

## APPLICATION FOR POLICY-ISSUING AGENCY STATUS

### APPLICANT INFORMATION:

1. Name of Applicant \_\_\_\_\_
2. Social Security Number of Applicant \_\_\_\_\_
3. Firm Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address \_\_\_\_\_
4. Office Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
5. Date Firm Commenced Business \_\_\_\_\_
6. Date of Applicant's Admission to Bar \_\_\_\_\_
7. List other state jurisdictions and dates admitted to bar \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BUSINESS/CUSTOMER INFORMATION:

8. Percentage of practice devoted to real estate \_\_\_\_\_
9. How many years experience in real property/conveyancing law does applicant possess? \_\_\_\_\_
10. Are all searches/abstracts performed by an attorney in the firm? Yes No
11. Please list all attorneys in firm who perform searches/abstracts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. If searches/abstracts are not performed by an attorney in your firm, please list by whom they are performed and whether by an attorney:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Please list all lenders for whom you supply title evidence, title insurance or conduct closings (use additional sheet, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Are you a CPA? Yes No      14a. Do you do estate planning? Yes No
15. Are you presently a policy-writing agent or approved attorney for any other title insurance company? Yes No    If Yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Were you previously an agent or approved attorney for any underwriters not listed in question 14 above? Yes No    If Yes, please list the company and explain the reason why the relationship was terminated.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17. Over the next twelve months, Applicant anticipates:**

Net remittances to all title insurance underwriters . . . \$ \_\_\_\_\_  
Proposed net remittances to Old Republic Title . . . . . \$ \_\_\_\_\_

During the past two calendars years, the following was the approximate annual net remittance to all underwriters:

Year _____	\$ _____
Year _____	\$ _____

17a. What conveyancing software packages do you presently use \_\_\_\_\_  
\_\_\_\_\_ (For example: ABC, Std. Conveyancer, ProDocs)

17b. What volume of title orders anticipated to be submitted monthly? \_\_\_\_\_  
to be submitted annually? \_\_\_\_\_

**INSURANCE COVERAGE:**

18. Please provide the following information concerning insurance coverage. Kindly attach a copy of the Declarations Page of the policy in effect. If no insurance is in place, please so state.

Professional Liability Carrier \_\_\_\_\_  
Coverage Limit Each Claim \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

Fidelity/Surety Insurance Carrier \_\_\_\_\_  
Coverage Limit Each Claim \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

**LOSS HISTORY:**

19. Have you or any other firm members been, or are you now, the subject of any disciplinary proceedings by any bar organization? Yes No  
If Yes, please explain: \_\_\_\_\_

20. Please list all losses, if any, which you or any of your insurers have paid or incurred in the last three years for you or any member or employee of your firm (please attach sheet explaining each specific matter):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**21. If Applicant performs closings, maintains escrow/trust accounts, or disburses construction funds, please complete Exhibit 1 to Application – “Pre-Signing Escrow Audit Questionnaire” – attached hereto.**

**REFERENCES:**

**22. Please list two attorneys, not in your firm, whom we may contact to obtain a personal reference of you and your firm:**

**Attorney’s Name** \_\_\_\_\_  
**Firm Name, Address and Telephone Number** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attorney’s Name** \_\_\_\_\_  
**Firm Name, Address and Telephone Number** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It is agreed and understood that in consideration of the Applicant’s application for appointment as an Agent/Approved Attorney, Old Republic National Title Insurance Company may seek further information relative to Applicant’s business and professional reputation in the community and Applicant’s credit history. This may include matters in the nature of an investigative consumer report as defined in the Federal Fair Credit Reporting Act. This notice is given to you in compliance with said Act. It is further understood and agreed that the information set forth herein may be verified and investigated by Old Republic National Title Insurance Company, but is furnished on a confidential basis by the Application to aid Old Republic National Title Insurance Company in its investigation and determination of the qualifications of the Applicant.**

**The Applicant further agrees to promptly contact Old Republic National Title Insurance Company in the future if circumstances change and the Applicant’s answers to the questions above are no longer accurately reflected by this application. Applicant further acknowledges that Old Republic National Title Insurance Company has the right to request that Applicant periodically complete other applications in the future so that our files and records will accurately reflect the Applicant’s actual status at that time.**

**The Applicant further acknowledges that this application has been executed and sworn to under the pains and penalties of perjury.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Exhibit 1 to Application for Policy-Issuing Agency  
PRE-SIGNING ESCROW/AUDIT PROCEDURE QUESTIONNAIRE**

1. **Approximately how many closings have occurred over the last six months?**  
\_\_\_\_\_
2. **Is a separate bank account maintained for the escrow business of title underwriter?** Yes No
3. **List all escrow checking accounts:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **How often are escrow bank accounts reconciled?** \_\_\_\_\_
5. **Who prepares the reconciliations?** \_\_\_\_\_
6. **Who reviews the reconciliations?** \_\_\_\_\_
7. **Are escrow assets balanced to escrow liabilities monthly?** \_\_\_\_\_
8. **For each account listed, please supply copies of the following for the most recent three months that are available:**
  - a) **Bank reconciliation;**
  - b) **Bank statement for the month following the reconciliation;**
  - c) **Outstanding check list;**
  - d) **Listing of deposits in transit.**
9. **Is an escrow account trial balance of all open file balances (both debit and credit) prepared whenever bank accounts are reconciled?** Yes No  
**Is there management review?** \_\_\_\_\_
10. **Are there procedures in place to properly segregate cash receipts, cash disbursements and bank reconciliation functions or, as an alternative, are reviews in place to cross-check transactions where proper segregation of duties is not possible?** Yes No
11. **Are procedures in place to follow up the recording of satisfactions of mortgages in escrow?** Yes No

**NOTES:**

1. **The escrow information obtained will be sent to our Home Office to the Internal Audit Department for review and evaluation before the Applicant can receive final approval.**

- 2. Internal Audit will communicate its questions, concerns and any requests for additional information to the State Manager.**
- 3. If necessary, because of size or complexity, an internal auditor will visit the agency location for an on-site review.**
- 4. Upon completion of the escrow review, Internal Audit will issue the results of its review and its opinion as to whether: a) the escrows appear to be adequately funded; and b) the escrow records maintained appear to be adequate.**