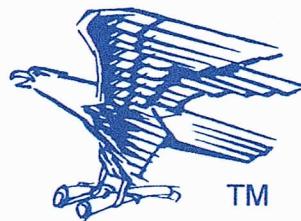
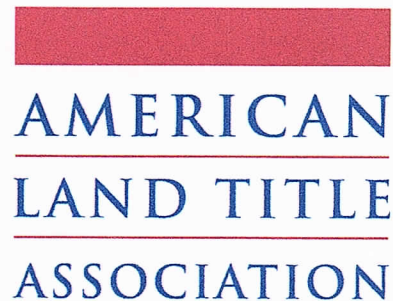


# ALTA Best Practices Framework: Certification Package

**Version 2.0**  
***Published July 19, 2013***



## ALTA Best Practices Framework

The ALTA Best Practices Framework has been developed to assist lenders in satisfying their responsibility to manage third party vendors. The ALTA Best Practices Framework is comprised of the following documentation needed by a company electing to implement such a program.

- ALTA Best Practices Framework: Title Insurance and Settlement Company Best Practices
- ALTA Best Practices Framework: Assessment Procedures
- ALTA Best Practices Framework: Certification Package (Package includes 3 Parts)

## Version History and Notes

Date	Version	Notes
7/19/2013	2.0	Publication of the ALTA Best Practices Framework: Certification Package, along with other documents in the ALTA Best Practices Framework, as approved by the ALTA Board on July 19, 2013. This is the first publication of the ALTA Best Practices Framework: Certification Package.

## Certification Package Overview

The Certification Package is comprised of a Cover Page and 3 Parts. These documents should be prepared and either posted or delivered in the following order:

- Certification Package
  - Certification Package Cover Page
  - Agency Letter (Part 1)
  - Best Practices Certificate (Part 2)
  - Declarations Page (Part 3)

This certification package is issued in accordance with the ALTA Best Practices Framework, which includes the ALTA Title Insurance and Settlement Company Best Practices, Assessment Procedures, and Certification Package. The Framework is published and available at <http://www.ALTA.org/bestpractices>.

ALTA Best Practices Framework: Certification Package  
Cover Page

American Land Title Association

Certification Package  
ALTA Best Practices Framework

Agency: Omega Title, LLC

This Certification Package contains this cover page and three parts, as follows:

- Part 1: Agency Letter
- Part 2: Best Practices Certificate
- Part 3: Declarations Page

ALTA Best Practices Framework: Certification Package  
Agency Letter (Part 1)

## Omega Title, LLC

12135 Panama City Beach Pky.  
Panama City Beach, FL 32407  
850-249-1100 phone  
850-249-1108 fax

Date: **April 20, 2015**

Subject: ALTA Best Practices Framework Dated July 19, 2013.

We are providing this letter in connection with the ALTA Best Practices Framework ("Framework") dated July 19, 2013. We intend that it be considered by any consumer, mortgage originator or mortgage servicer doing business with our company during the 24-month period following the date of this letter.

**Omega Title, LLC** has implemented the ALTA Title Insurance and Settlement Company Best Practices ("Best Practices") dated July 19, 2013, listed in the attached ALTA Best Practices Certificate. As of the date of this letter, we comply with the Best Practices in all material respects.

We represent that, during the 24 month period commencing on the date of this letter, we will remain in material compliance with each of the Best Practices.

Attached to this letter, please find (i) an ALTA Best Practices Certificate issued to us pursuant to the Framework, and (ii) a copy of the current Declarations Page for our errors and omissions or professional liability insurance.

Sincerely,



\_\_\_\_\_, President



## Certificate

Issued to:

### ***Omega Title Panama City Beach***

**TQS, Inc.** performed the assessment procedures enumerated in the ALTA Best Practices Framework: Assessment Procedures dated July 19, 2013 ("Procedures"). These Procedures were agreed to by the Company to assist it in evaluating compliance with the ALTA Title Insurance and Settlement Company Best Practices, dated July 19, 2013 ("Best Practices"), as of April 20, 2015.

Procedures executed related to the following ALTA Best Practices:

- X      1. Licensing
- 2. Escrow Accounting Procedures
- 4. Settlement Procedures
- 5. Title Policy Production & Delivery
- 6. Professional Liability Insurance Coverage
- 7. Consumer Complaints
  
- X      3. Privacy and Information Security

Our performance of such Procedures rendered a resulting grade of:


**PASS**

The scope of our engagement was limited to performance of the Procedures. We neither express an opinion regarding (i) the sufficiency of the Procedures for any particular purpose, nor (ii) compliance with the Best Practices.

This certificate is intended solely for the use of the Company. It is not intended to be relied upon by anyone other than the Company itself. Use of or reference to this certificate other than by the Company is at the user's sole responsibility and risk.



**TQS Inc.**

By:   
Chief Operating Officer  
Authorized Signatory

ALTA Best Practices Framework: Certification Package  
Declarations Page (Part 3)

**See Exhibit “A” for E & O Insurance Certificate of Liability Insurance.**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/03/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Professional Risks Organization 10100 West Sample Road Coral Springs, FL 33065	<b>CONTACT NAME:</b> Lawrence A. Galpern		
	<b>PHONE (A/C, No. Ext):</b> 855-277-6747 <b>FAX (A/C, No):</b>		
	<b>E-MAIL ADDRESS:</b> lgalpern@att.net		
<b>INSURED</b> Omega Title, LLC 1415 Dean Street, Suite 115 Fort Myers, FL 33901	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Underwriters at Lloyd's of London		
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	<b>UMBRELLA LIAB</b>					
	<input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE					\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A <input type="checkbox"/>				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		AMS-0011301	02/06/2015	02/06/2016	Each Claim \$1,000,000.00 Annual Aggregate \$1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Title Agency:

Each Claim Deductible: \$5,000.00

Retroactive Date: 02/06/2008

Additional Locations: 1) 1575 Pine Ridge Road, Suite 10, Naples, FL 34109 2) 12135 Panama City Beach Pkwy, Panama City Beach, FL 32407  
3) 2222 Jenks Avenue, Panama City, FL 32401 4) 3999 Commons Drive W., Suite 1, Destin, FL 32541

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Coverage

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE