

VERIFICATION OF SERVICES RENDERED – Form T-00

INSTRUCTIONS

1. The Agent/Entity desiring to be paid shall complete Section 1, sign, date and deliver the form, together with a written itemized statement or invoice, when the work is performed or delivered.
2. The Agent/Underwriter issuing the policy shall complete Section 2.
3. The Agent/Underwriter paying for the work shall complete Section 3, sign, date and deliver a copy of the form to both the Agent/Entity being paid and the Agent/Underwriter issuing the policy.
4. All parties shall retain in their records a fully signed copy of this Form T-00 and a copy of the written itemized statement or invoice.

SECTION 1 – INFORMATION FROM AGENT/ENTITY REQUESTING PAYMENT

1. Service for which payment is requested Furnishing Title Evidence
 Title Examination
 Closing the Transaction

Address of location where work was done for selected service(s):

Order/File/GF# assigned to this order by Agent/Entity doing the work:

2. AGREEMENT REGARDING PAYMENT FOR SERVICE: Percentage or amount of premium (remaining after remittance to Underwriter) agreed to be paid to the Agent/Entity doing the work:

_____ % or \$ _____

3. INFORMATION ABOUT AGENT/ENTITY DOING THE WORK:

Type of entity: Texas Underwriter Texas Title Agent
 Texas Attorney at Law or Texas PC organized to provide legal services

Name: _____

Address: _____

City, State/ZIP _____

Texas Department of Insurance Number or Texas State Bar #: _____

Undersigned certifies that the service for which payment is requested was actually performed.

_____ Date: _____

Signature of Authorized Representative for
Agent/Entity Doing the Work

SECTION 2 – INFORMATION FROM AGENT/UNDERWRITER ISSUING THE POLICY

4. Date of Policy(ies) _____ County Codes(s): _____
Order/File/GF# assigned to this Policy(ies) by Issuing Agent/Underwriter: _____

5. Issue Type: Out-of-County (2) – Title Evidence from Texas Agent
 Multi County (1) – Title Evidence from Texas Agent
 Best Evidence (0) – No title evidence from Texas Agent

6. Liability and Premium Amount(s):		
Owner's Title Policy(ies)	Liability: _____	Premium: _____
Loan Policy(ies)	Liability: _____	Premium: _____
Endorsement(s)		\$ _____
Other		\$ _____
	TOTAL	\$ _____
Final amount remaining after remittance to the Underwriter:		\$ _____
Final amount paid to the Agent/Entity doing the work		\$ _____

7. INFORMATION ABOUT AGENT/UNDERWRITER ISSUING POLICY:
 Name: _____
 Address: _____
 City, State/ZIP: _____
 Texas Department of Insurance Number: _____

SECTION 3 – INFORMATION FROM AGENT/UNDERWRITER PAYING FOR THE WORK

8. INFORMATION ABOUT AGENT/UNDERWRITER PAYING FOR THE WORK:
 Name: _____
 Address: _____
 City, State/ZIP: _____
 Texas Department of Insurance Number: _____

Order/File/GF# assigned to this order by Agent/Underwriter paying for the work: _____

Undersigned certifies that the above description of work performed is accurate and the final amount shown paid is correct.

 Signature of Authorized Representative for
 Agent/Underwriter Paying for the Work

Date: _____
