

OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY APPLICATION FOR POLICY-ISSUING AGENCY

GENERAL

1. Name: _____
(Individual or entity seeking appointment)

Social Security Number/Federal ID Number _____

Address _____

Phone _____ FAX _____

E-mail _____
2. Organizational Form:
 Corporation Partnership Sole Proprietorship Individual Limited Liability Company
3. Number of years in operation as title insurance agent _____
4. List title insurance underwriters currently represented by Agent:

_____ Number of years _____

_____ Number of years _____

_____ Number of years _____

_____ Number of years _____
5. If Agent previously represented any underwriter not listed in Item 4, explain circumstances of termination

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 \$1,000 paid or pending involving Agent's title insurance or escrow business. Include information as to type, i.e. forgery, mechanic's lien, etc.

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 and hereby give(s) authority and consent to Old Republic National Title Insurance Company to seek and obtain information relative to the business, professional and personal reputation, character, personal characteristics and mode of living of Applicant(s) and Agent as well as Applicant(s)' and Agent's credit history. This may include matters in the nature of an investigative consumer report as defined by the Federal Fair Credit Reporting Act of Agency Principals and Agency Officers in addition to Applicant. Applicant(s) understands that upon written reasonable request, Applicant(s) may obtain a disclosure of the nature and scope of the investigation and report. Agent and Applicant(s) hereby state that the foregoing information (including any separate attached statement) is true and correct to the best of its knowledge and belief. It is further understood and agreed that the representations contained in this application are material inducements for Old Republic National Title Insurance Company's entering into an agency relationship with Agent, and that at any time either prior to or after relationship with Agent, and that at any time either prior to or after entering into any agency relationship should any information contained in this application become inaccurate, Applicant(s) or Agent will so notify Old Republic National Title Insurance Company. 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:

Agent:_____

By _____ its _____ as Applicant

By _____ its _____ as Applicant

By _____ its _____ as Applicant

By _____ its _____ as Applicant

NOTE: ALL OWNERS/PARTNERS SHOWN IN EXHIBIT II PART A MUST SIGN AS APPLICANT

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

INTERNAL AUDIT REVIEW OF CORPORATE AGENTS

1. This questionnaire and the escrow information obtained will be sent to Minneapolis to the Internal Audit Department for review and evaluation before the application can receive final approval.
2. Internal Audit will communicate its questions, concerns and any requests for additional information to the State/Area/Division Agency Manager.
3. If necessary, because of size or complexity, an auditor will visit the agency location for an on-site review.
4. Upon completion of the escrow review, Internal Audit will inform the State/Area/Division Agency Manager of the results of its review, the corrective actions to be taken prior to signing, and its opinion as to whether:
 - a. The bank accounts appear to be properly reconciled
 - b. The escrows appear to be adequately funded, and
 - c. The escrow accounting records maintained appear to be adequate

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 _____
Social Security Number _____	Social Security Number _____
Percentage Interest _____	Percentage Interest _____
Name _____	Name _____
Address _____	Address _____
Occupation _____	Occupation _____
Social Security Number _____	Social Security Number _____
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 _____