

## **APPROVED ATTORNEY APPLICATION**

A.	APPLICANT INFORMATION
Print	Full Legal Name Below
	First Name Middle Initial Last Name
•	Law Firm Name
2.	Business Email Address Business Phone Number
3.	Street Address (Include City, State & ZIP)  County
4.	
5.	Mailing Address If Different Than Street Address (Include City, State & ZIP)  Bar Licenses (as applicable):
	License Number / State License Number / State License Number / State License Number / State
6.	Percentage of practice devoted to Real Estate:
7.	Estimated Number of Settlement/Closings Per Month:  Number of title examinations conducted in a year:
8.	Employment for the last 10 years as an Attorney:
	Firm: City/State: From: To:
9.	List any experience related to title insurance, title examination, closings, etc. supporting your expertise in the industry.
10.	Which First American agents will you be working with to issue title commitments and policies?
11.	Have you ever been refused a license by any state, federal or municipal authority for any reason, or has any such license been suspended
	or revoked?
12.	Have any disciplinary proceedings ever been initiated against you (regardless of the outcome) with the agency which regulates your current or previous professional license(s)?
13.	□ No □ Yes  Has any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative,
13.	regulatory, or disciplinary action?  No Yes
14.	Have you ever individually filed bankruptcy, and/or do you have any outstanding judgments, liens or payment delinquencies?  No Yes

15.	Has a business entity in which you were a principal, owner, stockholder, member, partner, director or officer (if a Corporation) ever filed bankruptcy and/or have any outstanding judgments, liens or payment delinquencies?
	□ No □ Yes
16.	Have you ever been arrested, convicted of or pled no contest to any felony or misdemeanor other than minor traffic violations?
	□ No □ Yes
17.	Are you an officer or employee of a financial institution, bank holding company, or an affiliate that accepts deposits and lends money?
	☐ No ☐ Yes If "Yes" provide name and address in space provided below.
18.	To the best of your knowledge, in your current or previous place of employment, have you been deemed responsible for any title or escrow claim or loss?  No Yes
19.	Has a suit for legal malpractice ever been brought against you?
	□ No □ Yes
	NOTE: If you answered "Yes" to any question between 11 and 19, explain in the space provided below, or attach a separate explanation sheet. Be sure to reference the question number with each applicable response.
20.	Do you or the law firm have an equity interest in any title agency?
20.	□ No □ Yes If "Yes" provide the name of the title agency:
	Is agency underwritten by First American: No Yes
21.	Do you have an ownership interest in or are you employed by an abstract company, title agency, real estate company, mortgage broker/lender, real estate developer, and/or builder?  No Yes If "Yes", provide explanation:
22.	Will you perform closings or handle escrow and/or disbursements?
	□ No □ Yes
23.	Are you or will you become an authorized signatory on the escrow/trust, fiduciary, closing/settlement, IOTA or IOLTA account (hereinafter referred to as "escrow/trust") of the Firm?
	☐ No ☐ Yes ☐ Currently a Signatory
В.	ESCROW/TRUST ACCOUNTING INFORMATION
1.	Is a separate ledger maintained on each escrow file?
2.	☐ No ☐ Yes  Are file balances reconciled to bank balances on a monthly basis?
۷.	No ☐ Yes If Yes, does the agency/firm use an ☐ Automated or ☐ Manual system?
3.	Does the agency/firm maintain a "centralized" escrow accounting software system separate and distinct from the operating/general accounting system?
	□ No □ Yes
4.	Do you perform the escrow account reconciliations in house?
	<ul> <li>No</li> <li>If No, provide the name of the independent third party vendor:</li> <li>Yes</li> <li>If Yes, list all in house individuals who perform the escrow account reconciliation:</li> </ul>
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Which Jurisdiction/States are you requesting to be authorized as an Approved Attorney with First American?  State:	Employee Name and Title	Business Email Address	Attorney					
LICENSING INFORMATION  Which Jurisdiction/States are you requesting to be authorized as an Approved Attorney with First American?   State:								
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Do you currently hold a resident or non-resident title insurance license in any state(s)? No Yes If "Yes" provide the state: St								
No   Yes   State:								
State: State: State State: Sta								
No   State	C. LICENSING INFORMATION	ON						
State: State: State State: Sta								
Do you currently hold a resident or non-resident title insurance license in any state(s)?	1. Which Jurisdiction/States are y	ou requesting to be authorized as an	Approved Attorney with Fi	irst American?				
If "Yes" provide the state(s) where the license(s) are held: State: Stat	State: State	e: State	State:	State:	State:			
If "Yes" provide the state(s) where the license(s) are held: State:  S	Do vou currently hold a reside	nt or non-resident title insurance lice	nse in anv state(s)?	No □ Yes				
D. UNDERWRITER INFORMATION  List any underwriters with which you are authorized to do business:  Has your Approved Attorney relationship ever been terminated by an underwriter or removed from an underwriter's approved list?  No Yes If "Yes", provide explanation:  Have you ever been denied as an Approved Attorney for any Underwriter?				110 🔲 100				
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Have you ever been denied as an Approved Attorney for any Underwriter?								
		o, provide explanation.						
	-							
	B. Have you ever been denied as	Have you ever been denied as an Approved Attorney for any Underwriter?						
	•	☐ No ☐ Yes If "Yes", provide explanation:						
		•						

List all individual who are <u>authorized to sign escrow/trust checks</u>, <u>initiate and/or approve wire transfers</u>. In addition to yourself, those listed below will receive an email from *HireRight Customer Support* (<u>customersupport@hireright.com</u>) containing a link for submitting an

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## E. CERTIFICATION AND AGREEMENT **FIRM AUTHORIZATION** THE FOLLOWING MUST BE COMPLETED BY A MEMBER/PARTNER/SHAREHOLDER OF THE LAW FIRM IF THE APPROVED ATTORNEY APPLICANT IS AN ASSOCIATE WITH THE LAW FIRM. The firm hereby authorizes the above named applicant to certify title on behalf of the firm. The firm hereby authorizes the above named applicant as an escrow signatory of the firm. Signature Title **Print Name** Date APPLICANT AUTHORIZATION Upon approval of this application to be an Approved Attorney for First American, and in consideration of said approval, Approved Attorney hereby certifies, represents, and does agree to: Advise his client that Approved Attorney is representing his client in the procurement of a title commitment, title policy or endorsement; that Approved Attorney does not represent, nor is an agent for First American. Comply with all laws, rules and regulations of the federal, state or local governments or any bureau, department, division or agency thereof, including laws pertaining to licensing, and any rules or policies adopted by First American from time to time and distributed to Approved Attorney. Maintain professional liability insurance coverage with a company and in such amounts acceptable to First American. Indemnify and hold First American harmless, from any and all claims, demands, actions, causes of actions, damages, liabilities, or obligations arising by reason of any negligent or fraudulent acts, error or omission of Approved Attorney, in addition to loss occasioned by the failure to comply with the written instructions of a lender to whom a closing protection letter was issued by First American on Approved Attorney's behalf or any instruction provided by First American. Keep records of each transaction for a minimum of seven years or as required by law, including copies and drafts of any commitments, policies or endorsements issued by First American and correspondence, memoranda, settlement statements, lien letters, checks, and other documents contained therein or relating to any aspect of the transaction. At any reasonable time or times the Company may examine files, books and accounts, and other records of Approved Attorney related to liabilities of the Company and provided in the capacity as an approved attorney. Such right of examination continues after termination of this agreement. I certify that I am making application for appointment by First American Title Insurance Company and/or First American Corporation, their divisions, subsidiaries, affiliates and successors (collectively, "FATIC") and that FATIC may, in its sole discretion, refuse to appoint or may terminate such appointment with or without cause. I further understand that FATIC is relying upon the representations made in this Approved Attorney Application in its evaluation of the application with FATIC. I do hereby certify under penalty of perjury that the information supplied on this Approved Attorney Application is accurate, true and IN WITNESS WHEREOF, THE PARTIES HERETO HAVE CAUSED THIS AGREEMENT TO BE EXECUTED AS OF THE EFFECTIVE DATE SHOWN BELOW. **First American Title Insurance Company Attorney Applicant** By: \_ Print Name: Print Name: Its: Senior Vice President - Agency Division, Effective Date: (The Effective Date is the date this Agreement is executed by First American) Include the following with the Approved Attorney Application: Full copy of current Errors & Omissions/Professional Liability Policy including Declaration Page

Copy of RESA Confirmation of Registration - Virginia Applicants Only