

**DISCLOSURE STATEMENT  
CONTROLLED BUSINESS ARRANGEMENT**

Commitment No. (if available): \_\_\_\_\_

This disclosure is made to (check one or both):

☐ Seller/Owner \_\_\_\_\_

☐ Buyer \_\_\_\_\_

Regarding the property located at:

Street Address

City

State

Zip Code

This disclosure is made by the undersigned as an agent of Attorneys' Title Guaranty Fund, Inc. (ATG).

In connection with the property described above, the undersigned will issue title insurance and /or provide escrow services through ATG. The undersigned producer is a title insurance agent of ATG and has a financial interest in that company and, therefore, makes, or has made, the following estimate of the fees and charges that are known and which will be made in connection with the recommended title and/or escrow services.

Only those charges that may be paid by the parties to whom this disclosure is made are disclosed herein. If there are additional parties who choose to utilize services from ATG, there may be additional charges for those services.

Thank you for selecting ATG.

\*Owner Title Policy: \$ \_\_\_\_\_

\*Mortgagee Title Policy: \_\_\_\_\_

Escrow or Closing Fee: \_\_\_\_\_

Other Fees: \_\_\_\_\_

Total Estimated Charges: \$ \_\_\_\_\_

\*These estimated figures include all charges/services such as title search, title examination, title insurance premiums, and final issuance of policies. These estimates may be revised if any unusual circumstances occur, unusual risks are "insured over," and/or lenders require special endorsements, which extend their coverage.

You are not required to use ATG as a condition for settlement of your loan on, or purchase, sale, or refinance of, the subject property. There are frequently other settlement service providers available with similar services. You are free to shop around to determine that you are receiving the best services and the best rate for these services.

The undersigned does hereby certify that the above disclosure was made to the above named parties on \_\_\_\_\_ Date

Signature of Agent: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

Date: \_\_\_\_\_

**ACKNOWLEDGMENT**

I/WE have read this disclosure form and understand that the above-named agent is referring me/us to purchase the above described settlement services from ATG and may receive a financial or other benefit as a result of this referral.

Seller/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: (IN ILLINOIS) PURSUANT TO SECTION 18(B) OF THE TITLE INSURANCE ACT, THE TITLE INSURANCE COMPANY, INDEPENDENT ESCROWEE, OR TITLE INSURANCE AGENT SHALL MAINTAIN THIS DISCLOSURE FORM FOR A PERIOD OF 3 YEARS.**