

Title-Closing Agent Application



GMFS, LLC requires the following to become an approved closing agent:

1. A **completed** application for all persons requesting approval
2. An **initialed, signed and dated** set of Master Closing Instructions.
3. **Current** wiring instructions **on letterhead** and address must match E&O and CPL.
4. Copy of Declarations Page indicating Professional Liability (E&O) coverage.(minimum of \$1,000,000)
5. **One** CPL must be a **loan specific** before can approval can be obtained.
6. South Carolina Closing Attorneys must execute the attached South Carolina Closing Attorney Affidavit.

Please provide the following information for each member applying for approval:

Company Name: _____

Company Address: _____

Phone & Fax: **Phone:** _____ **Fax:** _____

Contact Person: _____

Email Address: _____

Federal Tax ID: _____

Principal Owner(s) _____

Applicant Name: _____ **State License: #** _____

Issue Date: _____ **Expiration Date:** _____

Applicant Name: _____ **State License: #** _____

Issue Date: _____ **Expiration Date:** _____

Servicing Area: _____

List areas by county

Wiring: **Acct Name:** _____

Bank Name: _____

ABA # _____ **Acct #** _____

Second Bank Name _____

City _____ **State** _____

****A copy of your current wire instructions on letterhead is still required****

Do you have professional liability insurance? ___ YES ___ NO

E & O Coverage:

(Please attach Copy of Dec Page)

Company: _____

Coverage: _____

Title Ins. Underwriters:

_ Must send Insured Closing Protection Letters with the following as insured

GMFS, LLC
7389 Florida Blvd. Suite 200A
Baton Rouge, LA 70806

BY SIGNING BELOW I/WE HEREBY CERTIFY THE ABOVE PERSONAL AND PROFESSIONAL INFORMATION IS TRUE AND CORRECT. ADDITIONALLY, I/WE FURTHER UNDERSTAND THAT I/WE ARE SOLELY RESPONSIBLE FOR INFORMING GMFS, LLC OF ANY CHANGES RELATIVE TO, BUT NOT LIMITED TO, OWNERSHIP OF COMPANY/ CORPORATION, ADDITION OR REMOVAL OF TITLE INSURANCE UNDERWRITER, CHANGE OF ADDRESS, TELEPHONE, ETC., ADDITION OR CLOSING OF LOCATIONS, RENEWAL OF PROFESSIONAL LIABILITY INSURANCE. PLEASE HAVE ALL PERSONS REQUESTING APPROVAL SIGN BELOW.

Principal Officer/Attorney Title Date

Principal Officer/Attorney Title Date

Principal Officer/Attorney Title Date

PLEASE REMIT ALL INFORMATION TO:

GMFS, LLC
ATTN: Quality Control
qualitycontrol@gmfslending.com

If you have any questions regarding this application, master closing instructions or anything else, please do not hesitate to contact us.

Thank you and we look forward to doing business with you.