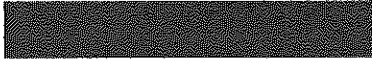


---

# ALTA Best Practices Framework: Certification Package

*Version 2.0*  
*Published July 19, 2013*

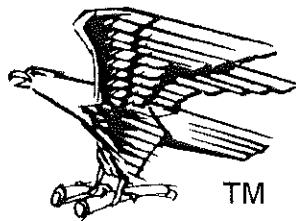
  
AMERICAN  

---

LAND TITLE  

---

ASSOCIATION



## 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: **Olde Towne Title, Inc.**

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



## Olde Towne Title

---

5900 Frederick Crossing Lane  
Frederick, Maryland 21704  
Phone: (301) 695-1880  
Fax: (301) 695-8862  
[Frederick@OTTRocks.com](mailto:Frederick@OTTRocks.com)

1025 Mt. Aetna Road  
Hagerstown, Maryland 21740  
Phone: (301) 739-1222  
Fax: (301) 739-8339  
[Hagerstown@OTTRocks.com](mailto:Hagerstown@OTTRocks.com)

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

Date: September 1, 2015

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

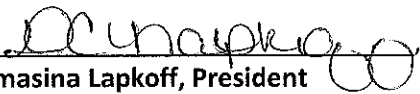
We are providing this letter in connection with the ALTA Best Practices Framework ("Framework") dated July 19, 2013. We intend that it be considered by any consumer, mortgage originator or mortgage servicer doing business with our company during the 24-month period following the date of this letter.

**Olde Towne Title** 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,

  
\_\_\_\_\_  
**Tomasina Lapkoff, President**  
**Olde Towne Title**

ALTA Best Practices Framework: Certification Package  
Certificate (Part 2)

**Certificate**

Issued to:

**Olde Towne Title, Inc.**

**Olde Towne Title** 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 September 1, 2015.

Procedures executed related to the following ALTA Best Practices:

- 1. Licensing
- 2. Escrow Accounting Procedures
- 4. Settlement Procedures
- 5. Title Policy Production & Delivery
- 6. Professional Liability Insurance Coverage
- 7. Consumer Complaints
  
- 8. 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.

**Olde Towne Title, Inc.**

By:   
Tomasina Lapkoff, President  
Authorized Signatory



---

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

Declaration Page for Hagerstown Olde Towne Title



Client#: 70527 LAPKENT

## ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/06/2015

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> The CIMA Companies, Inc. (CIM) 2750 Killarney Dr, Suite 202 Woodbridge, VA 22192-4124 703 739-9300	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 703 739-9300      FAX (A/C, No): 7037390761 E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE:      NAIC # INSURER A: Houston Specialty Insurance Com      37079 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED:</b> Lapkoff Enterprises dba Olde Towne Title 1025 Mt. Aetna Road Hagerstown, MD 21740	

**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	ADDITIONAL COV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab		TEO100082500	3/11/2015	3/11/2016	EACH OCCURRENCE \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER-ACC <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$ Per Claim \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> INSTALL <input type="checkbox"/> OTH <input type="checkbox"/> SERV LIMITS <input type="checkbox"/> EA E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b> Evidence of Insurance	<b>CANCELLATION</b> 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: <i>Laura L. Colman</i>
--	---

© 1988-2005 ACORD CORPORATION. All rights reserved.

---

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

Declaration Page for Olde Towne Title  
Additional Language for Frederick Office Coverage





Client#: 70527 LAPKENT  
**ACORD™ CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 04/10/2016

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> The CIMA Companies, Inc. (CIMA) 2750 Killarney Dr, Suite 202 Woodbridge, VA 22192-4124 703 739-9300	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 703 739-9300 FAX (A/C, No): 7037390761 E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:
<b>INSURED</b> Lapkoff Enterprises dba Olde Towne Title 1025 Mt. Aetna Road Hagerstown, MD 21740	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Houston Specialty Insurance Com 37079 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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.

TYPE OF INSURANCE	ADDL SUBR NBR, WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		TEO100082500	3/11/2015	3/11/2016	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCUR/ACC) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$ Per Claim \$1,000,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATU-TOREY LIMITS   OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Coverage applies to Wrongful Acts committed anywhere in the world provided that any action, arbitration, or other proceeding for, in relation to, or arising from the Claim is brought within the United States of America, its territories or possessions. to include: 5900 Frederick Crossing La. Frederick, MD 21704

<b>CERTIFICATE HOLDER</b> Evidence of Insurance	<b>CANCELLATION</b> 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 <i>Laurie S. Calanan</i>
--	--

---

**This Page Intentionally Left Blank**