

Please respond to each question in this application completely. Please attach additional sheets if additional space is required to provide a complete response.

I. APPLICANT INFORMATION

1.	Name of Applicant:				
2.	Name of Firm:				
3.	Main Office Address:				
4.	Web Site:				
5.	Telephone No.:				
6.	Fax No.:				
7.	Email:	_			
8.	Date of birth:				
9.	Social security number:				
10.	Have You Been Known By Other Names? NoYes (Please list)				
11.	State(s) and year(s) admitted to practice law:				
12.	Approximate number of real estate closings conducted:				
13.	How long has Applicant been with this Firm?Years (If less than two years, please state the last firm(s) with which the Applicant was affiliated and for how long.)				
	Name of Prior Firm Years				
	How many attorneys are affiliated with the firm?				
	Please state what percentage of the firm's total practice is devoted to real estate matters.				
16.	Please state the total number of real estate transactions, including sales, purchases and refinances, conducted by the firm over the past two years.				
17	How many non-attorneys are affiliated with the firm?				
17.	Please list the non-attorneys who will be working on title insurance matters.				
	Years of Real Title Estate Experience				
	Name:	.c			
	Email Address:				
	Nama				
	Name: Email Address:				

18.	Does the firm maintain one or more branch offices? Yes No
	Address Telephone Fax
	Branch 1
	Branch 2
19.	Has Applicant or any attorney affiliated with the firm been disbarred, suspended or reprimanded for professional misconduct in any jurisdiction in which he/she is or was admitted to the practice of law? Yes No
	If yes, please identify the attorney and state the nature of the discipline and the findings upon which it was based:
20.	Is the Applicant or any attorney affiliated with the firm presently the subject of a grievance or disciplinary proceeding this state? Yes No
	If yes, please provide a full explanation:
21.	Does the firm derive 33% or more of its real property practice from a single client? Yes No
	If yes, please identify the client and state whether there is any special relationship with the client and the basis of any such relationship (e.g., relative, employer):
22.	Please state the form in which the firm practices law.
	Individual practitionerPartnershipProfessional corporation
	Limited liability company Limited liability partnership
23.	Please state whether the Applicant's practice is full time or other than full time.
	Full time Other than full time
	If other than full time, please describe the practice and, if otherwise employed, the nature of the employment:
2	4. Please state the name of the attorney in the firm whom you wish to be listed for official notices.
25.	Please list all employees of the firm who should be authorized to access firm information and files on CATICO's software:

26. Please list the names, telephone numbers and email addresses of three practicing attorneys having knowledge of your capabilities and experience in conveyancing and your reputation at the Bar. If you are a recent admittee, please list the names, telephone numbers and email addresses of three attorneys who can serve as personal references.

	1.	Name	Email Address		Phone Number
	3.				
	II.	TITLE INSURANCE INFORMATION			
1.	Is th	ne Applicant or firm an agent for a title insurance underwriter?	Yes	No	
		If yes, please list the underwriter(s):			
2.		to the underwriters listed in response to question II. 1 above, p in underwriter over the past two years:	lease provide the total amour	nt of premium dol	lars remitted to
		i. Total Remittance:	Name of Underwriter:		
		ii. Total Remittance:	Name of Underwriter:		
		iii. Total Remittance:	Name of Underwriter:		
		Yes No			
		Yes No If yes, please state the circumstances surrounding the limitati	on or cancellation:		
4.			the firm had an insured closin mey, which letter was withdra	ng letter or lender	protection letter

6. Has the Applicant, firm or any attorney affiliated with the firm ever had an application for a relationship with another title insurer refused?

Yes	No

If yes, please describe fully the circumstances:

7.	Who general	lly performs title se	arches for the firm?					
		An attorney in the	e firm					
				n-by-search basis				
		•		,				
		A title insurance	company (please identify)	:				
8.	Who general	lly performs post-cl	losing bringdowns and reco	ordings for the firm?				
		An attorney in th	e firm					
		An employee of t	the firm					
		An attorney retai	ined by the firm on a search	n-by-search basis				
			y title searcher hired on a se	-				
		Other:						
1.	-	•	loes the firm maintain its cl					
2.	At what depo	ository institution d	loes the firm maintain its of	ffice account?				
	Name_			Location				
3.	How often d	oes the firm reconc	ile its clients' fund accoun	t?				
4.								
5.	Has the firm	had a check drawn	on its clients' fund accour	nt returned for insufficient funds?	Yes No			
	If yes,	please state the circ	cumstances surrounding the	e return:				
6	Dlassa list as		uthorized to sign abacks de	num on the clients' fund account in 1	pabelf of the firm.			
6.	Please list each person who is authorized to sign checks drawn on the clients' fund account in behalf of the firm:							
	Name		Title	Name	Title			
	Name		Title	Name	Title			

IV. PROFESSIONAL LIABILITY INSURANCE

- 1. Please attach a copy of the declaration page of the professional liability policy that insures the firm.
- 2. Has the professional liability insurance of the firm or any attorney affiliated with the firm ever been canceled or not renewed? Yes _____ No _____

If yes, please state the circumstances surrounding the cancellation(s) or non-renewal(s):

3. Has a claim been filed within the last ten (10) years against the professional liability insurance policy maintained by the firm or any attorney affiliated with the firm? Yes _____ No _____

If yes, please describe fully the circumstances surrounding said filing:

The undersigned certifies that every statement in this application is correct to the best of his/her knowledge and acknowledges that the representations herein are an inducement to CATIC Title Insurance Company to accept the applicant as an agent. The applicant consents to allow the Company to contact the individuals or firms provided as references by the applicant and/or other individuals or firms as the Company sees fit.

The applicant also agrees to inform CATIC Title Insurance Company in writing should: a check drawn upon a clients' fund account maintained by the applicant or firm be returned for insufficient funds; the applicant or any attorney affiliated with the firm be brought before a local or statewide grievance committee for alleged misconduct or omissions pertaining to honesty or integrity or any aspect of a real property matter; the applicant or any attorney or individual affiliated with the firm be charged with a crime involving a lack of honesty or integrity; or a title insurance underwriter limit, terminate, revoke or cancel the agent status of the applicant or any individual affiliated with the firm.

CREDIT REPORTS

It is understood that CATIC Title Insurance Company may obtain a credit report and a consumer investigative report whereby information is obtained through personal interviews with third parties with whom applicant is acquainted. This inquiry includes information regarding character, general reputation, personal characteristics and mode of living, whichever may apply. The applicant has the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of our investigation. The undersigned applicant authorizes CATIC Title Insurance Company to obtain said credit and investigative report from the date of this application and in the future, at such time and with such frequency as CATIC Title Insurance Company deems appropriate.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PRINCIPAL OF THE FIRM

DATE

PRINT NAME: _____

TITLE_____