

FOR AN EVEN FASTER TURNAROUND TIME, READ THESE INSTRUCTIONS FIRST!

The following timeline outlines the necessary steps to be taken in order for you to transact business in Virginia as an agent of Old Republic National Title Insurance Company. To avoid unnecessary delays, it is important that you follow these steps in the order set forth below.

1. You fill out the Agency Application, obtain the necessary signatures and submit it to us for our review.
2. We schedule a pre-sign audit of your escrow account(s).
3. We obtain credit reports and/or criminal background checks on owners and/or key employees.
4. You obtain for us the requested documents on the Document Checklist. We understand that obtaining these documents may require some time, so please do not let these documents hold up your Agency Application. You may submit these documents to us as you get them.
5. We review your Agency Application, audit results and credit reports and/or criminal background checks. Based on the information contained therein, we may or may not have additional questions for you.
6. We approve your Agency Application and create an Agency Agreement.
7. You and We sign the Agency Agreement.
8. We appoint you as an approved Agent for Old Republic National Title Insurance Company and notify you of the same. You are now authorized to transact business as an agent of Old Republic National Title Insurance Company.

Please call us at (703) 365-2300 throughout the application process with any questions or concerns that you may have. We are committed to making this process as streamlined as it can be. While we have no control over how long it may take for you to obtain documents from the State Corporation Commission, the Virginia Bureau of Insurance or the Virginia Bar Association, in our experience this process can take as little as 1 week after the pre-sign audit for the diligent Applicant who has filled out the application completely and has provided the documents requested on the Document Checklist.



EXISTING AGENT APPLICATION

(APPLICABLE FOR AGENCIES HAVING PERFORMED
MORE THAN 20 TRANSACTIONS)

NOTE: ALL QUESTIONS MUST BE ANSWERED, EVEN IF THE ANSWER IS "NONE" OR "NOT APPLICABLE."

PLEASE PRINT CLEARLY OR TYPE YOUR ANSWERS.

GENERAL INFORMATION

1. Name of Agency: _____
 Social Security Number/Federal ID Number _____
 Address _____
 Phone: _____ Fax: _____ Cell: _____
 E-Mail Address _____
 Web Site Address _____
 Title Software Used: _____
2. Organizational Form:
 Corporation Partnership Sole Proprietorship LLC Other: _____
3. Number of years in operation as title insurance agent. _____
4. List title insurance underwriters currently represented by Agent:
 _____ Number of years _____ Split _____
 _____ Number of years _____ Split _____
 _____ Number of years _____ Split _____
5. List title insurance underwriters with whom you are currently applying.

6. Have any title insurance underwriters denied your application? Yes No
 If yes, provide details _____
7. If Agency was previously represented by any underwriter not listed in Item 3, explain circumstances of termination:

8. Is Agent currently obligated under any agreement, oral or written, to any title insurance underwriter currently or formerly represented by Agent other than what has been previously disclosed on this Application?
 Yes No If yes, provide details _____

FINANCIAL PROJECTION INFORMATION

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

20____ \$_____ 20____ \$_____

10. Approximately how many closings have occurred over the last six months? _____

11. Over the next twelve months, Agent anticipates:

Number of Refinance Closings: _____

Average Loan Amount per Refinance Closing \$_____

Number of Sale Closings: _____

Average Sale Price per Sale Closing \$_____

Proposed portion of business written through Old Republic versus other underwriters %_____

INSURANCE COVERAGE INFORMATION

Please provide requested information concerning insurance coverage of Agent. Supply copies of policies in effect.

FIDELITY BOND

[Note: Virginia Code 6.1-2.21 requires a minimum of \$100,000.00 in coverage.]

12. Name of Carrier: _____

Coverage limit per claim: \$_____ Aggregate: \$_____

Deductible \$_____ Expiration Date: _____

SURETY BOND

[Note: Virginia Code 6.1-2.21 requires a minimum of \$200,000.00 in coverage.]

13. Name of Carrier: _____

Coverage limit per claim: \$_____ Aggregate \$_____

Deductible \$_____ Expiration Date: _____

**ERROR'S AND OMISSIONS COVERAGE (NON-ATTORNEY AGENTS)
or
MALPRACTICE/PROFESSIONAL LIABILITY INSURANCE (ATTORNEY AGENTS)**

[Note: Old Republic requires a minimum of \$250,000.00/\$500,000 in coverage.]

14. Name of Carrier: _____

Coverage limit per claim: \$_____ Aggregate \$_____

Deductible \$_____ Expiration Date: _____

OPERATIONS MANAGEMENT INFORMATION

15. Does Agent seek to be approved for other states in addition to Virginia? Yes No

If yes, name state(s): _____

16. Does Agent perform closings? Yes No

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

17. Does the Agent disburse construction funds? Yes No

18. Is a separate bank account maintained for the escrow business of title underwriter?

NOTE: "separate" means separate from your other accounts, such as general operating, as well as separate from the escrow accounts you may maintain to conduct business in other states.

Yes No

19. List all escrow checking accounts: _____

20. Who has authority to sign checks? _____

21. Who has authority to initiate wires? _____

22. How often are escrow bank accounts reconciled? Weekly Monthly

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

24. Who prepares the reconciliations? _____

25. Who reviews the reconciliations? _____

26. 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

If yes, describe _____

27. Are procedures in place to follow-up the recording of satisfactions of mortgages in escrow?

Yes No If yes, describe: _____

28. Title searches performed by:

Agent employees Independent contractors Other _____

If Independent contractors, do you keep a current copy of that company's E & O? Yes No

29. Sources of title evidence: Abstracts Public Records Title Plants

If Title Plant, describe nature of plant interest (e.g., total/partial ownership, lease, contract rights, etc.):

30. Title Examinations performed by:
- Agent employees If so, name(s) _____
- Independent contractors If so, name(s) _____
- Independent attorneys If so, name(s) _____

31. Legal documents, such as deeds and powers of attorney, are prepared by the following lawyer/law firm:

32. Does the above-mentioned lawyer/law firm carry malpractice insurance? Yes No

33. Do you have a scanning service? Yes No If yes, name: _____

34. Do you have a home warranty service provider? Yes No If yes, name: _____

35. Do you have a 1031 Exchange service provider? Yes No If yes, name: _____

MARKET INFORMATION

36. Indicate percentage of title insurance business from each customer group:

Lenders _____% Real Estate Brokers _____%

Attorneys _____% Developers/Builders _____%

37. Provide a list of your top five customers.

38. 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 on a separate sheet of paper.

39. Is Agent involved or considering any Affiliated Business Arrangements? Yes No

If yes, provide details _____

40. List all other businesses in which you or the principals of agent have any interest.

Name _____

Federal ID No. _____

Address _____

Type of Business _____

(Use additional sheets if necessary. Check HERE _____ if additional sheets are attached.)

LOSS HISTORY

- 41. List all claims/losses in excess of \$1,000 paid or pending involving Agent's title insurance or escrow business. Include information as to type, i.e. forgery, mechanic's lien, etc.

OWNERSHIP INTEREST INFORMATION

- 42. List all individuals and/or entities having interest in Agency.

[NOTE: if an entity has an interest in the agency, please attach a separate sheet indicating the information below for all the individuals who are owners of that entity.]

Name _____ Name _____

Percentage Interest _____ Percentage Interest _____

Name _____ Name _____

Percentage Interest _____ Percentage Interest _____

Name _____ Name _____

Percentage Interest _____ Percentage Interest _____

(Use additional sheets if necessary. Check HERE _____ if additional sheets are attached.)

BACKGROUND INFORMATION

- 43. Give the following information concerning the owners, principal officers, senior title executives and all escrow personnel.

[Note: for Agencies comprised of 5 or fewer individuals, list all such individuals below.]

Name _____ Title _____

Address _____

Years of Title Experience _____ Social Security Number _____

Duties in the New Agency _____

Training Needed: _____

List of Previous Employers

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

(For more employers, use additional sheets. Check HERE _____ if additional sheets are attached.)

Name _____ Title _____

Address _____

Years of Title Experience _____ Social Security Number _____

Duties in the New Agency _____

Training Needed: _____

List of Previous Employers

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

(For more employers, use additional sheets. Check HERE _____ if additional sheets are attached.)

Name _____ Title _____

Address _____

Years of Title Experience _____ Social Security Number _____

Duties in the New Agency _____

Training Needed: _____

List of Previous Employers

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

(For more employers, use additional sheets. Check HERE _____ if additional sheets are attached.)

Name _____ Title _____

Address _____

Years of Title Experience _____ Social Security Number _____

Duties in the New Agency _____

Training Needed: _____

List of Previous Employers

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

(For more employers, use additional sheets. Check HERE _____ if additional sheets are attached.)

Name _____ Title _____

Address _____

Years of Title Experience _____ Social Security Number _____

Duties in the New Agency _____

Training Needed: _____

List of Previous Employers

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

From _____ To _____ Employer: _____

Position held: _____ Duties: _____

(For more employers, use additional sheets. Check HERE _____ if additional sheets are attached.)

**(For more Owners/Officers/Key Employees, use additional sheets.
Check HERE _____ if additional sheets are attached.)**

44. For each owner, please provide four references, including one bank. Preferably these are professionals/customers familiar with the Agent's experience and ability:

Owner #1: _____

Name _____ Name _____

Occupation _____ Occupation _____

Phone _____ Phone _____

Name _____ Name _____

Occupation _____ Occupation _____

Phone _____ Phone _____

Owner #2: _____

Name _____ Name _____

Occupation _____ Occupation _____

Phone _____ Phone _____

Name _____ Name _____

Occupation _____ Occupation _____

Phone _____ Phone _____

Owner #3: _____

Name _____ Name _____

Occupation _____ Occupation _____

Phone _____ Phone _____

Name _____ Name _____

Occupation _____ Occupation _____

Phone _____ Phone _____

(For more Owners, use additional sheets. Check HERE _____ if additional sheets are attached.)

45. Has Agent or any owner, key employee, member, 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

Disclosure

The Individual-Applicant and Employee of the Applicant is the subject of this disclosure and authorization, and is referred to herein as "I," "My," "Me," "You," "Your," or "Yours".

The Federal Fair Credit Reporting Act is referred to as "FCRA."

Subject to Your written authorization, this is notice to You that ORT 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 ORT.

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. 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.

Written Authorization

I understand that ORT may not obtain any consumer report on Me without My consent in writing. I hereby authorize ORT and Old Republic Credit Services, a consumer reporting agency, and CIBER-Safe to retrieve (both pre-application and during the agency relationship with ORT, 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 ORT 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 ORT 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.

➤ 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: _____

➤ 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: _____

➤ 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: _____

➤ 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: _____

➤ 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.

Agent Applicant: _____

By _____ its _____
Name Title

By _____ its _____
Name Title

By _____ its _____
Name Title

By _____ its _____
Name Title

CHECKLIST OF DOCUMENTS

NOTE: TO SHORTEN THE APPLICATION PROCESS, FILL OUT, SIGN AND SUBMIT THE APPLICATION FIRST, THEN SUBMIT THE FOLLOWING DOCUMENTS.

REQUIRED DOCUMENTS

The following documents are required in order to process your Agency Application.

For Corporations, provide a copy of the following:

- Articles of Incorporation
- By-laws (if they were created)
- Certificate of Good Standing
- Certificate to Transact Business in Virginia (if a foreign corporation)

For LLC's or similar limited liability entities, provide a copy of the following:

- Articles of Organization
- Operating Agreement (if it was created)
- Certificate of Fact
- Certificate to Transact Business in Virginia (if a foreign LLC)

For other entities, such as partnerships and sole proprietorships, provide proof of the entity and authority of the individual(s) to sign on behalf of the entity:

- Proof of Entity
- Proof of Authority to Sign

Title Licenses (provide for each state Applicant seeks to be appointed)

- Agency Title License
- Individual Title License(s)

Financial Information

- Either ONE of the following: Agency's Current Financial Information or Summary Page of Agency's most recent Income Tax Return

For each escrow account listed in Question 16, supply copies of the following for the most recent three months that are available:

- Bank reconciliation and corresponding trial balance listing
- Bank statement for the month following the reconciliation
- Outstanding check list
- Listing of deposits in transit

Insurance

- Surety Bond
- Fidelity Bond
- Either ONE of the following: Full Copy of E&O Policy or Full Copy of Professional Liability Policy

Miscellaneous

- CRESPA Certificate

PREFERRED DOCUMENTS

The following documents are usually not required to process your Agency Application, but are helpful in approving the Agency Application.

- Business or Marketing Plan
- Tax Returns for Individual Owner(s)
- Copy of Abstractor's E&O
- Resumes for Individual Owners and/or Key Employees