

**PERSONAL**

Complete all questions. (Please type or print clearly.)

**Applicant's Full Name**

**Date of Birth**

**SSN**

**Home Address**

**Apt. #**

**Years There**

**Home Phone**

**City**

**State**

**Zip**

**Business Name/Address**

**City**

**State**

**Zip**

**Business Phone**

**Business Fax**

**Email Address**

Have you or has any organization in which you are now or have been an owner, partner, principal shareholder, director or officer (or if applying as an agent, have any of your officers, key employees or shareholders) ever been either the subject of a grievance, complaint or proceeding relating to your/their conduct as an attorney; charged with embezzlement, theft or other felonies; a defendant in any criminal or civil proceeding involving violation of any federal or state law; the subject of any bankruptcy or insolvency proceedings; had your professional license revoked or suspended; canceled or refused professional liability or fidelity bond coverage; refused or terminated by any insurance company to be an approved attorney and/or agent; or failed to pay any sums of money or premium due to any insurance company or insured?  Yes  No

**IF "YES" TO ANY OF THE ABOVE, GIVE DATE(S) AND DETAILS ON A SEPARATE ATTACHED STATEMENT. PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.**

I understand and agree that a consumer report or an investigative consumer report may be obtained by the Company at any time and any number of times as the Company may in its discretion determine as appropriate before, during and after any term as agent for the Company. The Company may request such reports for any business purposes the Company deems appropriate. I further understand that upon reasonable written request, I may obtain additional information about this report in accordance with the Fair Credit Reporting Act (Public Law 91-508, U.S.C. secs. 1681 et seq.)

I understand and agree that the Company may contact (a) any title insurance company for whom I may have been an employee or agent, (b) any title insurance agency for whom I may have been an employee, or (c) any title insurance company for whom such agency was an agent, to obtain information concerning the circumstances of the termination of any such relationship. I authorize such information to be furnished by any such party and release the Company and all parties contacted by the Company from any liability whatsoever concerning the information supplied by them to the Company. This consent and authorization is not intended to limit any other inquiry or investigation that the Company may undertake in connection with its consideration of my application for appointment.

I understand and agree that the representations I have made in this application are material inducement to the Company's entering into an agency relationship with me. If any statements that I have made in this application are incorrect, incomplete or misleading, or if any consumer report or investigative consumer report or any information received pursuant to the previous paragraph discloses information that the Company in its sole discretion determines could affect my fitness as to the business of title insurance, then the Company may immediately decline my application or terminate, without notice, my Agency Agreement.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE