



**OLD REPUBLIC** NATIONAL TITLE INSURANCE COMPANY

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**Please respond to all questions and requests for information. If not applicable, or if information is not available, so state. Add additional sheets if necessary.**

1. APPLICANT'S NAME: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_
  
2. Have you ever declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, voluntary \_\_\_\_\_ involuntary \_\_\_\_\_  
Filed in which U.S. District Court? \_\_\_\_\_
  
3. Are you currently a plaintiff or defendant in any legal action? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what  
jurisdiction? \_\_\_\_\_ Case No.: \_\_\_\_\_
  
4. Are there any outstanding judgments or liens against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where  
recorded? \_\_\_\_\_ Amount \$ \_\_\_\_\_
  
5. Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_ Where (city/state)? \_\_\_\_\_  
Charge convicted of: \_\_\_\_\_

***PLEASE ATTACH A PHOTO COPY OF YOUR DRIVER'S LICENSE TO THIS APPLICATION.***

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING**

This application is made by \_\_\_\_\_ a Stockholder/Member of \_\_\_\_\_, an applicant for policy-issuing agency.

I understand that ORT may not obtain any consumer report on me without my consent in writing. I hereby authorize ORT to retrieve (both pre-application and during the agency relationship with ORT, if appointed) information from all personnel, educational institutions, government agencies, companies, corporations, consumer credit reporting agencies, law enforcement agencies at the federal, state, county or city level, workers' compensation agencies or individuals, relating to my past activities, to supply any and all information concerning my background. The information received may include, but is not limited to, records regarding my academic, residential, and job performance histories, business activities, involvement in litigation, personal history, credit reports, driving history and criminal history records. I hereby authorize ORT to disclose any such information obtained to other Principals of the Proposed Agent. I understand and agree that my authorization is a continual authorization, in that it shall continue to be in effect during this application period and for the duration of any Agency Agreement entered into between ORT and the Applicant, their respective successors and assigns.

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me because of compliance with this authorization and request to release information or any attempt to comply with it. I hereby agree that an electronic, photocopy or facsimiled copy of my authorization with an electronic, photocopy or facsimile copy of my signature shall be deemed as binding, valid, genuine and authentic as an original authorization and signature for all purposes.

It is understood and agreed that no agency relationship exists between applicant and Old Republic National Title Insurance Company unless and until a letter confirming applicant's appointment as an Approved Attorney is issued by Old Republic National Title Insurance Company.

APPLICANT'S  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_