

APPROVED ATTORNEY APPLICATION

A.	APPLICANT INFORMATION						
Print	Full Legal Name Below						
	First Name	Middle Initia	al	Last Name			
	Law Firm Name						
2.	D : 5 7411						
3.	Business Email Address	Business Phone	Number				
	Street Address (Include City, State & ZIP)					County	
4.	Mailing Address If Different Than Street Address	(Include City, State	& ZIP)			County	
5.	Bar Licenses (as applicable):						
	License Number / State License Number	/ State Lice	nse Numb	er / State	License Numb	per / State	
6.	Percentage of practice devoted to Real Estate:						
7.	Estimated Number of Settlement/Closings Per Mo	onth:	Numb	er of title exam	inations condu	cted in a year:	
8.	Employment for the last 10 years as an Attorney:						
	Firm:		City/State	:	From:	То:	
							_
9.	List any experience related to title insurance, title	ovamination class	sings oto	supporting you	ovportise in th	o industry	
J .	List any experience related to the insurance, the	CXAITIII attori, cio	3ii ig 3, 0t0.	supporting you	схрегизе іп и	ic industry.	
10.	Which First American agents will you be working	with to issue title	commitme	nts and policies	s?		
11.	Have you ever been refused a license by any stat or revoked?	e, rederal or mun	ıcıpaı autno	only for any rea	son, or nas an	y such license i	been suspended
	□ No □ Yes						
12.	Have any disciplinary proceedings ever been inition previous professional license(s)? No Yes	ated against you ((regardless	of the outcome	e) with the age	ncy which regu	lates your current
13.	Has any occupational, professional, or vocational	license or permit	you hold o	r have held, be	en subject to a	ny judicial, adn	ninistrative,
	regulatory, or disciplinary action? ☐ No ☐ Yes		-	•	•	•	•
14.	Have you ever individually filed bankruptcy, and/c ☐ No ☐ Yes	or do you have an	y outstandi	ng judgments,	liens or payme	nt delinquencie	s?

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:
	The lates in the provide the hamo of the time agoney.
	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?
	□ No If No, provide the name of the independent third party vendor:
	Yes If Yes, list all in house individuals who perform the escrow account reconciliation:
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Employee Name	and Title	Susiness Email Address	Attorne		
Employee Name	and fille	Susmess Email Address	Attorne	У	
. LICENSING	INFORMATION				
	tion/States are you requesti	•			-
State:	State:	State	State:	State:	State:
Do you curre	ntly hold a resident or non-re	esident title insurance licer	nse in any state(s)?] No □ Yes	
If "Yes" provi	de the state(s) where the lice	oneo(e) are hold:			
				.	
State:	. .	State	State:	State:	State:
State:	. .	64.4	State:	State:	State:
State:	State: TER INFORMATION	State	State:	State:	State:
State:	State:	State	State:	State:	State:
State:	State: TER INFORMATION	State	State:	State:	State:
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State: UNDERWRI List any under Has your Appr	State: TER INFORMATION writers with which you are a coved Attorney relationship e	State uthorized to do business:			
State: UNDERWRI List any under Has your Appr	State: TER INFORMATION writers with which you are a	State uthorized to do business:			
State: UNDERWRI List any under Has your Appr	State: TER INFORMATION writers with which you are a coved Attorney relationship e	State uthorized to do business:			
List any under Has your Appr	TER INFORMATION writers with which you are a roved Attorney relationship of Yes If "Yes", provide	State uthorized to do business: ever been terminated by ar explanation:	n underwriter or removed		
List any under Has your Appr No Have you ever	TER INFORMATION writers with which you are a roved Attorney relationship e Yes If "Yes", provide	State uuthorized to do business: ever been terminated by ar explanation:	n underwriter or removed		
List any under Has your Appr No Have you ever	TER INFORMATION writers with which you are a roved Attorney relationship of Yes If "Yes", provide	State uuthorized to do business: ever been terminated by ar explanation:	n underwriter or removed		
List any under Has your Appr No Have you ever	TER INFORMATION writers with which you are a roved Attorney relationship e Yes If "Yes", provide	State uuthorized to do business: ever been terminated by ar explanation:	n underwriter or removed		

List all individual who are <u>authorized to sign escrow/trust checks</u>, initiate and/or approve wire transfers. 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 authorization to run Consumer Reports. Complete this authorization request within 3 business days of receiving your email invitation.

Please continue to Page 4

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: П Current Errors & Omissions/Professional Liability Policy including Declaration Page

Copy of RESA Confirmation of Registration - Virginia Applicants Only