

## 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.

AGEN1	S, ABSTRACTERS AND TITLE INSU	RANCE COMPANIES WITI	H DIRE	CT OPERATIONS IN COLORADO				
	REVENUE Less than \$50,000.00	DUES AMOUNT \$300.00	GROS	\$ REVENUE \$300,001.00 - \$400,000.00	DUES AMOUNT \$600.00			
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	\$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 \$96	60.00 pl	us \$35.00 for each \$100,000.00 over \$	\$1,000,000.00.			
TITLE I	·	not have direct operations (	indeper	ident agents only), in which case due	•			
	concerned independent agent(s); ar		tracts b	etween the concerned title insuran	ce company and the			
2.	. Title Insurance companies that have both direct operations and independent agents in Colorado, in which case dues are a upon the amounts remitted, or accrued, pursuant to the contract/contracts between the concerned title insurance company the concerned independent agent(s) and direct operation(s), except that the title insurance company need not include premium remitted to it from any direct operation which is a member of LTAC and has paid its dues separately.							

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

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

CONTRACT REVENUE

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

**DUES AMOUNT** 

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 2021 dues is based upon 2020 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.

2021 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 3887, Littleton, CO 80161 and include completed Member Profile and Branch Office profiles (if applicable).

# LAND TITLE ASSOCIATION OF COLORADO

**Member Profile 2021** 

Type of Membership:	Agent Insur	er Associate Abstractor			
If Agent, Name of Underwr	iter:	License No.			
Member Company Name: _					
County:					
City:	State:	Zip Code:			
Phone:	Fax:	WEBSITE			
	•	lo membership directory is available online at <u>www.ltac.org</u> . your company name and contact information appear in the online directo			
1. Key Contact Person:					
Business Address: (if differe	ent than above)				
		Zip Code:			
		Email:			
2 Accounting Contact Pers	on:				
_					
		7in Codo:			
		Zip Code:			
Priorie.		Email:			
<ol><li>Member Employee: Ple LTAC. You may also send in</li></ol>	•	employee name and emails you would like to get information from			
Name:		Email:			
Name:		Fmail:			
We appreciate you taking the	time to fill out this mem	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 ce Member Profile (if applicable)			
Member Company Name:					
Mailing Address:					
		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.*