

POLICY GUARANTY FEE REMITTANCE FORM (T-G1)

By: _____ (Name of Reporting Entity) _____ (Phone Number)

_____ (Address) _____ (Firm ID Number-REQUIRED)

_____ (City, State, and Zip) _____ (e-mail address)

- Check here if any of the information above has changed since your last remittance.
- Check here if you are ceasing operations and this is a final remittance to TTIGA.

For the Quarter:

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

Owner's and Loan Policies Collected During Quarter: _____ X \$3.00 = \$ _____

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

Total Remittance of Policy Guaranty Fee = \$ _____

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 CHECK MADE PAYABLE TO:
Texas Title Insurance Guaranty Association**

**FOR MAIL AND OVERNIGHT DELIVERY:
Texas Title Insurance Guaranty Association
500 W. 5th St., STE 1150
Austin, TX 78701-3835**

Note: This remittance and check or money order are due as follows:

Calendar Quarter Ending
June 30
September 30
December 31
March 31

Remittance Due Dates
August 1
November 1
February 1
May 1