

This Agreement is made this  of   following licensed Texas title agencies:

**Examining Agent:**

Agency Name:

Address:

City, State, Zip:

Contact Person:

Phone:  Fax:

Contact Email:

1. Select Examining Agent

**Closing Agent:**

Agency Name:

Address:

City, State, Zip:

Contact Person:

Phone:

Fax:

Email Address:

2. Complete Closing Agent Info

**Definitions** - for purposes of this Agreement, the following definitions shall apply:

**Closing Agent** - Licensed title agent that (1) closes the transaction, or (2) closes the transaction and furnishes the title examination.

**Examining Agent** - Licensed title agent that (1) furnishes title evidence, or (2) furnishes title evidence and title examination.

We hereby agree to the Premium Splits as follows:

**Insured Policy Amount is \$125,000 or less** (applies only if both agents are licensed in the same contiguous counties; otherwise the split is 90%-Examining Agent / 10%-Closing Agent)

Split to Examining Agent:  % or \$

Split to Closing Agent:  % or \$

**Insured Policy Amount is greater than \$125,000** (Without a PWA, split is 50% / 50%)

Split to Examining Agent:  % or \$

Split to Closing Agent:  % or \$

**If Insured amount is greater than \$**

Split to Examining Agent:  % or \$

Split to Closing Agent:  % or \$

3. Enter PROPOSED Splits

4. Additional Terms & Conditions

**Additional Terms and Agreement:**

**Agreed:**  
Authorized Representative of **CLOSING AGENT**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative of **EXAMINING AGENT**