

# Buy Select Escrow/ Settlement Company Addendum

For properties identified for the "Buyer Select" closing agent program, the buyer will choose their own Escrow/Settlement Officer. HUD will pay the buyer's settlement fee to the extent that closing cost assistance was requested on Line 5 at time of bid submission and there are sufficient funds remaining to pay the fee. Please note Line 9 of the HUD-9548 Sales Contract must be filled in with the closing agent listed on this form.

For fastest processing, completed form should be submitted with original contract package upon bid acceptance. If form is submitted separately from the original contract package, please fax to (203) 909-6356 or email hartford@oforireo.com.

I / We authorize Ofori & Associates, PC to release a copy of the sales contract and addenda for the following property to the Escrow/Settlement Officer listed on this form.

FHA Case Number \_\_\_\_\_

Property Address (include city, state, zip) \_\_\_\_\_

Purchaser(s) \_\_\_\_\_

Selling Agent \_\_\_\_\_ Agent Phone \_\_\_\_\_

## Escrow/Settlement Officer Information

Company Name MIDLAND TITLE AND ESCROW, LTD.

Mailing Address (include city, state, zip) 3103 EXECUTIVE PARKWAY, STE. 101, TOLEDO OH 43606

Escrow/Settlement Officer KELLIE M. WHEELER Phone 419-531-1192

Email Address PACKAGES@MIDLANDTOLEDO.COM

Has this company ever closed a transaction on a HUD-owned property? Yes / No

If yes, please enter Buyer Select ID # \_\_\_\_\_

If no, please attach copy of Escrow/Settlement Officer's state license and insurance.

Purchaser Signature \_\_\_\_\_ Date \_\_\_\_\_

Purchaser Signature \_\_\_\_\_ Date \_\_\_\_\_

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This section for Ofori & Associates, PC use only. Ofori & Associates, PC Processed by:

\_\_\_\_\_ Date: \_\_\_\_\_

Approved      Denied

If approved, the Escrow/Settlement Officer has been assigned \_\_\_\_\_ Buyer Select ID#

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> Arthur J. Gallagher Risk Mgmt Services, Inc. 377 Oak Street Garden City, NY 11530-0601	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>516 745-0800</b>		FAX (A/C, No): <b>516-745-0082</b>	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b> Midland Title & Escrow, Ltd. 401 Adams Street Toledo, OH 43604	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A : Underwriters at Lloyds, London</b>		<b>15792</b>	
	<b>INSURER B :</b>			
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			
<b>INSURER F :</b>				

**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	ADDL INSR	SUBR 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 type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Errors &amp; Omissions</b>			<b>SUAFEO1186</b>	<b>05/01/2013</b>	<b>05/01/2014</b>	<b>\$1,000,000 Each Claim</b> <b>\$1,000,000 Aggregate</b> <b>\$20,000 Deductible</b>

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  

# State of Ohio Department of Insurance

*MIDLAND TITLE AND ESCROW LTD*

Is licensed to engage in the business of insurance in the  
State of Ohio in the capacity stated below.

License Type: Resident Title  
Line(s) of Authority: Title



Date of License: April 30, 2008  
Expiration Date: September 30, 2014  
License Number: 37847  
National Producer Number: 10733783

John R. Kasich, Governor

*Mary Taylor*  
Mary Taylor, Lt. Governor/Director

**Ohio Department of Insurance**  
**MIDLAND TITLE AND ESCROW LTD**

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*Mary Taylor*  
Mary Taylor  
Lt. Governor/Director

MIDLAND TITLE AND ESCROW LTD  
401 ADAMS  
TOLEDO, OH 43604



STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
OFFICE OF FINANCIAL & INSURANCE SERVICES  
LICENSING

THIS LICENSEE HAS FULFILLED THE REQUIREMENTS OF PUBLIC ACT 218 OF 1956 AS AMENDED. LICENSE IS GRANTED BY THE COMMISSIONER OF THE OFFICE OF FINANCIAL AND INSURANCE SERVICES OF THE STATE OF MICHIGAN TO ENGAGE IN BUSINESS IN THE CAPACITY STATED ON THIS LICENSE, SUBJECT TO ALL APPLICABLE LAWS AND ADMINISTRATIVE RULES.

SYSTEM ID: 0087240

LICENSE TYPE: Non-Resident Producer

Effective: 07-03-2008

QUALIFICATIONS

MIDLAND TITLE & ESCROW LTD  
401 ADAMS  
TOLEDO, OH 43604

Title: 07-03-2008

Carefully fold and tear along perforations