSURE FORM FOR A PERIOD OF 3 YEARS.)