

5. Explain in detail the reasons that any agency relationship referenced in Item #4 was terminated.

6. Explain reason for now changing or seeking a new underwriter. _____

FINANCIAL INFORMATION

7. Please attach current financial statement of Agency and summary page of most recent Federal income tax return.

8. Over the next twelve months, Agent anticipates:

Net remittances to all title insurance underwriters \$ _____
Proposed net remittances to Old Republic National Title Insurance Company \$ _____

9. During the past two calendar years, the following was the approximate net remittance to all underwriters:

Year ____ \$ _____
Year ____ \$ _____

10. Does the Agent have any financial obligations under any agreement, oral or written to any title insurance underwriter currently or formerly represented by Agent?

Yes No

If yes, provide details _____

11. Does Agent perform closings? Yes No

If no, who customarily performs closings in connection with transactions insured by title policies issued by Agent?

12. Does the Agent maintain escrow/trust accounts? Yes No

13. Does the Agent disburse construction funds? Yes No

If the answer is yes to questions 11,12 or 13, complete Presigning Escrow Audit Procedure/Questionnaire, Exhibit 1 to this application.

INSURANCE COVERAGE

Please provide requested information concerning insurance coverage of Agent. Supply copies of policies in effect. If no insurance is in effect, so state.

14. Fidelity/Surety Insurance Carrier: _____

Coverage limit each claim: \$ _____ Aggregate \$ _____

Deductible \$ _____ Expiration Date: _____

15. Title Insurance Agents' Errors & Omissions Carrier: _____

Coverage limit each claim: \$ _____ Aggregate \$ _____

Deductible \$ _____ Expiration Date: _____

MARKET INFORMATION

16. Indicate percentage of title insurance business from each customer group:

Lenders _____% Real Estate Brokers _____%

Attorneys _____% Developers/Builders _____%

17. Provide a list of the top five customers and the percentage of your total business from each.

18. Does any partner, officer or director (or members of their families) of Agent have any ownership interest in any customer or entity providing referrals of business to Agent?

Yes No

If yes, provide details _____

19. List all other businesses in which you or the principals of agent have any interest.

Name _____ Federal ID No. _____

Address _____

Type of Business _____

LOSS HISTORY

20. List all claims/losses in excess of \$5,000 paid or pending involving Agent's title insurance or escrow business. Include information as to type, i.e. forgery, mechanic's lien, etc.

Year of Loss	Amount of Loss	Type of Loss	Agent or Underwriter Paid

TITLE INSURANCE POLICY PRODUCTION

21. Sources of title evidence:

- Abstracts Public Records
- Title Plants (Describe nature of plant interest, i.e. total ownership, partial ownership, lease contract rights, etc.)

22. Title searches performed by:

Agent employees Independent contractors

Other (describe) _____

23. Examinations performed by:

Agent employees Independent contractors Independent attorneys

Other (describe) _____

OWNERSHIP AND OFFICERS

24. The name, address, occupation and percentage interests of all owners/partners having an interest in Agent should be identified in Exhibit 2, Part A attached hereto.

25. The name, title, address, social security number, previous employers, and experience of each of the principal officers, senior title executive and all escrow personnel should be identified in Exhibit 2, Part B attached hereto.

REFERENCES

26. The identity, occupation, address and telephone number of four references, including the reference of one financial institution, should be listed on Exhibit 2, Part C attached hereto.

27. Has Agent or any owner, key employee, partner, principal shareholder, director or officer of Agent ever been the subject of a grievance, complaint or proceeding relating to their conduct as a title insurance agent or their capacity as a fiduciary or in their professional capacity; a defendant in any criminal or civil proceeding involving violation of any state or federal law; the subject of any bankruptcy proceeding; canceled or refused professional liability or fidelity bond coverage; or failed to pay any sums of money or premiums due to any title insurance underwriter or any other creditor?

Yes No

If yes, provide details on separate attached statement.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

(Name(s) of individual(s) completing application)

as Applicant(s) on behalf of _____
(name of entity seeking appointment)

as Agent. Applicant(s) represents that Applicant(s) has authority to make such application on behalf of Agent. It is understood and agreed that no agency relationship exists between Agent and Old Republic National Title Insurance Company unless and until an Agreement of Appointment of Policy-Issuing Agency is executed by both parties:

Disclosure and Release of Information Authorization

The individual applicants signing below are principals and/or key employees of Agent, and each by signing below is providing Insurer continuing authorization as set forth therein, and each are referred to individually herein below as "I", "My", "Me", "You", "Your", and "Yours". The Federal Fair Credit Reporting Act is referred to as "FCRA".

Disclosure

Subject to Your written authorization, this is notice to You that Insurer may procure a written, oral or other communication containing information by a consumer reporting agency, bearing on Your individual credit

worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which will be used or is expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the eligibility of Applicant being appointed as a Policy-Issuing Agent of Insurer.

In lieu thereof or in addition thereto, an "investigative consumer report" may be procured, which is defined under FCRA as including information on Your character, general reputation, personal characteristics, or mode of living, obtained through personal interviews with neighbors, friends or associates of Yours reported on or with others with whom You are acquainted or who may have knowledge concerning any such items of information.

You may request a copy of any such report that is prepared and You may also request the nature and substance of all information on You that is contained in the files of the consumer reporting agency. To receive the information, You must provide proper identification as required under FCRA. Currently, You should direct Your request to Old Republic Credit Services, 8 Harris Court Bldg., A Suite 2, Monterey, CA 93940. Telephone # is 888-895-5145 or 831-655-6797. In the event Insurer utilizes a different consumer reporting agency in the future, alternative contact information will be provided.

Written Authorization

I understand that Insurer may not obtain any consumer report on Me without My consent in writing. I hereby authorize Insurer and such consumer reporting agency it chooses to use, to retrieve (both pre-application and during the agency relationship with Insurer, if appointed) information from all personnel, educational institutions, government agencies, companies, corporations, consumer credit reporting agencies, law enforcement agencies at the federal, state, county or city level, workers' compensation agencies or individuals, relating to My past activities, to supply any and all information concerning My background. The information received may include, but is not limited to, records regarding My academic, residential, and job performance histories, business activities, involvement in litigation, personal history, credit reports, driving history and criminal history records. I hereby authorize Insurer to disclose any such information obtained to other Principals of the Proposed Agent. I understand and agree that My authorization is a continual authorization, in that it shall continue to be in effect during this application period and for the duration of any Agency Agreement entered into between Insurer and the Applicant, their respective successors and assigns.

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to Me because of compliance with this authorization and request to release information or any attempt to comply with it. I hereby agree that an electronic, photocopy or facsimiled copy of My authorization with an electronic, photocopy or facsimile copy of My signature shall be deemed as binding, valid, genuine and authentic as an original authorization and signature for all purposes.

Print Name	Signature	Date
------------	-----------	------

Note: The following is provided voluntarily and is not considered a part of the application for Agency. It is used for identification purposes in verifying information and obtaining the information described above:
PLEASE PRINT CLEARLY

First Individual Applicant:

Last Name	First Name	MI	Social Security #
-----------	------------	----	-------------------

EXHIBIT 1 TO APPLICATION FOR POLICY-ISSUING AGENCY
PRESIGNING ESCROW AUDIT
PROCEDURE/QUESTIONNAIRE

1. Approximately how many closings have occurred over the last six months? _____
2. Is a separate escrow or trust account maintained for real estate settlements and escrow funds?
 Yes No
3. List all escrow checking accounts: _____

4. Who prepares the bank reconciliations (name and position)? _____
5. Who reviews the reconciliations (name and position)? _____
6. Are escrow liabilities balanced to reconciled escrow cash in bank monthly? Yes No
7. Is an escrow account trial balance of all open file balances (both debit and credit) prepared and reconciled to the escrow liability control account whenever bank accounts are reconciled? Yes No
Is there management review of the trial balance and reconciliations? Yes No
8. For each account listed, 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 checklist.
 - d. Listing of deposits in transit.
 - e. Escrow trial balance listing.
9. Are 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
10. Are procedures in place to follow up on the recording of satisfactions of mortgages paid in escrow?
 Yes No

EXHIBIT 2 TO APPLICATION FOR POLICY-ISSUING AGENCY
OWNERSHIP, OFFICERS AND REFERENCES

PART A

List all owners/partners having interest in Agent:

Name _____	Name _____
Address _____	Address _____
Occupation _____	Occupation _____
Percentage Interest _____	Percentage Interest _____

Name _____	Name _____
Address _____	Address _____
Occupation _____	Occupation _____
Percentage Interest _____	Percentage Interest _____

PART B

Give the following narrative information concerning the principal officers, senior title executive and all escrow personnel:

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
Years of Experience _____	Years of Experience _____
Social Security Number _____	Social Security Number _____

List of Previous Employers	List of Previous Employers
_____	_____
From _____ To _____	From _____ To _____
_____	_____
From _____ To _____	From _____ To _____
_____	_____
From _____ To _____	From _____ To _____

Name _____ Name _____

Title _____ Title _____

Address _____ Address _____

Years of Experience _____ Years of Experience _____

Social Security Number _____ Social Security Number _____

List of Previous Employers _____ List of Previous Employers _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

PART C

Please provide four references, including one bank. Preferably these are professionals/customers familiar with the Agent's experience and ability:

Name _____ Name _____

Occupation _____ Occupation _____

Address _____ Address _____

Phone _____ Phone _____

Name _____ Name _____

Occupation _____ Occupation _____

Address _____ Address _____

Phone _____ Phone _____