



# AGENT APPLICATION

1. Name of Agency: \_\_\_\_\_ EIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

2. Insurance Coverage: required \$1,000,000 minimum coverage. Please attach a copy of the Declaration Page of the policy in effect.

3. Escrow/Trust Account(s):

Name of Escrow/Trust Bank(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Recording account bank and account number (if applicable): \_\_\_\_\_

4. 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.*

## 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", "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.

**NOTE:** All owners, principal officers, senior title executives, escrow personnel and key employees must sign and give this authorization. For Agencies comprised of 5 or fewer individuals, all such individuals usually fall into one of these categories and must sign below. If an entity has an ownership interest in the Applicant, then all the individual owners of that entity must sign. The following information is provided voluntarily and is not considered a part of the Agency Application. It is used for identification purposes in verifying information and obtaining the information described above: PLEASE PRINT CLEARLY.

5. Date: \_\_\_\_\_

Signatory: \_\_\_\_\_

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Email: \_\_\_\_\_

Signatory: \_\_\_\_\_

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Email: \_\_\_\_\_

Signatory: \_\_\_\_\_

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Email: \_\_\_\_\_

Signatory: \_\_\_\_\_

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Email: \_\_\_\_\_

# OWNERSHIP

Give the following information concerning the licensed individuals serving as owners:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_

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Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Percentage Interest: \_\_\_\_\_



# VALIDATING OFFICERS

Give the following information concerning the licensed individuals serving as validating officers:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

License Number: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

License Number: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

License Number: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

License Number: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_



# AGENT INFORMATION

## GENERAL

1. Agent Name: \_\_\_\_\_  
*(Individual or entity seeking appointment)*
2. Locations: \_\_\_\_\_
3. Title Software Used: \_\_\_\_\_
4. Organizational Form: \_\_\_\_\_
5. List any other title insurance underwriters applicant is or has been an agent for: \_\_\_\_\_

PROOF OF AGENCY			
UNDERWRITER	BEGINNING YEAR	END YEAR	UNDERWRITER / AGENT SPLIT

6. Explain in detail the reasons that any agency relationship referenced in Item #5 was terminated. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Explain reason for now changing or seeking a new underwriter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL INFORMATION

8.

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:
9.

Does Agent perform closings?

☐ Yes

☐ No

If no, who customarily performs closings in connection with transactions insured by title policies issued by Agent?
10.

Does Agent maintain escrow/trust accounts?

☐ Yes

☐ No
11.

Approximately how many closings have occurred over the last (or will occur in the next) six months?
12.

Who prepares (or will prepare) and review the bank reconciliations (name and position)?

MARKET INFORMATION

13.

Indicate percentage of title insurance business from each customer group:

Lenders

%

Real Estate Brokers

%

Attorneys

%

Developers/Builders

%
14.

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

15. 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. If “none”, so state.

YEAR OF LOSS	AMOUNT OF LOSS	TYPE OF LOSS	AGENT OF UNDERWRITER PAID

TITLE INSURANCE POLICY PRODUCTION

16. Title searches performed by: ☐ Agent Employees ☐ Independent Contractors ☐ Other: \_\_\_\_\_
17. Examinations performed by: ☐ Agent Employees ☐ Independent Contractors ☐ Independent Attorneys  
☐ Other: \_\_\_\_\_

ADDITIONAL INFORMATION

18. 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 a separate attached statement.*