



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 binder and policies.

FULL NAME: _____ DATE OF BIRTH: _____

ADDRESS: Home: _____ Phone: _____
 Business: _____ Phone: _____

NAME AND LOCATION OF EACH COLLEGE, UNIVERSITY AND LAW SCHOOL ATTENDED

| Name of Institution | Degree | Year |
|---------------------|--------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

State(s) in which admitted to practice: _____ Year admitted: _____
 Years of actual practice: _____ How long in present city? _____
 Do you specialize in the laws relating to real property? _____ If so, how long? _____
 Approximate percentage of practice devoted to real estate matters? _____
 Are you affiliated with a law firm? _____ Year you joined the firm: _____
 Name of firm: _____

LIST PRIOR 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:

| Firm/Organization | Address |
|-------------------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

NAME OF YOUR PROFESSIONAL LIABILITY CARRIER: _____
 AMOUNT OF COVERAGE: \$ _____ POLICY NO.: _____

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

| Firm/Organization | Address |
|-------------------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IF APPROVED ATTORNEY FOR OTHER TITLE INSURANCE COMPANIES, GIVE NAME

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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? _____
 If so, Commercial () and/or Residential ()

If a member of a law firm, the firm must certify the following:
 "We confirm the above statements and will support this attorneys examinations in our firm name."

BY: _____ (Member of the Firm) _____
 _____ (Signature of applicant as will appear on opinions)
 Date: _____