



# 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 Statute, your E&O policy deductible cannot be greater than \$25,000.*

Bank account(s): Please submit Bank Statement and reconciliation for all escrow/trust 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) \_\_\_\_\_

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

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

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

By (Signature) \_\_\_\_\_ (Print Name) \_\_\_\_\_ its (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/trust 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
8. Is there management review of the trial balance and reconciliations?  Yes  No
9. 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.
10. 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
11. 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 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_