



APPLICATION FOR APPROVED ATTORNEY STATUS

To: First American Title Insurance Company

Application is hereby made by the undersigned North Carolina licensed attorney for appointment as an "Approved Attorney," upon whose certification of title First American will issue its title insurance assurances.

Full Name: _____

North Carolina State Bar Number: _____

PERSONAL INFORMATION:

Date of Birth: _____

Home Address: _____

Home Phone: _____

Year(s) in Current City: _____

EDUCATIONAL/LICENSING INFORMATION:

Undergraduate: _____

Law School: _____

Yr. J.D. degree was received: _____

State(s) Licensed: _____

Year Admitted to the NC Bar: _____

Years of Actual Practice: _____

Are you certified by the NC Bar as a Specialist in Real Property Law? Commercial Residential Both

FIRM INFORMATION:

Firm Name: _____

Firm Mailing Address: _____

Firm Phone: _____

Firm Fax: _____

Email Address: _____

CURRENT PRACTICE:

Percentage of practice devoted to Real Estate: _____

Number of title examines conducted in a year: _____

Do you maintain a separate trust account for real estate transactions? No Yes

Is this trust account reconciled in accordance with NC State Bar accounting rules? No Yes

Please list other title companies for which you are now an Approved Attorney: _____

INSURANCE, LIABILITY AND DISCIPLINARY INFORMATION:

Name of Professional Liability Carrier*: _____

Amount of Coverage: _____ Policy Number: _____

(Please attach a copy of the declaration page)

**By submitting this application the applicant authorizes First American Title Insurance Company to verify coverage information / status with the liability carrier noted above.*

Has a suit for legal malpractice ever been brought against you? No Yes

In your current or past employment, have you been deemed responsible for any title claim or loss? No Yes

Have you ever been removed from a title company's approved list? No Yes

Has a disciplinary action ever been brought against you by the NC State Bar or any other legal disciplinary authority? No Yes

Have you ever been convicted of a felony? No Yes



LIST PRIOR EMPLOYMENT AS AN ATTORNEY:

Firm: _____	Firm: _____	Firm: _____
City/State: _____	City/State: _____	City/State: _____
Phone: _____	Phone: _____	Phone: _____
Dates of Employment: _____	Dates of Employment: _____	Dates of Employment: _____

LIST PRACTICING ATTORNEYS HAVING PERSONAL KNOWLEDGE OF YOUR WORK PRODUCT:

Attorney: _____	Attorney: _____	Attorney: _____
City/State: _____	City/State: _____	City/State: _____
Phone: _____	Phone: _____	Phone: _____

The foregoing information (including any separate attached statement) is true and correct to the best of my knowledge, information and belief and is furnished in order to induce First American Title Insurance Company to appoint the undersigned as an Approved Attorney. By signing this application, I hereby authorize First American Title Insurance Company to investigate and to obtain information pertaining to any matter contained herein from any references and I hereby authorize the release of such information to First American Title Insurance Company.

(Signature of applicant as will appear on Opinions) Date: _____

If you are an Associate with a law firm, please have a member/partner of the law firm complete the following:

The firm hereby authorizes the above named applicant to certify title on behalf of the firm.

(Signature of member/partner of Law Firm) Date: _____



AUTHORIZATION TO REQUEST CONSUMER REPORTS

I, _____, authorize First American Title Insurance Company and/or First American Corporation, their divisions, subsidiaries, affiliates and successors (collectively, "FATIC") to obtain consumer reports and investigative consumer reports, as those terms are defined in the Fair Credit Reporting Act, regarding me in order to assist it in determining whether it wishes to engage in or continue to engage in a business transaction with me, a partnership in which I am a partner, my employer, or a corporation in which I am an officer, director, or shareholder, as an agent for FATIC. Further, although I understand that I may only be an employee, officer, partner, or director of an entity currently engaged in or seeking to enter into an agency relationship with FATIC, I acknowledge that FATIC has a legitimate business need for the information in connection with a business transaction involving me as defined in the Fair Credit Reporting Act and that FATIC is therefore entitled to receive consumer and investigative reports regarding me individually. This authorization is a continuing authorization and shall continually provide FATIC with the right to receive, as frequently as it desires, additional consumer and investigative reports regarding me for as long as any agency relationship exists between FATIC, me and/or any partnership of which I am a member, and/or any corporation in which I am an officer, director, or employee.

If FATIC chooses to terminate the agency status of my employer, the partnership in which I am a partner, or the corporation in which I am an officer, director, or shareholder, in whole or in part due to FATIC's review of my credit as reflected in consumer reports and investigative consumer reports, then I authorize FATIC to advise the entity whose agency status is being terminated, that the reason for the termination is, in whole or in part, due to FATIC's analysis of my credit. I recognize that FATIC has a legitimate business interest in revealing this information to the entity whose agency status was terminated and I waive any and all claims which I might otherwise have against FATIC arising from its notification to the entity whose agency status was terminated. I further understand that FATIC is relying upon the terms of this authorization and waiver.

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Agency/Firm Name

Date

Current Home Address (House Number, Street, City, State & ZIP)

Phone Number

Previous Home Address [if current address is less than two years] (House Number, Street, City, State & ZIP)

By: _____

Signature

Position or Title

Social Security Number

Print Name

Email Address

Date of Birth

FA Agency Representative

Domicile State

Agency Account Number
(Existing Agency Only)

DO NOT SUBMIT UNTIL ALL ITEMS ARE COMPLETE. ALL FIELDS ARE MANDATORY.

Internal Use Only:	CREDCO Account Number:	<u>20000352</u>
	Cost Center:	<u>1051.02915</u>



**First American
Title Insurance Company**

CREDIT AUTHORIZATION ADDENDUM TO AGENCY APPLICATION

Agency/Firm Name (As it will appear on the Agency Agreement)

Date

*Parties In Interest = Principals, Owners, Stockholders, Members, Partners, Directors or Officers.

Primary Street Address (Include City, State & ZIP)

Credit Notification Contact (Must be a Party In Interest*)

Phone Number

Fax Number

Email Address

Please list all Authorized Signatories and Principles for each office location below.

Agent Employee Last Name	Agent Employee First Name, Middle Initial	Authorized Signatory (Escrow)		Authorized Signatory (Policy)		*Parties In Interest		Email Address	**Office Location (If different than above)
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		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes		