

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES

DIVISION OF INSURANCE

1560 Broadway, Suite 850
Denver, Colorado 80202



Bulletin No. B-1.22

Required Filing of the Title Affiliated Business Arrangement Disclosure

I. Background and Purpose

The purpose of this bulletin is to inform title entities (individuals, agencies, and insurers) that the Division of Insurance (the Division) is no longer maintaining or using the electronic database for Affiliated Business Arrangement disclosures, and is returning to a paper-based disclosure with electronic (email or fax) submission requirements.

II. Applicability and Scope

This bulletin applies to all licensed title insurance producers.

III. Division Position

Existing law and regulation requires title entities (individual producers, agencies, and companies) to disclose the names of all affiliated business arrangements to which the individual or business entity is a party at the time of application for a new license, continuation of an existing license, and upon any change to the identifying information. Additionally, the law requires that this information be reported in a form and manner acceptable to the commissioner of insurance.

Effective immediately, all title entities shall use the Colorado AfBA Disclosure form, attached to this bulletin as Appendix A, to disclose their affiliations. The form is also available on the Division's website at: <http://www.dora.state.co.us/insurance/consumer/TitleAfBA.htm>

Entities must print out the form, fill in the appropriate response, sign the form, and either scan and email the form to DOI.compliance@dora.state.co.us or fax the form to 303-869-0537 (no coversheet is necessary.)

IV. Additional Division Resources

For More Information

Colorado Division of Insurance
1560 Broadway, Suite 850
Denver, CO 80202
Tel. 303-894-7499
Internet: <http://www.dora.state.co.us/insurance>

V. History

- Originally issued as bulletin B-1.22, December 1, 2007.
- Re-issued June 6, 2011

SUPPLEMENT TO AFFILIATED BUSINESS ARRANGEMENT DISCLOSURE

Additional Underwriters

List the Underwriter(s) with whom you are currently contracted to conduct business. Indicate if you are disclosing a new affiliation or ending a previously disclosed affiliation. Enter the effective date.

Add End Effective Date ___ - ___ - ___ _____
(Underwriter's Name)

Add End Effective Date ___ - ___ - ___ _____
(Underwriter's Name)

Add End Effective Date ___ - ___ - ___ _____
(Underwriter's Name)

Add End Effective Date ___ - ___ - ___ _____
(Underwriter's Name)

Additional owners, directors, partners, officers, and/or members

Complete the name, occupation, and employer of each owner, director, partner, officer, and/or member of the Affiliated Business.

(Name) (Occupation) (Employer)

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(Name) (Occupation) (Employer)

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