

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 \_\_\_\_\_
- Web Address \_\_\_\_\_
- Title software used \_\_\_\_\_

2. Organizational Form:  
 Corporation    Partnership    Sole Proprietorship    Individual    Limited Liability Company

3. Number of years in operation as title insurance agent \_\_\_\_\_

4. List any other title insurance underwriters for which you have previously been an agent:

**Period of Agency:**

Underwriter	Beginning Year	End Year	Underwriter/Agent Split

5. Explain in detail the reasons that any agency relationship referenced in Item #4 was terminated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \$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 or Underwriter Paid

**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. 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:

**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", "Me", "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 on this page 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.

Ø Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Last Name First Name MI  
Address: \_\_\_\_\_ SSN \_\_\_\_\_  
Driver's License No \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Other names you have used in the last 7 years: \_\_\_\_\_  
Cities and States you have lived in the last 7 years: \_\_\_\_\_

Ø Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Last Name First Name MI  
Address: \_\_\_\_\_ SSN \_\_\_\_\_  
Driver's License No \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Other names you have used in the last 7 years: \_\_\_\_\_  
Cities and States you have lived in the last 7 years: \_\_\_\_\_

Ø Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Last Name First Name MI  
Address: \_\_\_\_\_ SSN \_\_\_\_\_  
Driver's License No \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Other names you have used in the last 7 years: \_\_\_\_\_  
Cities and States you have lived in the last 7 years: \_\_\_\_\_

Ø Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Last Name First Name MI  
Address: \_\_\_\_\_ SSN \_\_\_\_\_  
Driver's License No \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Other names you have used in the last 7 years: \_\_\_\_\_  
Cities and States you have lived in the last 7 years: \_\_\_\_\_

Ø Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Last Name First Name MI  
Address: \_\_\_\_\_ SSN \_\_\_\_\_  
Driver's License No \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Other names you have used in the last 7 years: \_\_\_\_\_  
Cities and States you have lived in the last 7 years: \_\_\_\_\_

**CERTIFICATION AND SIGNING OF APPLICATION**

Name(s) of individual(s) completing Application: \_\_\_\_\_

I/we, the undersigned, being all the owners of the Agent, do hereby swear and affirm on behalf of the Agent that the information provided in the Application is true and complete to the best of my/our knowledge and belief.

Name of Agency: \_\_\_\_\_

By \_\_\_\_\_ its \_\_\_\_\_  
Signature Print Name Title

By \_\_\_\_\_ its \_\_\_\_\_  
Signature Print Name Title

By \_\_\_\_\_ its \_\_\_\_\_  
Signature Print Name Title

By \_\_\_\_\_ its \_\_\_\_\_  
Signature Print Name Title



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

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 \_\_\_\_\_

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

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

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 \_\_\_\_\_