



Through **ATTORNEYS' TITLE FUND SERVICES, LLC.**

**APPLICATION FOR LAW FIRM**

- 1. Firm Name: \_\_\_\_\_
- 2. Firm Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- 3. Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- 4. Federal ID No.: \_\_\_\_\_ Date firm commenced business: \_\_\_\_\_
- 5. Firm's e-mail Address: \_\_\_\_\_
- 6. Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

**BUSINESS/CUSTOMERS:**

- 7. Percentage of practice devoted to real estate? \_\_\_\_\_%
- 8. Are you presently a policy-issuing agent for any other title insurance company? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list: \_\_\_\_\_
- 9. Are you aware of any claims on policies issued by your firm? Yes \_\_\_ No \_\_\_ If yes, please explain the circumstances. \_\_\_\_\_
- 10. Over the next twelve months, Applicant anticipates the proposed net remittances to Old Republic National Title Insurance Company through Attorneys' Title Fund Services, LLC to be: \$ \_\_\_\_\_
- 11. What computerized closing system does the firm use? \_\_\_\_\_
- 12. Has the firm previously been a policy-writing agent for any other title insurance company not included in the response to question 9? Yes \_\_\_ No \_\_\_. If so, please list the company or companies and explain the reason why the relationship was terminated.  
 \_\_\_\_\_

**INSURANCE COVERAGE:**

13. Please provide the following information concerning insurance coverage. ***\*PLEASE SUPPLY COPIES OF POLICIES IN EFFECT.*** .

Professional Liability Carrier: \_\_\_\_\_

Coverage Limit Each Claim: \$ \_\_\_\_\_ Aggregate: \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

14. If applicant performs closings, maintains escrow/trust accounts, or disburses construction funds, please complete Pre-signing Escrow Audit Procedure/Questionnaire, Exhibit I.

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

\_\_\_\_\_, as Applicant on behalf of  
**(Please print name of individual completing application)**

Agent: \_\_\_\_\_  
**(Name of law firm seeking appointment as Agent)**

Applicant(s) represents that Applicant(s) has authority to make such application on behalf of Agent and hereby give(s) authority and consent to Old Republic National Title Insurance Company and Attorneys' Title Fund Services, LLC to seek and obtain information, both pre-application and during the agency relationship with ORNTIC, if appointed, relative to the business, professional and personal reputation, character, personal characteristics and mode of living of Applicant(s) and Agent as well as applicant(s) and Agent's credit history. This may include matters in the nature of an investigative consumer report as defined by the Federal Fair Credit Reporting Act. Applicant(s) and Agent understand that upon written reasonable request, Applicant(s) and Agent may obtain a disclosure of the nature and scope of the investigation and report.

Agent and Applicant(s) hereby state that the foregoing information (including any separate attached statement) is true and correct to the best of its knowledge and belief. It is further understood and agreed that the representations contained in this application are material inducements for Old Republic National Title Insurance Company's entering into an agency relationship with Agent, and that at any time either prior to or after entering into any agency relationship, should any information contained in this application become inaccurate, Applicant or Agent will so notify Old Republic National Title Insurance Company through Attorneys' Title Fund Services, LLC. It is understood and agreed that no agency relationship exists between Agent and Old Republic National Title Insurance Company unless and until an Agreement for Appointment of Policy-Issuing Agency is executed by both parties.

Agent and Applicant(s) 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 Applicant(s) and Agent because of compliance with this authorization and request to release information or any attempt to comply with it. Applicant(s) and Agent hereby agree that an electronic, photocopy, or facsimiled copy of Applicant(s) and Agent's authorization with an electronic, photocopy, or facsimile copy of Applicant and Agent's signature shall be deemed as binding, valid, genuine and authentic as an original authorization and signature for all purposes.

by: \_\_\_\_\_ its \_\_\_\_\_ as Applicant  
**Signature** **Officer**

\_\_\_\_\_  
**(Print Name)** Date: \_\_\_\_\_

**APPLICATION FOR LAW FIRM  
PRE-SIGNING ESCROW  
PROCEDURE/QUESTIONNAIRE**

1. Is a separate escrow or trust account maintained for the title insurance business of the firm? Yes \_\_\_\_ No \_\_\_\_
2. List all escrow checking accounts: \_\_\_\_\_  
\_\_\_\_\_
3. How often are escrow bank accounts reconciled? \_\_\_\_\_
4. Who prepares the reconciliations? \_\_\_\_\_
5. Who reviews the reconciliations? \_\_\_\_\_
6. Is an escrow account trial balance of all open file balances (both debit and credit) prepared whenever bank accounts are reconciled? Yes \_\_\_\_ No \_\_\_\_ Is there management review? \_\_\_\_\_
7. 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 \_\_\_\_
8. Are procedures in place to follow up on the recording of satisfactions of mortgages? Yes \_\_\_\_ No \_\_\_\_



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**APPLICATION FOR ATTORNEY SIGNATORY**

1. Applicant's Name: \_\_\_\_\_
2. Firm Name: \_\_\_\_\_
3. Firm Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Florida Bar Number: \_\_\_\_\_ Have you ever been reprimanded, suspended or disbarred in any state? \_\_\_\_\_  
 If yes, please describe when and the circumstances \_\_\_\_\_
7. Are you a member of the Real Property, Probate & Trust Law Section of The Florida Bar? \_\_\_\_\_  
 Are you certified in Real Estate Law in Florida? \_\_\_\_\_

**BUSINESS/CUSTOMERS:**

8. Percentage of practice devoted to real estate: \_\_\_\_\_%  
 How many years experience in real property law do you possess? \_\_\_\_\_
9. Are you presently a policy-issuing agent or approved attorney for any other title insurer?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
 \_\_\_\_\_

10. Were you previously an agent or approved attorney for any underwriters not listed in Question 9 above?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the company and explain the reason why the relationship was terminated.

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**PERSONAL INFORMATION:**

Applicant's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

I understand that Old Republic National Title Insurance Company (ORNTIC) and Attorneys' Title Fund Services, LLC (ATFS) may not obtain any consumer report on Me without My consent in writing. I hereby authorize ORNTIC and ATFS to retrieve (both pre-application and during the agency relationship with ORNTIC, 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 ORNTIC and ATFS 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.

APPLICANT'S  
SIGNATURE: \_\_\_\_\_

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