

Perform Annual Renewal Instructions

Before you get started, obtain an electronic copy of your complete professional liability policy (NOT just the declaration page). You can obtain a copy from your insurance carrier or by scanning a copy of your policy and saving it to your computer.

Begin the Participant renewal application from the Resource Desk under Participant column under Access CAP by clicking on **View/Edit my Participant record**. Type your unique **Username** and **Password**.

Note! Do not start a new Participant Application.

The screenshot displays the 'WELCOME TO THE RESOURCE DESK' header. Below it are three main columns:

- PARTICIPANT**: Includes 'ACCESS CAP' with options like 'View/Edit my Participant record', a login form with 'ATTORNEYEXAMPLE' as the username, and a 'LOG ON' button. It also has links for 'FORGOT USER NAME' and 'FORGOT PASSWORD', and a 'NEW PARTICIPANT APPLICATION' button.
- LENDER**: Features a 'VERIFICATION' section with icons and text for 'VERIFY A CLOSING PROTECTION LETTER', 'VERIFY AN IOWA TITLE GUARANTY COMMITMENT OR CERTIFICATE', and 'VERIFY ACTIVE CLOSERS IN GOOD STANDING WITH ITG'. It also includes a 'FIND SERVICES' section with a note: 'Many of Iowa Title Guaranty's participants provide a full range of closing services including...'.
- APPLICATIONS**: Contains 'COMMITMENT/CERTIFICATE APPLICATION' with a 'SUBMIT AN APPLICATION FOR ITG COVERAGE' button, 'PRICING FOR IOWA TITLE GUARANTY COVERAGE' with a 'PRINT A PRICE SHEET' button, 'CALCULATE MY PREMIUM' with a calculator icon, and 'APPLICATION FOR MORTGAGE RELEASE CERTIFICATE' with a 'DOWNLOAD AN APPLICATION FOR A MORTGAGE RELEASE CERTIFICATE' button.

The browser's address bar shows the URL: <https://www.iowatitleguaranty.org/CAP2/Public/ResourceDesk.aspx?ReturnUrl=%2fcap%2fDefault.aspx>. The taskbar at the bottom shows the time as 12:05 PM on 10/17/2014.

Note! If you do not know your user name or password, click on **Forgot User Name** or **Forgot Password**. You will be asked to enter the email address associated with your Participant Record. Reset information will be sent to the email account. If you do not remember the email address, or you need further assistance, call the ITG Help Desk at (515)725-4357 or contact us by email at titleguaranty@iowa.gov.

On the Participant List screen under Search Results, click on **View** next to the Name.

Participant Listing

[Return to Resource Desk](#)

Use the search fields below to locate a participant.

Name:	Participant #:	Mailing City:
<input type="text" value="test, jane"/>	<input type="text"/>	<input type="text"/>
Application Type:	Application Stage:	Participant Type:
<input type="text" value="All"/>	<input type="text" value="All"/>	<input type="text" value="All"/>
Service Type:	Service Status:	County:
<input type="checkbox"/> Title Opinion Service <input type="checkbox"/> Abstracting Service <input type="checkbox"/> Field Issuer Service <input type="checkbox"/> ITG Closing Service	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Restricted	<input type="text"/>

Search Results

To open a record, click on "View" below.

<input type="button" value="Refresh"/> <input type="button" value="Print"/>							
Open	Name	ITG #	Mailing City	Phone	Email	Type	App Type-Stage
<input type="button" value="View"/>	Test, Jane	10042	DES MOINES	(515) 555-5555	jane.test@testlaw.com	Attorney	AddService - Complete

At the top of the Participant Detail screen is a quick view of the Participant's contact information. The Law Firm name is for ITG use only.

To submit your annual renewal, click on **Renew Service**. A popup will ask you if you want to renew service. If you wish to proceed, click on **Yes**, the Current Status changes to Pending Submission. You have now started the renewal application.

Participant Detail

[Return to listing](#)

First Name: Jane	Office (515) 555-5555	Participant#: 10042
Middle Name:	Phone:	Participant Type: Attorney
Last Name: Test	Work Email: jane.test@testlaw.com	Services: TitleOpinions, FieldIssuer, RealEstateClosing
Company (ITG use only): <input type="text" value="Test Law Firm"/>	Address: 2015 GRAND AVE, DES MOINES, IA 50312-4901	Vendor #: <input type="text"/>
Customer #: 90389		

Participant Associations Contract Compliance Training Uploads Notes User Account Reports

Application Type: **Renewal** **Current Status:** **Pending Submission**

Note! You can open each section by clicking on the bold title at the top of each section, or you can click on **Expand All** or **Collapse All**.

Note! All items marked with a **red asterisk (*)** are required to be completed prior to submitting the renewal. It is **voluntary** to complete the fields that are **NOT** required.

In the Services section, each Service that you were previously approved to provide on behalf of ITG has a check box next to it. The status shows as Active.

Do you want to add or remove a Service? Add Service Remove Service

If you wish to add a service, click on Add Service. Then, check the box for the new Service, this will add that section to the Renewal for you to complete. If you wish to remove a service, click on Remove Service. (Other than Field Issuer Service – ITG staff will need to remove this service for you)

Attorney – Can Add or Remove Abstracting & ITG Closer Services (can add Field Issuer Service)

Abstractor – Can Add or Remove ITG Closer Service

ITG Closer – Can't Add or Remove Services

Note! If you are an Attorney, you will renew your participation for abstracting and closing services through the Attorney Participant application UNLESS you perform these services as a legal entity. If services are provided by a legal entity, then a separate application (or renewal) on behalf of that entity should be submitted. Please contact ITG Help Desk at (515)725-4357 if you need to remove a service provided by a legal entity from your record as an attorney.

The information from your previous Questionnaire has transferred to the Participant Detail screen. Review the information, and change any information to make your record current.

Participant Information

Complete the following required fields:

First Name: Type the Participant's First Name here.



Last Name: Type the Participant's Last Name here.

Company Name: Type the company or law firm's name here.

Job Title: Type the Participant's title.

If Participant is a Legal Entity, the Name and Title of the Authorized Party to sign on behalf of the Legal Entity is required.

Contact Information

Note! Click on the pencil () icon to edit the information. Click on the trash can () icon to remove the information. Click on + Add address, phone number, or email address to type new contact information.

Complete the following required fields:

Add Address – Mailing: Select Address Type 'Mailing', and type the Full Address, City, State, Zip Code, and County

Add Address – Physical: Select Address Type 'Physical' and type the Full Address, City, State, Zip Code, and County

Other address options are Billing and Other.

Add Phone Info – Office: Select Phone Type 'Office' and type the Phone Number and an Extension, if needed

Other phone options are Mobile, Fax, and Other.

Participant must enter at least one email address. Email is the primary method that ITG will use to communicate with you.

Add Email: Select **Email Type** and type **Email Address**

Click on **Save**.

You may add other contacts to the record if you desire.

Professional Liability Insurance

If the insurance carrier for your liability insurance policy has not changed since your last renewal (or application if you became a participant last year), review the **Named Insured, Limits of Liability Per Claim, Limits of Liability Per Aggregate, and Name of Carrier.**

Click on the Pencil (✎) icon to enter the current **Date of Expiration** and upload the **Policy Document**, and to update any additional fields.

Complete the following required fields:

Date of Expiration Type the date using the format MM/DD/YYYY or MM/D/YYYY.

Click on the Calendar (📅) popup to select a date.

Upload Copy of Policy Click **Select**. Choose file to upload from your computer. Click on file name. Click on **Open**.

Click on **Save**.

If this is no longer your insurance carrier, click on the garbage can (🗑) icon to remove this entry. Next, click on + Add New Liability Insurance Policy.

Complete the following required fields for the new policy:

Name Insured Type the name of the individual or entity that is the named insured

Limits of Liability Per Claim Type the dollar amount limit

Limits of Liability Per Aggregate Type the dollar amount limit

Name of Carrier Type the name

Date of Expiration Type the date using the format MM/DD/YYYY or MM/D/YYYY.

Click on the Calendar (📅) popup to select a date.

Upload Copy of Policy Click **Select**. Choose file to upload from your computer. Click on file name. Click on **Open**.

Click on **Save**.

Professional Liability Insurance						
Click on pencil icon to update information on policy by current carrier.						
+ Add New Liability Insurance Policy						
Named Insured	Limits Of Liability Per Claim	Limits Of Liability Per Aggregate	Name Of Carrier	Date Of Expiration	Date Of Full Policy Review	Policy Document
✎ Test Law Firm	\$1,000,000.00	\$1,000,000.00	Best Insurance Company Ever	Nov 30,2015		View 🗑
Save						

Background Information

Click **Yes** or **No** on the required questions. To skip the questions related to key employees or principals, click on the box **I have no employees or principals.** To skip the questions related to outsourcing of services click on the No box **Will any of the services be performed outside the US (by you or any critical subcontractor)?**

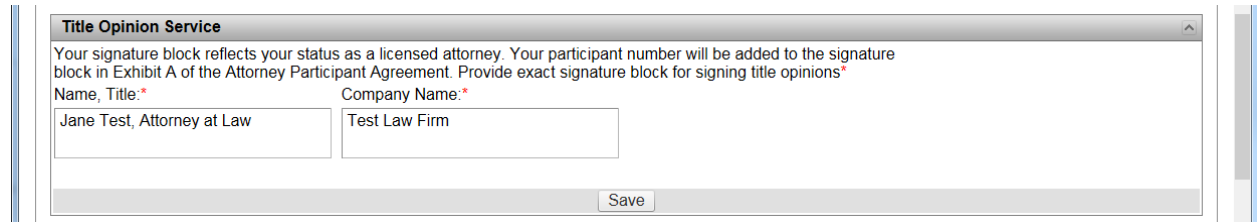
Click on **Save**.

Title Opinion Service

Click **Yes** or **No** on the question, **“Are you currently licensed to practice law in Iowa?”** An Iowa law license is required to be an Attorney Participant.

An example of your signature block in provided. Edit the **Name, Title** and **Company Name** fields to show how you sign your title opinions. The signature block, once approved, is an attachment to the Participant Agreement.

Click on **Save**.



Title Opinion Service

Your signature block reflects your status as a licensed attorney. Your participant number will be added to the signature block in Exhibit A of the Attorney Participant Agreement. Provide exact signature block for signing title opinions*

Name, Title:* Company Name:*

Field Issuer Service

Click **Yes** or **No** on the question, **“Are you a member of the American Land Title Association (ALTA)?”**

The use of the ALTA forms for issuing ITG Commitments and Certificates requires a license from ALTA for any ITG Participant issuing more than 50 per year. ITG will pay the license fee on an annual basis. Should the ITG Participant desire full membership in ALTA, an additional fee is required.

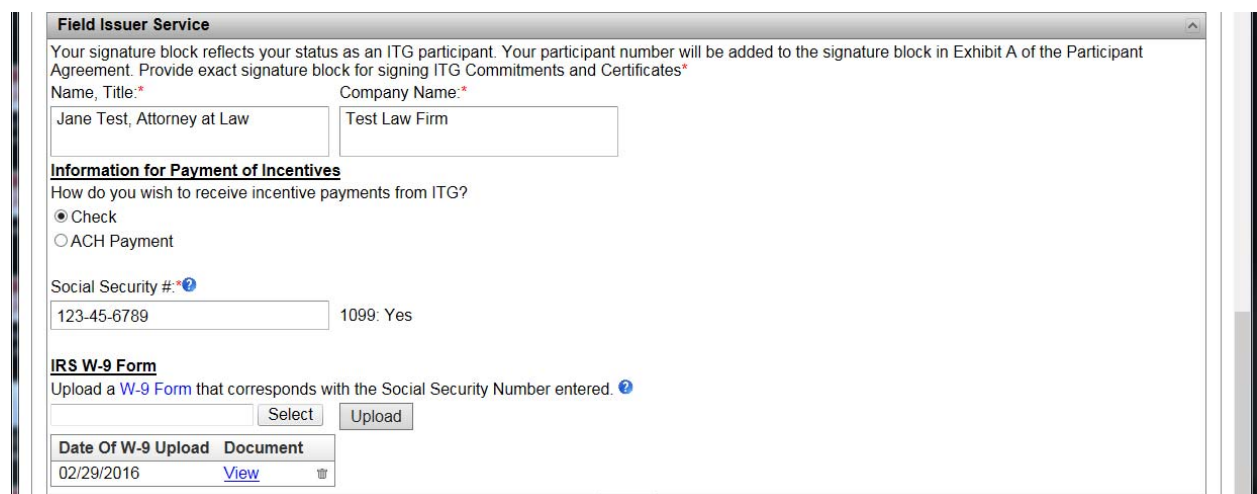
An example of your signature block in provided. Edit the **Name, Title** and **Company Name** fields to show how you sign the ITG Commitments and Certificates. The signature block, once approved, is an attachment to the Participant Agreement.

Under **Financial Information for Payment of Incentives**, click on **Check** or **ACH Payment**. Type the required information.

For Attorneys:

- **Social Security #:** Enter the number used to report taxable income to the Internal Revenue Service.
- **IRS W-9 Form:** Upload copy of W-9 for the participant (not the firm)

Click on **Save**.



Field Issuer Service

Your signature block reflects your status as an ITG participant. Your participant number will be added to the signature block in Exhibit A of the Participant Agreement. Provide exact signature block for signing ITG Commitments and Certificates*

Name, Title:* Company Name:*

Information for Payment of Incentives

How do you wish to receive incentive payments from ITG?

Check
 ACH Payment

Social Security #:* 1099: Yes

IRS W-9 Form

Upload a [W-9 Form](#) that corresponds with the Social Security Number entered. [?](#)

Date Of W-9 Upload	Document
02/29/2016	View <input type="button" value="Trash"/>

For Legal Entities:

- **Social Security Number (SSN) or Employer Identification Number (EIN):** Enter the number used to report taxable income to the Internal Revenue Service.
- **IRS W-9 Form:** Upload copy of W-9 for the Legal Entity

Click on **Save**.

Field Issuer Service

Are you a member of American Land Title Association (ALTA)?* Yes No

The use of the ALTA forms for issuing ITG Commitments and Certificates requires a license from ALTA for any ITG Participant issuing more than 50 per year. ITG will pay the license fee on an annual basis. Should the ITG Participant desire full membership in the ALTA, an additional fee is required.

Your signature block reflects your status as an ITG participant. Your participant number will be added to the signature block in Exhibit A of the Participant Agreement. Provide exact signature block for signing ITG Commitments and Certificates*

Name, Title:* Company Name:*

Information for Payment of Incentives

How do you wish to receive incentive payments from ITG?

Check
 ACH Payment

Federal Tax ID #:*[?]

SSN EIN

1099: No

IRS W-9 Form

Upload a [W-9 Form](#) that corresponds with the Tax Identification Number entered. [?]

Date Of W-9 Upload	Document
No W9 forms found.	

Communication and Marketing Preferences

You may respond to the remaining questions if you desire.

Click on **Save**.

Attestation, Payment and Submission

Read the attestation, and type the **Date** and **Signature**. You may view a draft copy of the Participation Agreement. The final version will be specific to the services that you are approved by ITG. If approved, you will receive an email with instructions for signing the actual Agreement.

Click on **Save**.

The calculation for **Fee** for each **Service** offered is shown. There is no fee to be a Field Issuer. Select a **Payment Type**. If **Credit Card** is selected, enter the requested information. If **Pay by e-Check** is selected, enter the requested information.

Note! Payment by check is no longer an option, payment must be made electronically.

Click on **Submit**.

If there are any mandatory fields that were not completed, you will see text that says: **You must resolve the following issue(s) before submitting**. Each section of the Application is shown in **bold** text. Within that section, the missing items are listed. When all fields are completed, you will be able to successfully **Submit** the Application.

Attestation, Payment and Submission

Iowa Title Guaranty reserves the right to request additional application information, including consents to conduct criminal background and credit investigations on the Applicant, the Applicant's management or business partners, and key employees, as deemed necessary by Iowa Title Guaranty. The Applicant agrees to cooperate, to the extent practical, with Iowa Title Guaranty to secure consents and waivers. The Applicant agrees to respond to request(s) for additional information within the time frame provided by Iowa Title Guaranty. If the Applicant fails to respond timely, Iowa Title Guaranty will consider the Application to be withdrawn by the Applicant.

Applicant agrees that Iowa Title Guaranty may contact other sources of information regarding the Applicant, including but not limited to current and former co-workers, attorneys, lenders, abstractors, as well as others with knowledge of Applicant's background and experience. Upon written request to Iowa Title Guaranty, Applicant may obtain additional information about any credit related reports under the requirements of the Fair Credit Reporting Act. I understand and agree that Iowa Title Guaranty may engage other parties to conduct the investigation authorized by this Agreement.

The Applicant hereby releases, acquits and forever discharges the State of Iowa, Iowa Title Guaranty, their officers, directors, employees and agents from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting the undersigned that it may have or ever claim to have relating to information, data, opinions, and references obtained by Iowa Title Guaranty in the evaluation of an Applicant.

The Applicant further authorizes any and all persons, entities to provide information, data, and opinions with regard to the undersigned's performance under any contract, agreement, or other business arrangement, the undersigned's ability to perform, the undersigned's business reputation, and any other matter pertinent to the evaluation of the undersigned. The undersigned hereby releases, acquits and forever discharges any such person or entity and their officers, directors, employees and agents from any and all liability whatsoever, including all claims, demands and causes of action of every nature and kind affecting the undersigned that it may have or ever claim to have relating to information, data, opinions, and references supplied to Title Guaranty in the evaluation of an Applicant.

If electronic means are used to execute this form, I agree to use and be bound by an electronic signature in lieu of a handwritten signature, and Title Guaranty agrees to accept the electronic signature.

Signature Section

I hereby certify that the statements and representations made herein are true and correct.

Date:*

12/17/2014

Signature:*

/s/ Jane Test

Information provided by the Applicant will be protected to the extent allowed or required by state and federal laws.

[View or print a draft of the Participation Agreement.](#) The final version will be specific to the services that you are approved by ITG. If approved, you will receive an email with instructions for signing the actual Agreement.

[View Agreement \(Draft\)](#)

Save

You must resolve the following issue(s) before submitting:

Professional Liability Insurance Section

At least one professional liability insurance policy is incomplete.

Compliance Information Section

You must answer all the questions in Compliance Information section.

Attestation, Payment and Submission Section

Please select the payment type.

Submit