

23. Please list the names and addresses of any other entities in which you are the owner or a part owner, officer, member or director and explain your relationship to such entity(ies) (Attach a separate sheet if necessary)

24. Do you or the law firm have an equity interest in any title agency?

No Yes If "Yes" provide the name of the title agency and indicate if the title agency is underwritten by First American:

Underwritten by First American: No Yes

25. Do you have an ownership interest in or are you employed by an abstract company; title agency; real estate sales; mortgage broker/lender; real estate developer and/or builder?

No Yes If "Yes" please explain:

26. Will you perform closings or handle escrow and/or disbursements?

No Yes If "Yes" complete an **Escrow/Trust Accounting Questionnaire (AGY-617)**.

27. 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 If "Yes", you will receive an email invitation from **HireRight** requesting that you authorize **Consumer Reports to be run on you**. Additionally, your contact information and role must be included on the **Office Branch and Contact Addendum (AGY-620)**.
 Currently a Signatory

2. FIRM INFORMATION

A.

Firm Name

B.

How many attorneys are members or employees of the Firm?

C.

Street Address (Include City, State & ZIP)

County (Where Office is Located)

D.

Phone Number

Fax Number

Website Address

Office Email Address (General/Public)

E.

Mailing Address *If Different Than Street Address* (Include City, State & ZIP)

County (Where Mail is Sent)

3. LICENSING INFORMATION

A. Which Jurisdiction/States are you requesting to be authorized as an Approved Attorney with FATIC?

B. Do you currently hold a resident or non-resident title insurance license in any state(s)? No Yes

If "Yes" provide the state(s) where the license(s) are held: (Attach a current copy(ies) of each state license(s))

State: _____ State: _____ State: _____ State: _____

C. **TO BE COMPLETED BY VIRGINIA APPLICANTS ONLY:**

Are you registered with the Virginia State Bar as an attorney settlement agent under RESA (fka CRESPA)?

No Yes If "Yes" please provide a copy of the confirmation of registration

4. LIABILITY COVERAGE / BOND INFORMATION

A. Name of Professional Liability / Malpractice / Errors and Omissions Carrier:

Provide the liability coverage(s) presently maintained below: (Provide a copy of the full E&O policy and a copy of the bond for review by FATIC)

No Yes E&O/Professional Liability Carrier: _____ Exp. Date _____
Coverage Amount \$ _____ per claim _____ aggregate Deductible _____
 No Yes Fidelity Bond

5. UNDERWRITER INFORMATION

A. Which underwriters do you customarily do business with?

B. Has your Approved Attorney relationship ever been terminated by an underwriter/removed from Underwriters' approved list?

No Yes If "Yes" please explain:

C. Have you ever applied and been denied as an Approved Attorney for any Underwriter?

No Yes If "Yes" please explain:

6. CERTIFICATION AND AGREEMENT

Upon approval of this application to be an approved attorney for First American Title, 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.

Signature Page to follow on Page 5

7. NOTIFICATION AND SUBMISSION

INDIVIDUAL AUTHORIZATION

THE FOLLOWING MUST BE REVIEWED AND SIGNED BY THE APPROVED ATTORNEY APPLICANT COMPLETING THIS FORM.

A. 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 correct.

By: _____
Signature Title

Print Name Date

Please include the following with the Approved Attorney Application:

- Office Branch and Contact Addendum to (AGY-620)
 - Escrow/Trust Accounting Questionnaire **(AGY-617) – If Applicable**
 - Current copies of Bar and/or Title Agent and Escrow Licenses - **As applicable**
 - Current resume - **As applicable**
 - Current copy of state resident title insurance license – **As applicable**
 - Current copy(ies) of state non-resident title insurance license(s) – **As applicable**
 - Copy of RESA (fka CRESPA) Confirmation of Registration – **Virginia Applicants Only**
 - Current Errors & Omissions/Professional Liability/Malpractice Policy
 - Please respond to the email invitation from ***HireRight** requesting Authorization to run Consumer Reports and/or for Title Licensing Appointment information **within 3 business days. Please add customersupport@hireright.com to your email Safe Sender list. Check your junk mail box for this email if you do not see it in your inbox.**
- *Refer to the Consumer Reports Package Instructions AGY-631HR for complete submission details.**

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.

- B. 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.

By: _____
Signature Title

Print Name Date