

Form RD 1927-20  
(3-98)United States Department of Agriculture  
Rural Housing Service/Farm Service AgencyFORM APPROVED  
OMB NO. 0575-0147

## CERTIFICATION OF TITLE INSURANCE COMPANY

TO: \_\_\_\_\_ ( 1 )  
\_\_\_\_\_  
\_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_ (2) of \_\_\_\_\_ (2), an applicant, has requested that this company handle the title clearance and loan closing on a pending transaction in accordance with 7 CFR, Part 1927, Subpart B.

I hereby certify that \_\_\_\_\_ (3) is financially solvent, has the financial ability to cover losses resulting from errors and omissions made in its activities as a title company, is licensed to do business in the State of \_\_\_\_\_ (4) and, is approved by the State Insurance Commission of \_\_\_\_\_ (4).

All employees and associates having access to the funds involved in this loan are currently covered by a fidelity bond in the amount of at least \$ \_\_\_\_\_ (5) for each individual.

\_\_\_\_\_  
(6)  
TITLE INSURANCE COMPANY

CORPORATE SEAL

Form RD 1927-20

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0000. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Used by the insurance company selected by applicant(s) to certify that company meets eligibility criteria for approval.

**INSTRUCTIONS FOR PREPARATION:**

1. Insert Agency and address of Local Office.
2. Insert name and address of applicant.
3. Insert the full business name of the company.
4. Indicate the state in which the Title Insurance Company is licensed to do business and is approved by the State Insurance Commission.
5. Insert the required level of insurance. The amount will, at a minimum, cover the amount of the loan to be closed.
6. To be signed by an authorized representative of the Title Insurance Company.

**PROCEDURE FOR PREPARATION**: RD Instruction 1927-B.**PREPARED BY**

: Title Insurance Company.

**NUMBER OF COPIES**

: Original and one.

**SIGNATURES REQUIRED**

: Authorized representative of the title insurance company.

**DISTRIBUTION OF COPIES**

: Original to Agency official; copy retained by the title insurance company.