



ABSTRACT PLANT INFORMATION

TITLE AGENCY NAME: (DBA NOT REQUIRED, IF ANY)

BUSINESS ADDRESS: (PHYSICAL ADDRESS, NO BRANCH LOCATION) CITY STATE ZIP CODE

COUNTY RECORDS:

- 1. County covered by plant: Date County records begin:
2. List any county records not covered by the plant:
3. State if all or only part of county area is covered by the plant:
4. List parts not covered:

PLANT DESCRIPTION:

- 5. Are land records geographically indexed? Date index begins:
6. Is geographical index in tract books or card index?
7. Are miscellaneous records name indexed? Date index begins:
8. If indices are computer stored, are they retrievable by property description?
9. State method of maintaining plant current:
Posting of daily take off Computer update service Other
10. Name and address of computer update service:
11. State current Date of Plant:

PLANT OWNERSHIP:

- 12. Name and address of plant owner:
13. Is agent in actual, exclusive physical possession and control of plant?
14. If leased, state the term of lease:
15. If under a joint agreement, provide a copy of the agreement and state names of all participants:

Note: On initial license applications, a complete, signed copy of the plant lease must be submitted to the Department. Applicants for renewals and additional appointments do not need to submit a copy of the plant lease unless it has been renewed or amended.

SIGNATURE OF AGENT

DATE

We have conducted an on-site examination of the above described plant and find it to be as above represented and in compliance with the latest definition of an abstract plant as promulgated by the Texas Department of Insurance. We are also satisfied that the plant is adequate for use in insuring titles, so as to provide for the safety and protection of the policyholder.

SIGNATURE OF EXAMINER

UNDERWRITER

DATE OF ON-SITE EXAM

BY: