Investors Title Insurance Company

INNOVATIVE BY INSTINCT

P.O. Drawer 2687
Chapel Hill, North Carolina 27515-2687
(919) 968-2200 (800) 326-4842 FAX (919) 968-2219
Email: corporate@invtitle.com

NORTH CAROLINA
ATTORNEY APPLICATION FOR APPROVAL

Name in Full: _____
Last *First* *Middle Initial*

Date of Birth _____/_____/_____ Social Security Number _____
mo/ day/ yr

Firm Name (*if applicable*): _____

_____ _____
Business Address *Mailing Address*

_____
City *State* *Zip Code* *County*

Phone: (___) _____ Fax: (_____) _____ Email: _____

INSURANCE & LIABILITY INFORMATION

Errors and Omissions insurance carrier: _____
(Please attach copy of Declaration Page of current policy.)

Do you carry a Fidelity Bond: **Yes/No** (*If yes, please attach copy of Declaration Page of current policy.)*

Do you maintain a separate "trust" or "escrow" account? **Yes/No** Name of institution: _____
(If yes, are escrow funds identified as such on bank statements?) **Yes/No**

Is the "trust" or "escrow account reconciled monthly? **Yes/No** (*If no, how frequently is the reconciliation?)* _____

Are separate accounting records maintained for each real estate settlement transaction? **Yes/No**

Have you ever been removed from any title company's approved list? **Yes/No (***If yes, detail on a separate sheet*.)

Has a disciplinary action ever been brought against you by the North Carolina Bar or any other legal disciplinary authority? **Yes/No** (*If yes, please detail on separate sheet*.)

Has any title opinion rendered by you resulted in a direct claim against you or a title insurance policy issued upon that opinion of title? **Yes/No** (*If yes, please detail on separate sheet*.)

Has a suit for legal malpractice ever been brought against you? **Yes/No** (*If yes, please detail on separate sheet*.)

List the title companies for which you serve as an approved attorney: _____

EXPERIENCE

Approximate percentage of your practice devoted to Real Estate matters: _____
Approximate number of titles personally examined from the public records: _____

Does your office conduct commercial real estate searches and/or closings? **Yes/No** (If yes, please indicate the percentage of Commercial) _____

If you employ someone other than an associate or employee of your firm to abstract and/or examine public records for you, please provide name, address and Errors & Omissions policy: _____
_____

List the institutions for which you have examined titles and/or for which you have settled real estate loans during the last three years:
_____
_____
_____

List at least three practicing lawyers having a personal knowledge of your capabilities and experience in real estate law:

Name	*City*	*State*	*Telephone #*

List the cities where you have practiced law and the respective dates for each:

City	*Date from – to*

OPERATING TERRITORY

List the cities and counties you are licensed and actively operating in:

City	*State*	*County*

STATE BAR INFORMATION

Year admitted to _____ State Bar: _____ State Bar Number: _____
(State)
Year admitted to _____ State Bar: _____ State Bar Number: _____
(State)
Year admitted to _____ State Bar: _____ State Bar Number: _____
(State)

Actual number of years practicing law: _____

EDUCATION

State in chronological order the name and location of each college, university or law school attended, time spent at each, and, if granted, degree received.

Name of Institution	*Location*	*Years from – to*	*Degree Received*

CERTIFICATION

By signing this application, the undersigned applicant hereby authorizes the company to investigate and to obtain information pertaining to any matter contained herein from any references and public records, and undersigned applicant hereby authorizes the release of such information to the Company.

In consideration of my appointment as an approved attorney for Investors Title Insurance Company, the undersigned agrees as follows:

1. *That I will comply with all rules, regulations and guidelines promulgated by Investors Title Insurance Company.*
2. *The Company relies upon the information provided herein and approved attorney status is based on the accuracy and completeness of said information.*
3. *That I will provide updated information upon request of Company.*
4. *That I will properly maintain my attorney's trust account and see that it is properly reconciled on a quarterly basis.*
5. *That I agree to maintain at all time errors and omissions insurance in an amount and with a carrier approved by the Company and will provide a current declaration page annually.*
6. *That I will immediately notify Company upon notice of a claim or potential claim for which Company may be liable under a policy of title insurance or an insured closing agreement for which the undersigned certified title or acted as settlement agent and will render all possible assistance in investigating and resolving to any claim received by the Company, including but not limited to providing access to and copying of all files, records and accounts not prohibited by applicable rules of professional responsibility, even after termination of my status as an approved attorney.*
7. *That I will notify the Company immediately if I am subject to disciplinary action by the North Carolina State Bar.*
8. *Failure to comply with the foregoing may result in the immediate termination of approved attorney status without notice.*
9. *Company may terminate approved attorney status without cause upon giving written notice to the undersigned.*
10. *Any termination under this agreement shall not affect any obligation or liability incurred by undersigned as an approved attorney.*

11. *I agree to indemnify the Company against any and all loss, cost or damage which the Company may sustain on account of the following acts or failure to act by the undersigned or any employee or agent of the undersigned: (a) fraud, (b) negligence, (c) willful disregard of the Company's rules and instructions, or (d) loss or misapplication of client's funds entrusted to the undersigned.*

12. *Failure of the Company to enforce strict compliance herewith at any time shall not be construed as a waiver, modification or amendment of this Application*

Appointment as an approved attorney and the issuance of any Insured Closing Protection Letters based on the appointment, does not constitute the applicant as an agent of Investors Title Insurance Company for any purpose. Such appointment is for the sole purpose of qualifying the applicant to submit opinions on title to the company pursuant to NCGS 58-26-1.

_____
Signature as will appear on opinions

_____
Date

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

"We vouch for the above statements and will support this lawyer's examination by our firm name."

By: _____ _____
Firm Member *Firm Name*