



APPLICATION FOR POLICY-ISSUING AGENCY

Name of Firm/Agent/Agency: _____

DBA: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

EIN for Agency: _____ Entity/Firm License Number: _____

E&O Insurance Coverage: required \$1,000,000 coverage. Please provide FULL copy of entire policy. *NOTE: Per Pennsylvania Statue, your E&O policy deductible cannot be greater than \$25,000.*

Bank account(s): Please submit Bank Statement and reconciliation for all bank accounts used in the closing and/or settlement process.

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:

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 (Signature) _____ (Print Name) _____ its (Title) _____

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EXHIBIT 1 TO APPLICATION FOR POLICY-ISSUING AGENCY PRESIGNING ESCROW AUDIT PROCEDURE/QUESTIONNAIRE

1. Approximately how many closings do you anticipate over the next six months? _____

2. Will a separate escrow or trust account be maintained for real estate settlements and escrow funds? Yes No

3. List all escrow/trust checking accounts:

4. Who will prepare the bank reconciliations (name and position)? _____

5. Who will review the reconciliations (name and position)? _____

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 information concerning the licensed individuals serving as validating officers:

Name: _____

Name: _____

Title: _____

Title: _____

Email: _____

Email: _____

SSN: _____

SSN: _____

License Number: _____

License Number: _____

Years of Experience: _____

Years of Experience: _____

List of Previous Employers:

List of Previous Employers:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Name: _____

Name: _____

Title: _____

Title: _____

Email: _____

Email: _____

SSN: _____

SSN: _____

License Number: _____

License Number: _____

Years of Experience: _____

Years of Experience: _____

List of Previous Employers:

List of Previous Employers:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

PART C

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

Name: _____

Federal ID No. _____

Address: _____

Type of Business: _____





BACKGROUND AND CREDIT REPORT AUTHORIZATION

Agent, _____, is applying to be a policy-issuing agent of Old Republic National Title Insurance Company, Insurer.

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.

Signature: _____ Print Name: (Last) _____ (First) _____ (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) _____ (First) _____ (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: _____

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