



**Agents National Title  
Insurance Company**

## AGENCY APPLICATION

<b>GENERAL AGENCY INFORMATION</b>				
Name of Agency				
This agency is a: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C. <input type="checkbox"/> Other:				
Business Name/Address		CITY	STATE	ZIP
Business Phone:	Business Fax:	Federal ID#:	Business E-Mail:	
Counties Served :				

**LIST ALL ACTIVE CORPORATE OFFICERS, DIRECTORS, PARTNERS AND 10% OR MORE SHARHOLDERS**

NAME	POSITION	% OWNERSHIP

Does the agency depend upon any single affiliated business source for more than 20% of its overall title insurance revenue? Yes  No

Are any of the principals of this agency employed by a real estate company, financial institution or builder? Yes  No

If yes to either of the above, the affiliated business addendum must be completed.

How long has your agency been in operation? \_\_\_\_\_ years

List all insurance underwriters for whom you are or have been an agent.

NAME OF UNDERWRITER	FROM	TO

Has your agency ever been canceled by a title underwriter(s)? Yes  No

If yes, attach a detailed explanation(s)

<b>HAS AN ABSTRACT, TITLE OPINION OR TITLE CERTIFICATE YOU PREPARED EVER BEEN CHALLENGED?</b>		
IF YES, PLEASE ATTACH A SEPARATE EXPLANATION. Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>CLAIMS INCURRED WITH OTHER TITLE INSURERS IN LAST 5 YEARS. (Indicate if none)</b>		
<u>UNDERWRITER</u>	<u>CLAIM YEAR</u>	<u>PAYOUT AMOUNT</u>
_____	_____	_____
_____	_____	_____

**INSURANCE COVERAGE**

PROFESSIONAL LIABILITY INSURANCE CARRIER: \_\_\_\_\_

AMOUNT OF COVERAGE: \_\_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_

FIDELITY AND/OR SURETY BOND INSURANCE CARRIER: \_\_\_\_\_

AMOUNT OF COVERAGE: \_\_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_

TITLE INSURANCE AGENT ERRORS & OMISSIONS CARRIER: \_\_\_\_\_

AMOUNT OF COVERAGE: \_\_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_

ABSTRACTORS ERRORS & OMISSIONS CARRIER: \_\_\_\_\_

AMOUNT OF COVERAGE: \_\_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_ DEDUCTIBLE: \_\_\_\_\_

ATTACH A CERTIFICATE OF INSURANCE FOR EACH POLICY. IF E & O COVERAGE IS THROUGH ENDORSEMENT TO PROFESSIONAL LIABILITY POLICY, ATTACH A COPY OF THE ENDORSEMENT.

**ALTA MEMBERSHIP INFORMATION (If applicable)**

ALTA Member Number: \_\_\_\_\_

ALTA Form License Number: \_\_\_\_\_

ALTA Form License Waiver: \_\_\_\_\_

**OPERATIONAL INFORMATION**

Does your agency regularly perform any of the following? (check all that are applicable.)

- |  |   |
|--|---|
| <input type="checkbox"/> Search/Examine titles from:<br><input type="checkbox"/> public records<br><input type="checkbox"/> abstracts<br><input type="checkbox"/> agency-owned plant<br><input type="checkbox"/> non-agency owned plant<br><input type="checkbox"/> access underwriters plant<br><input type="checkbox"/> underwriter provides | <input type="checkbox"/> Use independent searchers and/or examiners<br><input type="checkbox"/> Use title work certified by approved attorneys<br><input type="checkbox"/> Draw deeds and mortgages<br><input type="checkbox"/> Provide abstract/search work to others<br><input type="checkbox"/> Close real estate transactions<br>Approximately number of closings / month _____<br>Average policy face amount _____ |
|--|---|

**ESCROW RECONCILIATION INFORMATION**

Who reconciles the escrow accounts? \_\_\_\_\_

How long have they held that position with your agency? \_\_\_\_\_

Number of years experience reconciling escrow accounts. \_\_\_\_\_

Please provide Agents National Title Insurance Company the most recent reconciled month including the following:

1. Three way reconciliation, including bank statements
2. Outstanding Checks/Disbursements
3. Outstanding Deposits/Receipts
4. Trial Balance

**APPLICATION CAN NOT BE PROCESSED WITHOUT THIS INFORMATION**

**IF YOU CLOSE REAL ESTATE TRANSACTIONS AS TITLE INSURANCE AGENT:**

Do you adhere to American Land Title Assn. Escrow guidelines for the insurance companies and agencies (see ALTA guidelines)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are funds received for closings deposited in a "TRUST" or "ESCROW" bank account (identified as such on the bank statement) separate from operating fund?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you maintain separate files and accounting ledgers for each closing transaction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there a monthly 3-way reconciliation and management review of the trial balances, checkbook/computer balance and the bank account statement for each escrow account?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING:**

Applicant understands and agrees that a consumer report or an investigative consumer report may be obtained by the Company at any time and any number of times as the Company may in its discretion determine as appropriate before, during and after any term as agent for the Company. The Company may request such reports for any business purposes the Company deems appropriate. Applicant further understands that upon reasonable written request, I may obtain additional information about this report in accordance with the Fair Credit Reporting Act (Public Law 91-508, U.S.C. secs. 1681 et seq.)

Applicant understands and agrees that the Company may contact (a) title insurance company for which Applicant may have been an agent, (b) any title insurance company for whom such agency was an agent, to obtain information concerning the circumstances of the termination of any such relationship. Applicant authorizes such information to be furnished by any such party and release the Company and all parties contacted by the Company from any liability whatsoever concerning the information supplied by them to the Company. This consent and authorization is not intended to limit any other inquiry or investigation that the Company may undertake in connection with its consideration of my application for appointment.

Applicant understands and agrees that the representations Applicant has made in this application are material inducement to the Company's entering into an agency relationship with Applicant. If any statement that Applicant has made in this application are incorrect, incomplete or misleading, or if any consumer report or investigative consumer report or any information received pursuant to the previous paragraph discloses information that the Company in its sole discretion determines could affect my fitness as to the business of title insurance, then the Company may immediately decline this application or terminate, without notice, my Agency Agreement.

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

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

# AFFILIATED BUSINESS ADDENDUM

Complete all questions. (Please type or print clearly.) The Affiliated Business Addendum is to be completed by an officer of the agency, on behalf of that agency, when the agency depends upon any single affiliated business source for more than twenty (20%) percent of its overall title insurance revenue.

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

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

Your Name/Title: \_\_\_\_\_

Identify persons or organizations that refer title insurance business to your agency and also have an ownership interest in or are a creditor of your agency. Attach additional names and addresses, if necessary.

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

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

Occupation or Line of Business: \_\_\_\_\_

Percentage of agency business referred: \_\_\_\_\_

Are any of the principals of this agency employed by or do they have an interest in any of the following?

	Yes	No		Yes	No
Real Estate Sales (brokerage, other)			Building or Construction Company		
Mortgage Banker/Mortgage Broker			Real Estate Developer		
Savings and Loan Bank					

List the name of the principal, the company's name, the position the principal holds, and his/her percentage of ownership interest.

NAME	COMPANY NAME	POSITION	% OWNERSHIP

Is agency in a separate physical location from the controlled business source? Yes  No   
 If no, please explain \_\_\_\_\_

Is the agency managed independently from the affiliated business source? Yes  No   
 If no, please explain \_\_\_\_\_

Do you share employees, officers, directors, etc., with any of the affiliated business source? Yes  No   
 If no, please explain \_\_\_\_\_

By: \_\_\_\_\_

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

Date: \_\_\_\_\_

<b>PERSONAL</b>				Complete all questions. (Please type or print clearly.)					
Applicant's Full Name			Date of Birth		SSN				
Home Address		Apt. #		Years there		Home Phone			
City		State		Zip					
Business Name/Address			City		State		Zip		
Business Phone			Business Fax			E-Mail Address			
<b>EDUCATION</b>									
<u>SCHOOL</u>		<u>CITY</u>		<u>STATE</u>		<u>YEAR GRADUATED</u>		<u>DIPLOMA/DEGREE</u>	
_____		_____		_____		_____		_____	
_____		_____		_____		_____		_____	
_____		_____		_____		_____		_____	
DESCRIBED ANY OTHER RELEVANT TRAINING, SKILLS, RESEARCH, ETC. EXAMPLE: BUSINESS SCHOOL, TITLE EXAMINATION, TITLE INSURANCE COURSES, SEMINARS, ETC. _____									
_____									
<b>TITLE INSURANCE/REAL ESTATE EXPERIENCE</b>				<b>In-House Attorney</b>		<b>Attorney Agent</b>			
This section to be completed by Attorneys ONLY									
Year admitted to Bar: _____ State Bar Number: _____ States: _____									
Are you a partner or an associate with any law firm? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Name of Firm? _____									
Number of attorneys in your firm? _____				Years real estate experience: _____					
Do you personally search, abstract and/or examine title? YES <input type="checkbox"/> Number: _____ NO <input type="checkbox"/>									
Has an abstract, title opinion or title certificate prepared by you ever been challenged? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Do you close real estate transaction? YES <input type="checkbox"/> Number Closed: _____ NO <input type="checkbox"/>									
Do you maintain a separate account for each closing? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Are bank accounts reconciled monthly? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Claims incurred with other title insurers in the last 5 years. If none, so state: _____									
		Underwriter		Claim Year		Amount			
_____		_____		_____		\$ _____			
_____		_____		_____		\$ _____			

Give names, address and telephone numbers of at least three references not relatives or business associates, having personal knowledge of your character and professional reputation.

	<u>Name</u>	<u>Address</u>	<u>Telephone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY OTHER TITLE COMPANY OR TITLE AGENCY? Yes  No

IF SO, COMPANY	RELATIONSHIP	DATE	STATE LICENSE NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or has any organization in which you are now or have been an owner, partner, principal shareholder, director or officer (or if applying as an agent, have any of your officers, key employees or shareholders) ever been either the subject of a grievance, complaint or proceeding relating to your/their conduct as an attorney; charged with embezzlement, theft or other felonies; a defendant in any criminal or civil proceeding involving violation of any federal or state law; the subject of any bankruptcy or insolvency proceedings; had your professional license revoked or suspended; cancelled or refused professional liability or fidelity bond coverage; refused or terminated by any insurance company to be an approved attorney and/or agent; or failed to pay any sums of money or premium due to any insurance company or insured? Yes  No

**IF "YES" TO ANY OF THE ABOVE, GIVE DATE(S) AND DETAILS ON A SEPARATE ATTACHED STATEMENT.**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.**

I understand agree that a consumer report or an investigative consumer report may be obtained by the Company at any time and any number of times as the Company may in its discretion determine as appropriate before, during and after any term as agent for the Company. The Company may request such reports for any business purposes the Company deems appropriate. I further understand that upon reasonable written request, I may obtain additional information about this report in accordance with the Fair Credit Reporting Act (Public Law 91-508, U.S.C. secs. 1681 et seq.)

I understand and agree that the Company may contact (a) any title insurance company for whom I may have been an employee or agent, (b) any title insurance agency for whom I may have been an employee, or (c) any title insurance company for whom such agency was an agent, to obtain information concerning the circumstances of the termination of any such relationship. I authorize such information to be furnished by any such party and release the Company and all parties contacted by the Company from any liability whatsoever concerning the information supplied by them to the Company. This consent and authorization is not intended to limit any other inquiry or investigation that the Company may undertake in connection with its consideration of my application for appointment.

I understand and agree that the representations I have made in this application are material inducement to the Company's entering into an agency relationship with me. If any statements that I have made in this application are incorrect, incomplete or misleading, or if any consumer report or investigative consumer report or any information received pursuant to the previous paragraph discloses information that the Company in its sole discretion determines could affect my fitness as to the business of title insurance, then the Company may immediately decline my application or terminate, without notice, my Agency Agreement.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

## ESCROW WIRE INITIATION QUESTIONNAIRE

1. How are your wires initiated?

Online

Hand deliver to your Financial Institution

Call your Financial Institution

Other

If your answer above is that you call your bank to initiate a wire or you hand deliver a check to your bank and complete a form to send out a wire then you DO NOT need to answer questions 2-4. Please sign on the 3rd page and return to us.

2. If wires are initiated online, can they be initiated and approved by just one person?

Yes  No

3. If a wire is initiated by one person, is there a written approval process with your financial institution?

Yes  No

4. Have you reviewed your wiring/bank agreement with your financial institution to understand what liability exists for you as a customer and what liability exists for the lending institution?

Yes  No

If you are using online wires, do you have, or are you willing to discuss with your financial institution, the following items (please initial items that have been completed):

_____	<b>Dual controls- Be sure that more than one person's approval is needed before a transfer can take place</b>
_____	Eliminate international transfers- Talk to your bank and ask to cut off all transfers to other countries without personal authorization
_____	Review wire agreements- If your bank is unwilling to offer any safeguards against wire fraud, consider finding one that will.
_____	Perform regular escrow reconciliations- Daily reconciliations of accounts is best, but agents should review them at least monthly.
_____	Review wire transfers daily- Be sure nothing was sent out that wasn't previously authorized and consider using a third party to identify unusual items in escrow account activity. Ask your bank if they have an auto-notification service that can notify you of each wire via email, fax, or text.

This form was completed and reviewed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name