



*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.

**AGENTS, ABSTRACTERS AND TITLE INSURANCE COMPANIES WITH DIRECT OPERATIONS IN COLORADO**

GROSS REVENUE	DUES AMOUNT	GROSS REVENUE	DUES AMOUNT
_____ Less than \$50,000.00	\$300.00	_____ \$300,001.00 - \$400,000.00	\$600.00
_____ \$50,001.00 - \$100,000.00	\$360.00	_____ \$400,001.00 - \$500,000.00	\$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 - \$1,000,000.00	\$960.00
_____ Where gross revenues are more than \$1,000,000.00, dues are \$960.00 plus \$35.00 for each \$100,000.00 over \$1,000,000.00.			

**TITLE INSURANCE COMPANIES (UNDERWRITERS)** This section of the dues schedule applies to:

1. Title Insurance companies that do not have direct operations (independent agents only), in which case dues are based upon the amounts remitted, or accrued, pursuant to the contract/contracts between the concerned title insurance company and the concerned independent agent(s); and,
2. Title Insurance companies that have both direct operations and independent agents in Colorado, in which case dues are based upon the amounts remitted, or accrued, pursuant to the contract/contracts between the concerned title insurance company and the concerned independent agent(s) and direct operation(s), except that the title insurance company need not include any premium remitted to it from any direct operation which is a member of LTAC and has paid its dues separately.

CONTRACT REVENUE	DUES AMOUNT
_____ \$0.00 TO \$500,000.00 (Minimum dues)	\$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.	

**ASSOCIATE MEMBER - DUES AMOUNT \$240.00**

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.

**By signing below, I hereby certify that (1) the amount remitted for 2019 dues is based upon 2018 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.* SEND REMITTANCE TO: **LAND TITLE ASSOCIATION OF COLORADO, P. O. BOX 3887, Littleton, CO 80161** and include completed Member Profile and Branch Office profiles (if applicable).

**LAND TITLE ASSOCIATION OF COLORADO**  
**Member Profile 2019**

**Type of Membership:** Agent \_\_\_\_\_ Insurer \_\_\_\_\_ Associate \_\_\_\_\_ Abstractor \_\_\_\_\_

If Agent, Name of Underwriter: \_\_\_\_\_ License No. \_\_\_\_\_

Member Company Name: \_\_\_\_\_

County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **WEBSITE** \_\_\_\_\_

*The Land Title Association of Colorado membership directory is available online at [www.ltac.org](http://www.ltac.org).  
Please check here \_\_\_\_\_ if you **DO NOT** wish to have your company name and contact information appear in the online directory.*

**1. Key Contact Person:** \_\_\_\_\_

Business Address: (if different than above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Email:** \_\_\_\_\_

**2. Accounting Contact Person:** \_\_\_\_\_

Business Address: (if different than above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Email:** \_\_\_\_\_

**3. Member Employee:** Please list any additional employee name and emails you would like to get information from LTAC. You may also send in a spread sheet.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

We appreciate you taking the time to fill out this member profile so that we can continue to keep the most updated files on our members. If you have Branches, please fill out below for your company. **Thank you.**

**LAND TITLE ASSOCIATION OF COLORADO**  
**Branch Office Member Profile**

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**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: \_\_\_\_\_

County: \_\_\_\_\_

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

\_\_\_\_\_

**Member Company Name:** \_\_\_\_\_

Branch Office Name, if different: \_\_\_\_\_

County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ WEBSITE

\_\_\_\_\_

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

***Thank you.***