

Policy Guaranty Fee Remittance Form (Form T-G1)

By: _____
(Name of Reporting Entity)

(Phone Number)

(Address)

(Fax Number)

(City, State, and Zip)

(Email address)

Firm ID Number as shown on the Agent/Direct Operation License:

____ Check here if any of the information above has changed since your last report.

____ Check here if you are ceasing operations and this is a final disbursement of funds to the Texas Title Insurance Guaranty Association.

For the Quarter:

Beginning: _____, 20____ Ending: _____, 20____

Owner's and Loan Policies collected for: _____ X (insert current amount in effect by Texas Title Insurance Guaranty Association) = \$_____

If you had no closings during the quarter and no policy guaranty fees were received, please enter "0" and mail this form.

Total Remittance of Policy Guaranty Fee Payable to: Texas Title Insurance Guaranty Association = \$_____

I, _____ of _____ do hereby certify that the above and foregoing is correct in all respect and correctly reflects all owner's and loan policies of title insurance required to be reported and counted in determining the quarterly policy guaranty fees due by _____ pursuant to Texas Insurance Code §2602.151.

Signature
Printed Name & Position _____
Contact Number _____

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, this the _____ day of _____, 20____.

Notary Public in and for the State of Texas

Printed Name of Notary

REMIT TO: (REGULAR & OVERNIGHT DELIVERY)
Texas Title Insurance Guaranty Association
c/o Mitchell Williams Law Firm
500 W. 5th Street, Suite 1150
Austin, Texas 78701

Note: This report and remittance is due as follows:

Calendar Quarter Ending	Remittance Due Dates
March 31	May 1
June 30	August 1
September 30	November 1
December 31	February 1