

## Instructions For FSA-2342

### ***CERTIFICATION OF TITLE INSURANCE COMPANY***

Used by the Title Insurance Company to certify to liability and fidelity coverage and eligibility to conduct the loan closing for the applicant.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA office. Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA office, provided the customer submitting the form is the only person required to sign the transaction.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

***Parts A, B, and D completed by FSA.***

***Part C must be completed by the Title Insurance Company.***

*Parts A and B are for FSA use only.*

***Part C – Items 1 through 2 D.***

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
1(a) Name	Enter the Title Insurance Company's name.
1(b) State of License	Enter the State in where the Title Insurance Company is licensed to conduct business.
1(c) State	Enter the State under which State Insurance Commission the Title Insurance Company is approved.
1(d) Fidelity Bond Amount	Enter the dollar amount of the fidelity bond for each individual having access to the FSA funds.
2A Name	Enter the Title Insurance Company representative's name.
2B Title	Enter the representative's title.
2C Signature	Enter the representative's signature.  If faxing or mailing the form, print the form and manually enter your signature. If this form is approved for electronic transmission, and you have established credentials with USDA to submit forms

<b>Fld Name/ Item No.</b>	<b>Instruction</b>
	electronically, use the buttons provided on the form for transmitting the form to the USDA office. Electronic submission may only be completed if you are the only person required to sign this form.
2D Date	Enter the date the representative signed the form.

**Part D is for FSA use only.**