

Investors Title Insurance Company



Post Office Box 4900 • Columbia, SC 29240
PHONE (800) 732-8005 FAX: (803) 931-0190

APPLICATION FOR APPROVED ATTORNEY OR ISSUING AGENT

This is an application for appointment by INVESTORS TITLE INSURANCE COMPANY (ITIC) as an Approved Attorney or Issuing Agent in the State of South Carolina and the following is submitted for ITIC's consideration.

TO EXPEDITE THE APPROVAL PROCESS, PLEASE MAKE SURE ALL APPLICABLE QUESTIONS ARE ANSWERED BELOW. If you have any questions regarding the application, please call 800/732-8005.

AGENCY/AGENT INFORMATION

Applicant's Name _____	Birth Mo/Day _____
Firm or Agency Name (If applicable): _____	
Is this a corporation/partnership/LLC or other entity? Yes _____ No _____	
If yes, are there other owners or partners: Yes _____ No _____	
If yes, please list all owners and/or partners of the firm or Agency. _____ _____	
Where is firm licensed or registered? _____	
Business Address: Street _____	
City: _____ State: _____ Zip Code: _____	
Business Phone Number: (____) _____ Fax #: (____) _____	
Cell #: (____) _____	
Email Address: _____	
SSN: _____	Home Address: _____
(Required)	(Required)

STATE BAR AND EDUCATIONAL INFORMATION

Educational Background (high school forward)			
Name of Institution	Location	Years Attended	Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bar Association information:

Year Admitted _____ to State Bar: _____ Bar Number: _____

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Year Admitted _____ to State Bar: _____ Bar Number: _____

Number of years practicing law: _____ Number of years in Real Estate: _____

TITLE INSURANCE/REAL ESTATE EXPERIENCE

a) Approximately how many titles have you searched or abstracted? _____

b) How many titles have you examined? _____

c) Approximately how many closings do you perform per month? _____

d) Please list your primary sources(s) of business. Indicated whether builder/developer, bank, realtor, etc and percentage and type of business, residential or commercial of each.

Source Name	Type	Residential %	Commercial %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

e) Do you personally abstract your own titles? _____ If you employ someone other than an associate or employee of your firm to abstract titles, please provide name, address and Errors & Omissions policy:

Name	Address
_____	_____
Name	Address
_____	_____
Name	Address
_____	_____

f) Do you personally examine your own titles? _____ If you employ someone other than an associate or employee of your firm to examine titles, please provide name, address and Errors & Omissions policy:

Name	Address
_____	_____

g) Are you or have you been an Approved Attorney or Issuing Agent for any other title insurer?
 Yes ___ No ___ Please list names and current status _____

h) What was the gross premium submitted last year by you to all underwriters for which you are associated?

INSURANCE & LIABILITY INFORMATION

a) Indicate whether you presently have any of the following insurance coverage

- Errors and Omissions
- Professional Liability
- Fidelity/Criminal Crime Bond

Please attach copy of Declaration Page of current policy.

b) Has your Errors and Omissions or Professional Liability insurance ever been cancelled? Yes _____ No _____

PROFESSIONAL EXPERIENCE

- a) Have you ever been the subject of a grievance, complaint or proceeding relating to your conduct as an attorney before any Court, Disciplinary Board, Committee or Tribunal? _____ If "Yes", please provide full details by separate attached statement.
- b) Are you presently in good standing to practice law in those jurisdictions in which you have been admitted? _____ If "No", please provide full details by separate attached statement.
- c) Have you ever been charged with embezzlement, theft or other felony or any other crime of which theft or deception is an element? _____ If "Yes:" give date(s) and details by separate attached statement.
- d) Have you ever been a defendant in any criminal or civil proceeding in which a violation of any Federal or State law relating to insurance or securities is alleged? _____ If "Yes", please give full details by separate attached statement.
- e) Have you or has any organization in which you are now or have ever been an owner, partner, principal, shareholder, director or officer failed to pay to any insurance company any premium due to such company which has come into your possession or failed to pay or return to an insured, properly entitled thereto, any sum of money? _____ If "Yes", please give full details by separate attached statement.
- f) Have you or has any organization in which you are now or have ever been an owner, partner, principal, shareholder, officer or director been the subject of any bankruptcy or insolvency proceeding? _____ If "Yes", please give full details by separate attached statement.
- g) Has any insurance company ever refused to bond you or furnish you or any organization in which you are now or have ever been an owner, partner, principal, shareholder, director or employee with fidelity or errors and omission Insurance coverage or renewal thereof, or cancelled any existing insurance? _____ If "Yes", please give full details by separate attached statement only if such refusal or cancellation resulted from a condition or cause known to you.
- h) Has any determination of title or title opinion rendered by you ever been disputed or has any claim ever been made on a Title Opinion or Title Insurance Policy issued by you? _____ If yes, please provide an explanation and outcome.
- _____
- _____
- _____

ESCROW/TRUST ACCOUNT INFORMATION

- a) Do you maintain a separate trust or escrow account for you? Yes _____ No _____
Name of Institution: _____
- b) Are escrow funds deposited in a trust or escrow bank account separate from the firm's operating bank account and identified as such on bank statements? Yes _____ No _____
- c) Are separate accounting records maintained for each real estate settlement transaction? Yes ___ No ___
- d) Is the trust or escrow bank account reconciled monthly? Yes _____ No _____
If no, how frequently is the reconciliation? _____
- e) Who reconciles the account? _____
Does the above named individual have check signing authority? Yes _____ No _____
- f) What is the most recently completed month of reconciliation? _____
Please attach a copy of the most recent account reconciliation.
- g) Have there ever been any NSF or overdraft charges? Yes _____ No _____ If yes, please explain in detail.

REFERENCES

List four references, outside of your current agency, having personal knowledge of your capabilities and experience in your settlement practice:

1. Name _____ Relationship _____
Address _____ City/State _____ Phone _____
Fax _____
2. Name _____ Relationship _____
Address _____ City/State _____ Phone _____
Fax _____
3. Name _____ Relationship _____
Address _____ City/State _____ Phone _____
Fax _____
4. Name _____ Relationship _____
Address _____ City/State _____ Phone _____
Fax _____

Please enclose:

- Copy of Declaration Page of Errors & Omissions Insurance, Professional Liability, Fidelity Bond/Criminal Crime bond (if applicable)
- Most recent escrow account reconciliation
- Title Insurance Agent License (if applicable)
- Title Insurance Agency License (if applicable)

By signing this Application Form, I hereby authorize you to obtain information from any Court, Disciplinary Board, Committee or Tribunal which has jurisdiction over members of the Bar regarding my good standing, reputation and the details of any grievance, complaint or proceeding brought against me at any time heretofore or hereafter.

By signing below I certify the information provided, or statements made above or any attachment(s), to be true and correct. I understand that the information and/or statement shall be used to determine my firm or agency's eligibility and my personal eligibility for appointment as an Approved Attorney. I understand that Investors Title Insurance Company may verify and exchange information regarding this application and subsequent contractual agreements, including, but not limited to requesting investigative consumer reports, records of criminal convictions, credit reports and/or consumer report, and that Investors Title Insurance Company may contact these sources to update information at any time; I further understand that upon reasonable written request I may obtain additional information about this report under the requirements of the "Fair Credit Reporting Act" (Public Law 91-508, 15 U.S.C. secs. 1681 et seq.). If any statements that I have made in this application are incorrect, then Investors Title Insurance Company may immediately terminate my approval without notice.

In consideration of my appointment as an Approved Attorney for Investors Title Insurance Company, the undersigned agrees as follows:

I agree to promptly notify the Company in writing of any conflict of interest which arises out of my obligations to the Company and will not continue, thereafter, to represent or act on behalf of the Company without prior written authorization of the Company.

I agree to keep safely in accounts separate from my (or my firm's) other accounts, all funds received in connection with transactions in which the Company has insured title, including funds for indemnity deposits and customer funds for escrow or closing and to disburse said funds only for the purposes which they were deposited with me (or my firm), and reconcile such accounts monthly.

I agree to maintain my Lawyer's Liability Policy (if applicable) and Errors and Omissions Policy at levels in accordance with Company's requirements and will notify the Company in the event such insurance is canceled or is no longer maintained.

I agree to indemnify the Company against all losses, costs or damages, including attorney's fees, incurred by the Company on account of fraud, gross negligence, disregard of the Company's rules or regulations, loss or misapplication of customer's funds entrusted to me or a failure to act on my part or any employee of my firm.

Dated _____

Individual or Firm name

BY:

FOR ITIC USE ONLY

Recommended By: _____

Reviewed and recommended for approval by: _____

Approved for Appointment by: _____ Date _____

Recommended limit: _____