



Integrity. Security. Excellence.

COVID-19 Procedures

When scheduling closings, after reviewing the questionnaire with the customer please provide them with the following request. This information can also be part of the email when you send out the closing confirmation. The attached form will need to be initialed by the processor.

Due to the COVID-19 Virus Bankers Title is following the CDC guidelines to protect our staff and clients

- We request that only the essential parties attend closing (signers of documents). Realtors and Loan Officers can attend via facetime, skype or zoom. No additional family members or non-signatory persons will be allowed to attend the closing
- We request that you supply and wear a protective face covering. We **do not** have a supply of masks on hand to provide at closing. An order was placed for face masks, but due to the high demand and need, we will not be receiving any at this time.
- We will maintain the 6 feet social distancing and ask that you kindly do the same
- We will make accommodations to handle the closing in an open-air environment upon request

Please see our latest update on COVID-19 by clicking [here](#).

Bankers Title

Visitor Questionnaire: COVID-19

Dear Visitor: The safety of our employees, supplier partners, customers, families, and visitors remains the Company's overriding priority. In an effort to protect against the novel coronavirus known as SARS-CoV-2, which causes the illness known as COVID-19, the Company has implemented certain visitor protocols. As an interim measure, the Company asks all visitors, vendors, and other third parties to complete a health declaration prior to entering a Company facility. This form is completely voluntary; however, you will not be allowed access to the Company's facility if you decline to respond. The data we collect will be used solely for purposes of preventing COVID-19 transmission and/or responding to a future COVID-19 diagnosis and will not be shared with anyone beyond those who need it to apply the Company's workplace safety policies or as required by a public health authority or other such body. The data will be stored securely, and unless otherwise directed by a public health authority, we will destroy the data as soon as it is no longer needed for these purposes.

DATE OF VISIT: _____

Visitor Name:	Visitor Phone Number:
Visitor Organization:	Company Host:

SELF-DECLARATION BY VISITOR:

- In the past 14 days, have you been in close contact with anyone who has been diagnosed with COVID-19?
Yes ___ No ___
- Have you been advised by a doctor, healthcare provider, or any public health authority to stay home or otherwise avoid contact with others?
Yes ___ No ___
- Have you experienced any of the following during the last 24 hours: fever, coughing, shortness of breath, or other respiratory symptoms associated with COVID-19?
Yes ___ No ___
- In the past 14 days, have you traveled to/from/through a [Level 3 Travel Health Notice](#) location?
Yes ___ No ___

Reviewed with customer by Bankers Title Staff: _____

Date: _____