



APPLICATION FOR ATTORNEY/ATTORNEY AGENT STATUS

1. Applicant's Name: _____
Applicant's Home Address: _____
Law Firm Name: _____
Street Address: _____
Mailing Address: _____
Telephone Number: _____ Fax: _____
Email: _____ Office Web Address: _____
Federal ID #: _____ Social Security Number: _____
Date of Birth _____
College: _____ Date of Graduation: _____
Law School: _____ Date of Graduation: _____
Years of practicing law: _____ Year Admitted to S.C. Bar: _____ Bar #: _____

2. Are you currently a member in good standing with the S.C. Bar? Yes No

3. List of other state jurisdictions and dates admitted to bar, and years actually practiced in that state:

4. Agency Name: _____

Agency is a: Corporation Partnership Individual Sole Proprietorship

5. How many years experience in real property law? _____

6. Approximately how many titles have you examined? _____

7. Percentage of current practice devoted to real estate: _____ %

8. 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 National Title Insurance Company.

9. During the past two (2) calendar years, the following were the approximate Gross Premiums written for all title insurance companies:

20____ \$ _____ 20____ \$ _____

10. What volume (number) of title policies are anticipated to be submitted to Old Republic National Title Insurance Company:

Monthly _____ Annually _____

11. Are you presently an approved attorney or a policy issuing agent for any other title insurance company?
Yes No If "Yes", please list companies _____

12. Were you previously an approved attorney or a policy issuing agent for any other title insurance company not listed above? Yes No. If "Yes", please list the company and explain the reason why the relationship was terminated: _____

13. Have you ever been denied status as an approved attorney or as an issuing agent by any title insurance company? Yes No If "Yes", please explain: _____

14. Have you or any other Law Firm members been, or are now, the subject of any disciplinary proceedings by any bar association? Yes No If "Yes", please explain: _____

15. 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. (Please attach a sheet explaining each specific matter.)

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

17. Does your Law Firm perform real estate closings? Yes No If "No", who customarily performs closings in connection with transactions insured by title policies issued by an Agent? _____

18. Does your Law Firm Maintain escrow/trust accounts? Yes No

19. Does your Law Firm disburse construction funds? Yes No

*** If you answered yes to 1, 7, 18 and/or 19 please complete Exhibit III: Pre-Signing Escrow Audit Procedure/Questionnaire.**

20. Please provide the following information concerning insurance coverage. Please attach to this application copies of your current Declaration Page of policies currently in effect. If no insurance in place, please so state.

Law Firm's Professional E & O Liability Carrier: _____

Coverage Limit each claim: \$ _____

Aggregate \$ _____

Deductible \$ _____

Expiration Date: _____

Errors & Omissions Rider Yes No

21. Applicant requests the following individuals be appointed as Validating Officers with authorization to sign title insurance forms on behalf of Old Republic National Title Insurance Company: Please have each individual listed below complete **EXHIBIT II: Application for Validating Officer Appointment.** (Copy form as needed)

_____ BAR # _____

_____ BAR # _____

_____ BAR # _____

22. Please list the names & titles of all personnel in your office that will be directly related to this agency:

23. Are all searches/abstracts performed by one of the attorneys shown above? (If not, list individuals who perform searches/abstracts and whether or not they are an attorney) Yes No

24. When producing title insurance:
What software program(s) does your office use? _____

25. What software does your office use to reconcile your escrow accounts? _____

Please read the following statements carefully before signing:

It is agreed and understood that in consideration of the Applicant's application for appointment as Approved Attorney while with the Applicant's present firm or Policy Issuing Agent on behalf of Applicant and Agency, 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.

Date: _____

(Signature of Applicant)

If the Applicant is a member of a Law Firm, the Law Firm is to sign the following statement:

The undersigned vouches for the above statements and will support this attorney's examinations and certifications. It is requested that this attorney be placed on Old Republic Title Insurance Company's "Approved Attorney List".

(Type Law Firm Name)

By: _____

Its: _____

If the Agency is not in the law firm name, the law firm must also sign below:

(Name of Law Firm)

By: _____

Its: _____

EXHIBIT I: REFERENCES

Please list two attorneys not in your Law Firm who we can contact to obtain a copy of your and your Law Firm's records.

1. Attorney's Name: _____

Firm: _____

Address: _____

Phone Number: _____ Email: _____

2. Attorney's Name: _____

Firm: _____

Address: _____

Phone Number: _____ Email: _____

EXHIBIT II: 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 Agents License" for a title company?

Yes No Are you a current member of the SC Bar in good standing? Bar # _____

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 Agents 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.

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

Dated: _____ Applicant's name: _____

Applicant Signature: _____

Exhibit III: PRE-SIGNING ESCROW AUDIT PROCEDURE/QUESTIONNAIRE

- 1. Approximately how many closing have occurred over the last 6 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 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 (3) months records of bank reconciliation reports, bank statements for the month following the reconciliation, outstanding checklists, 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.