



**OLD REPUBLIC** NATIONAL TITLE INSURANCE COMPANY

**APPLICATION FOR APPOINTMENT AS APPROVED ATTORNEY**

Application is hereby made by the undersigned for appointment as an "Approved Attorney", upon whose certification of title the above named company would issue its title insurance binders and policies.

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ HOME/CELL PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME & LOCATION OF EACH COLLEGE, UNIVERSITY OR LAW SCHOOL ATTENDED:

Name of Institution	Degree	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Admitted to practice in: \_\_\_\_\_ (States/Years) \_\_\_\_\_

Years of actual practice: \_\_\_\_\_ How long in present city? \_\_\_\_\_

Have you attended the NCBA Basic Real Estate Seminar? \_\_\_\_\_

Have you been certified by the NC State Bar as a Specialist In Real Property Law? \_\_\_\_ Commercial ( ) and/or Residential ( )

Approximate percentage of practice devoted to real estate matters? \_\_\_\_\_

Do you perform title examinations/certifications of title for property in North Carolina? \_\_\_\_\_, If so, for how long? \_\_\_\_\_

Affiliated with a Law Firm? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Name of Firm: \_\_\_\_\_

LIST OTHER EMPLOYMENT AS AN ATTORNEY:

Firm	Address	Dates
_____	_____	_____
_____	_____	_____

FIRMS OR ORGANIZATIONS REPRESENTED, and/or LENDERS FOR WHICH YOU HAVE CERTIFIED TITLES and/or CLOSED REAL ESTATE LOANS:

NAME OF YOUR PROFESSIONAL LIABILITY CARRIER: \_\_\_\_\_

AMOUNT OF COVERAGE: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

PRACTICING ATTORNEYS HAVING PERSONAL KNOWLEDGE OF YOUR CAPABILITIES AND EXPERIENCE IN TITLE WORK:

Name	Firm	Phone Number	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOU ARE AN APPROVED ATTORNEY FOR OTHER TITLE INSURANCE COMPANIES, GIVE NAMES:

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If a member of a law firm, the firm must certify the following:

“We confirm the above statements and will support this attorney’s examination in our firm’s name.”

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(Signature of applicant as will appear on Opinions)

By: \_\_\_\_\_ Date: \_\_\_\_\_