

representing the Colorado title insurance industry

LTAC MEMBERSHIP DUES CALCULATION FORM

Dues are calculated upon gross revenue. Gross revenue is fees earned by company (including branches) during the preceding calendar year for all title and escrow services, including closing and settlement fees, and shall include fees from abstracts, search and examination of titles, title insurance premiums, title memorandums, foreclosure certificates, title certificates, litigation guarantees, ownership and encumbrances memorandums, and any other services related thereto. This includes any portion of the title insurance premium which is retained by the agent or remitted by the insurer which the respective agent or insurer shall include in its premium calculations. The dues schedule is set forth below.

AGENT	S, ABSTRACTERS AND TITLE INSU	RANCE COMPANIES WIT	I DIRECT OPERATIONS IN COL	.ORADO
	REVENUE Less than \$50,000.00	DUES AMOUNT \$300.00	GROSS REVENUE \$300,001.00 - \$400,000.	DUES AMOUNT 00 \$600.00
;	\$50,001.00 - \$100,000.00	\$360.00	\$400,001.00 - \$500,000.0	\$660.00
;	\$100,001.00 - \$150,000.00	\$420.00	\$500,001.00 - \$600,000.	00 \$720.00
:	150,001.00 - \$ 200,000.00	\$480.00	\$600,001.00 - \$700,000.	00 \$780.00
;	\$200,001.00 - \$ 300,000.00	\$540.00	\$700,001.00 - \$1,000,00	0.00 \$960.00
\	Where gross revenues are more than	\$1,000,000.00, dues are \$9	50.00 plus \$35.00 for each \$100,00	00.00 over \$1,000,000.00.
1. 2.	Title Insurance companies that do a amounts remitted, or accrued, pu concerned independent agent(s); ar Title Insurance companies that have upon the amounts remitted, or acc the concerned independent agent premium remitted to it from any direction.	not have direct operations (rsuant to the contract/cond, re both direct operations ar rued, pursuant to the contr (s) and direct operation(s)	ndependent agents only), in which tracts between the concerned to d independent agents in Colorad act/contracts between the concer except that the title insurance	itle insurance company and the lo, in which case dues are based ned title insurance company and company need not include any
COI	NTRACT REVENUE	DUES A	MOUNT	

ASSOCIATE MEMBER - DUES AMOUNT \$240.00

\$0.00 TO \$500,000.00 (Minimum dues)

Associate member is defined as a corporation, professional corporation, limited liability corporation, partnership, limited partnership, or entity other than an individual person. Associate membership is limited to those entities that do not fit into the categories of agents, abstractors, title insurance companies or underwriters in the state of Colorado.

\$660.00

Where contract revenues are more than \$500,000.00, dues are \$660.00 plus \$35.00 for each \$100,000.00 over \$500,000.00.

By signing below, I hereby certify that (1) the amount remitted for 2018 dues is based upon 2017 gross revenues as defined herein, and (2) I understand the benefits of my LTAC membership (including the use of LTAC website password and discounts to LTAC events) extend only to employees of my company and its branch offices whose revenues are accounted for in this dues payment.

2018 LTAC Dues: \$		Total Amount Remitted: \$	
SIGNATURE		Please Print NAME legibly	
COMPANY		ADDRESS	
PHONE	FAX		E-MAIL

Membership dues in LTAC may be tax deductible as an ordinary and necessary business expense. Due to the efforts of the Association to lobby and influence state and federal legislation on your behalf, 55 percent of your membership investment is not deductible. REMITTANCE TO: LAND TITLE ASSOCIATION OF COLORADO, P. O. BOX 102618, Denver, CO 80250 and include completed Member Profile and Branch Office profiles (if applicable).

LAND TITLE ASSOCIATION OF COLORADO

Member Profile 2018

Type of Membership:	Agent Insur	er Associate Abstractor		
f Agent, Name of Underwr	iter:	License No.		
Member Company Name: _				
County:				
		Zip Code:		
		WEBSITE		
		do membership directory is available online at www.ltac.org . your company name and contact information appear in the online directory.		
Key Contact Person:				
Business Address: (if differ	ent than above)			
		Zip Code:		
		Email:		
. Accounting Contact Pers	son:			
_				
		Zip Code:		
		Email:		
. Member Employee: Pl TAC. You may also send in	ease list any additional n a spread sheet.	l employee name and emails you would like to get information from Email:		
Name:		Fmail:		
Ve appreciate you taking the	time to fill out this mem les, please fill out below the	ber profile so that we can continue to keep the most updated files on our for your company. <i>Thank you.</i> ASSOCIATION OF COLORADO ch Office Member Profile		
Member Company Name:				
Nailing Address:				
City:	State:	Zip Code:		

Phone:	Fax:	WEBSITE		
Member Company	Name:			
Branch Office Name	, if different:			
County:				
Mailing Address:				
City:	State:		Zip Code:	
Phone:	Fax:	WEBSITE		
Member Company	Name:			
Branch Office Name	, if different:			
Mailing Address:				
City:	State:		Zip Code:	
Phone:	Fax:	WEBSITE		
Member Company	Name:			
Branch Office Name	, if different:			
County:				
Mailing Address:				
City:	State:		Zip Code:	
Phone:	Fax:	WEBSITE		

If there are more branches then those listed, just If you have questions or need help, please contact the office at 303-756-9008. *Thank you.*