



**OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
APPLICATION FOR APPROVED ATTORNEY**

Return Completed Application to Shayna Best via fax (610) 687-6056

GENERAL

1. Name: _____
Social Security Number _____
Firm Name _____
Address _____
Phone/FAX _____
E-Mail Address _____
Web Site Address _____
2. Date firm commenced business: _____
3. Date of applicant's admission to bar: _____
4. List of other state jurisdictions and dates admitted to bar:

BUSINESS/CUSTOMERS:

5. Percentage of practice devoted to real estate: _____ %
6. How many years experience in real property/conveyancing law does applicant possess?

7. Are all searches/abstracts performed by an attorney in the firm? Yes No
Please list all attorneys in firm who perform searches/abstracts:

8. If searches/abstracts are not performed by an attorney in your firm, please list by whom they are performed and whether by an attorney:

9. Please list all lenders for whom you supply title evidence, title insurance, or conduct closings:

10. Are you presently a policy-writing agent or approved attorney for any other title insurance company?
 Yes No
If yes, please list: _____

11. Were you previously an agent or approved attorney for any underwriters not listed in question 10 above?

Yes No

If so, please list the company and explain the reason why the relationship was terminated.

12. Over the next twelve months, Agent anticipates:

Net remittances to all title insurance underwriters \$

Proposed net remittances to Old Republic National Title Insurance Company \$

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

20__ \$

19 \$

13. What volume of title orders anticipated to be submitted:

monthly_____ annually

INSURANCE COVERAGE:

14. Please provide the following information concerning insurance coverage. Supply copies of policies in effect. If no insurance 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:

15. 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:

16. 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):

20 _____

19 _____

19 _____

17. If applicant performs closings, maintains escrow/trust accounts, or disburses construction funds, complete Presigning Escrow Audit Procedure/Questionnaire, Exhibit 1.

REFERENCES:

18. Please list two attorneys, not in your firm, who we can contact to obtain a personal reference of you and your firm:

Attorney's Name: _____

Firm: _____

Address: _____

Telephone No. _____

Attorney's Name: _____

Firm: _____

Address: _____

Telephone No. _____

It is agreed and understood that in consideration of the Applicant's application for appointment as an Approved Attorney, Old Republic Title 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 Title, but is furnished on a confidential basis by the Applicant to aid Old Republic Title in its investigation and determination of the qualifications of the Applicant.

The Applicant further agrees to promptly contact Old Republic Title 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 Title 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.

Applicant:

Date:

**EXHIBIT I TO APPLICATION FOR APPROVED ATTORNEY
PRESIGNING 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? _____
Who reviews the reconciliations? _____
6. Are escrow assets balanced to escrow liabilities monthly? _____
7. 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 check list.
 - d. Listing of deposits in transit.
8. 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? _____
9. Please provide trial balance listings that correspond to the bank reconciliations you are supplying.
10. 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
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 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 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.