## CERTIFICATION OF TITLE INSURANCE COMPANY

TO: \_\_\_\_\_

Mr./Mrs./Ms.	of	, an applicant, has requested that this company
handle the title clearance and lo	oan closing on a pending transa	action in accordance with 7 CFR, Part 1927, Subpart B.
I hereby certify that		is financially solvent, has the financial
ability to cover losses resulting	from errors and omissions ma	de in its activities as a title company, is licensed to do
business in the State of		and, is approved by the State Insurance Commission
of		

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 \$\_\_\_\_\_\_ for each individual.

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.