Licensing Division
50 W. Town St., 3rd Fl.
Suite 300
Columbus, OH 43215
(614) 644-2665
Fax # (614) 387-0096
www.insurance.ohio.gov

Ohio Department of Insurance

John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director

Electronic Individual Title Insurance Marketing Representative (TIMR) Sponsorship Form

(Please Print or Type)

Last Name JR./SR. etc	First Name	Middle Name
NIPR Transaction Number	Date of Birth (MM/DD/YY)	Social Security Number (last 4-digits)

Email Address	Telephone Number ( )

Mailing Address	P.O. Box	City	State	Zip or Foreign Country

Title Insurance Marketing Representative Sponsorship Section

Title Insurance Marketing Representative must be sponsored by a licensed individual or business entity Title agent. The Representative may only be sponsored with one agent at a time.

Provide the following information if applying or renewing a license as a Title Insurance Marketing Representative:

a) Name of sponsoring Title agent: _____

b) NPN or FEIN of sponsoring Title agent: _____

c) Signature of sponsoring Title agent: _____

d) Date of sponsorship signature: _____

Certification Attestation and Affidavit of Applicant

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, (a) I have no child-support obligation, (b) I have a child-support obligation and I am currently in compliance with that obligation, or (c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I do solemnly swear or affirm under penalty that I am the person named therein and that the statements herein contained are true.

Signature of Applicant _____ Date _____

Full Legal Name (Printed or Typed) _____