



2001 Route 46, Suite 310
Parsippany, New Jersey 07054
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AGENT REQUEST FOR NEW JERSEY APPROVED ATTORNEY APPOINTMENT

FROM: _____
(Agent Name)

RE: _____
New Jersey Attorney - Full Name

Firm Name

Office Address

Attorney Phone Number

Attorney E-Mail Address

Greetings:

We request that the above-named individual be appointed as a CATIC Title Insurance Company (CATIC Title) New Jersey Approved Attorney for Closing Protection Letter issuance. It is anticipated that the attorney will be acting as the "Settlement Service Provider" for CATIC Title transactions to be insured by our office.

We have previously insured transactions in which the attorney acted as settlement agent. To our knowledge, the attorney is not on any title underwriter disapproved list. We are unaware of any title claims caused by any act or omission of the attorney. We have no reason to doubt the attorney's integrity or professionalism.

A copy of the declaration page of the attorney's professional liability insurance policy is attached to this request. We recommend approval. Thank you for processing this request and for advising as to CATIC Title's determination.

Dated: _____

Signed By: