



**Texas Department of Insurance**

Property & Casualty Title MC 106-2T  
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104  
512- 322-3482 telephone • 512-305-7426 fax • www.tdi.state.tx.us

**ABSTRACT PLANT INFORMATION**

EXACT NAME OF AGENT: \_\_\_\_\_  
\_\_\_\_\_  
(Actual street address, City, Zip Code)

Note: Use reverse side to list any current branch offices and any other additional information.

**COUNTY RECORDS:**

1. County covered by plant: \_\_\_\_\_ Date County records begin: \_\_\_\_\_
2. List any county records not covered by the plant: \_\_\_\_\_
3. State if all or only part of county area is covered by the plant: \_\_\_\_\_
4. List parts not covered: \_\_\_\_\_

**PLANT DESCRIPTION:**

1. Are land records geographically indexed? \_\_\_\_\_ Date index begins: \_\_\_\_\_
2. Is geographical index in tract books or card index? \_\_\_\_\_
3. Are miscellaneous records name indexed? \_\_\_\_\_ Date index begins: \_\_\_\_\_
4. If indices are computer stored, are they retrievable by property description? \_\_\_\_\_
5. State method of maintaining plant current:  
Posting of daily take off  Computer update service  Other \_\_\_\_\_
6. Name and address of computer update service: \_\_\_\_\_
7. State current date of plant: \_\_\_\_\_

**PLANT OWNERSHIP:**

1. Name and address of plant owner: \_\_\_\_\_
2. Is agent in actual, exclusive physical possession and control of plant? \_\_\_\_\_
3. If leased, state the term of lease: \_\_\_\_\_
4. If under a joint plant agreement, provide a copy of the agreement and state names of all participants \_\_\_\_\_

Note: On initial license applications, a complete, signed copy of the plant lease must be submitted to the Department. Applicants for renewals and additional appointments do not need to submit a copy of the plant lease unless it has been renewed or amended.

\_\_\_\_\_  
Agent Signature Date

We have conducted an on-site examination of the above described plant and find it to be as above represented and in compliance with the latest definition of an abstract plant as promulgated by the Texas Department of Insurance. We are also satisfied that the plant is adequate for use in insuring titles, so as to provide for the safety and protection of the policyholder.

\_\_\_\_\_  
Signature of Examiner UNDERWRITER

\_\_\_\_\_  
Date of On-site Exam By: \_\_\_\_\_