

## APPLICATION FOR POLICY-ISSUING ATTORNEY AGENT

(Note: The term "Applicant," as used herein, refers to both the Law Firm and the Agent applying for status as a "Policy-Issuing Attorney Agent".)

### 1. LAW FIRM NAME:

Address:

City: \_\_\_\_\_, S.C. ZIP \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Federal ID #:

Number of Years in operation as a Law Firm:

Organizational form of Law Firm is:  Corporation;  Partnership;  Sole  
Proprietorship;  Individual

### 2 NAME UNDER WHICH AGENCY WILL OPERATE:

Number of Years in operation as an Agency:

Organizational form of Agency is:  Corporation;  Partnership;  Sole  
Proprietorship;  Individual

### 3. Applicant requests the following person(s) be appointed as Validating Officers so that they will be authorized to sign title insurance forms on behalf of Old Republic National Title Insurance Company:

Please have each person listed above separately complete **EXHIBIT I, "APPLICATION FOR VALIDATING OFFICER APPOINTMENT"**. (Photo-copy the form as needed.)

### BUSINESS/CUSTOMERS:

4.  Yes  No Are all searches/abstracts performed by one of the attorneys shown above?  
(If "No", please list by whom they are performed & whether by an attorney.)

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

6.  Yes  No Is Applicant (Law Firm or Agency) presently a policy-writing agent for any title insurance company? (If "Yes", please list the companies:)

7.  Yes  No Was Applicant (Law Firm or Agency) previously a policy writing agent for any underwriters not listed in Question 6 above? (If "Yes", please list the company and explain the reason why the relationship was terminated.)

8.  Yes  No Has Applicant (Law Firm or Agency) ever been denied status as a policy issuing agency by any title insurance company? (If "Yes", provide details.)

9. Gross Premiums - Over the next twelve months, Applicant anticipates generating:  
\$ \_\_\_\_\_ In Premiums to be written for all title insurance companies.  
\$ \_\_\_\_\_ In Premiums to be written for Old Republic Title.

10. During the past two calendar years, the following was the approximate Gross Premiums written for all title insurance companies:  
20 \_\_\_\_\_ \$ \_\_\_\_\_  
19 \_\_\_\_\_ \$ \_\_\_\_\_

11. What volume (number) of title policies are anticipated to be submitted to Old Republic Title:  
Monthly \_\_\_\_\_ Annually \_\_\_\_\_

**INSURANCE COVERAGE:**

12. Please provide the following information concerning insurance coverage. Please attach to this application copies of policies currently in effect. If no insurance is in place, please so state.

**LAW FIRM'S PROFESSIONAL E & O LIABILITY CARRIER:**

Deductible: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverage Limit each claim: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Yes  No Do you have a "Title Insurance Agent's Errors & Omissions Rider" to your E & O Policy ?

**LAW FIRM'S FIDELITY/SURETY CARRIER:**

Deductible: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverage Limit each claim: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

**LOSS HISTORY:**

13.  Yes  No Have you or any other Law Firm members been, or are now, the subject of any disciplinary proceedings by any bar organization? (If "Yes", please explain.)

14. Please list all losses, if any, which you or any of your insurers have paid or incurred for you or any member or employee of your Law Firm and/or Agency, etc? (Please attach a sheet explaining each specific matter.)

**FINANCIAL INFORMATION:**

\*15.  Yes  No Do you or your Law Firm perform closings? (If "No", who customarily performs closing in connection with transactions insured by title policies issued by Agent?)

\*16.  Yes  No Does your Law Firm maintain escrow/trust accounts?

\*17.  Yes  No Does your Law Firm disburse construction funds?

\*If the answer is "Yes" to questions 15, 16, or 17, complete EXHIBIT II "PRE-SIGNING ESCROW AUDIT PROCEDURE/QUESTIONNAIRE".

**REFERENCES:**

18. On EXHIBIT III "REFERENCES", please list two attorneys not in your Law Firm, and two lenders, who we can contact to obtain a personal reference of you and your Law Firm.

**Please read the following statements carefully before signing:**

Applicant(s) represents that Applicant(s) has authority to make such application on behalf of Applicant and Agency 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 Agency as well as Applicant(s') and Agency's credit history (including employees of Applicant and/or Agency). This may include matters in the nature of an investigative consumer report as defined by the Federal Fair Credit Reporting Act. Applicant(s) understand 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:

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.

**Date:**

**APPLICANT:**

(Name Under Which Agency Will Operate)

By:

Its:

**IF THE AGENCY IS NOT IN THE LAW FIRM NAME, THE LAW FIRM MUST ALSO SIGN BELOW:**

(Type Name Law Firm)

By: \_\_\_\_\_ Its: \_\_\_\_\_

**EXHIBIT I: APPLICATION FOR VALIDATING OFFICER APPOINTMENT**

Name:

Nickname(s):

Home Address:

(Street Address, City, State & Zip Code)

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Yes  No Do you presently hold a valid "SC Individual Insurance Agent=s License" for a title company?

List Your Education & Real Estate/Title Insurance Experience:

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING:**

Your Law Firm has requested that you be authorized to sign title insurance forms on behalf of Old Republic Title. In order for you to sign title insurance forms on behalf of Old Republic National Title Insurance Company, you must hold a "Validating Officer Appointment Letter" from Old Republic Title, and you must have a "SC Individual Insurance Agent=s License" for Old Republic Title. As a part of the licensing procedure, we must apply to the SC Law Enforcement Division (SLED) for a RAP sheet on you. We have to submit the RAP sheet along with our license appointment form for you to the SC Insurance Department. By signing below, you are authorizing us to order a RAP sheet on you.

It is also agreed and understood that in consideration of the Applicant's application for appointment as a Validating Officer, while you are with the Applicant's present firm, Old Republic National Title Insurance Company (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 Insurance 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.

Dated: \_\_\_\_\_

(Type or print Applicant=s name here)

(Applicant to sign here)

## EXHIBIT II: PRE-SIGNING ESCROW AUDIT PROCEDURE/QUESTIONNAIRE

1. Approximately how many closing have occurred over the last six months?
2.  Yes  No Is a separate bank account maintained for the escrow business of title insurance company?
3. List all escrow checking accounts:

How often are escrow bank accounts reconciled?

Who prepares the reconciliations?

Who reviews the reconciliations?

Yes  No Are escrow assets balanced to escrow liabilities monthly?

4.  Yes  No Is an escrow trial balance of all open file balances (both debit & credit) prepared whenever bank accounts are reconciled?

Yes  No Is there management review?

5.  Yes  No 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?

6.  Yes  No Are procedures in place to follow-up the recording of satisfactions of mortgages in escrow?

### NOTES:

Old Republic Title performs an initial audit of escrow bank accounts for new agencies within the first six (6) months and may perform periodic audits thereafter.

The Company may review at least three months records of bank reconciliation reports, bank statements for the month following the reconciliation, outstanding check lists, and listings of deposits in transit for each escrow account.

The escrow information obtained will be sent to Minneapolis to the Internal Audit Department for review and evaluation. The Internal Audit Department will communicate its questions, concerns, and any requests for additional information to the State Manager. If necessary, because of size or complexity, an internal auditor may visit the agency location for an on-site review. Upon completion of the escrow review, the Internal Audit Department will issue the results of its review and its opinion as to whether the escrows appear to be adequately funded and the escrow records maintained appear to be adequate.

**EXHIBIT III: REFERENCES**

Attorney's Name:

Firm:

Mailing Address:

Phone Number:

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Attorney's Name:

Firm:

Mailing Address:

Phone Number:

\*\*\*\*\*

Lender=s Name:

Mailing Address:

Phone Number:

Contact Person:

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Lender=s Name:

Mailing Address:

Phone Number:

Contact Person: