1. To enter data, press <TAB> to move to the first field and begin typing.
2. Press <TAB> to move to next field or <SHIFT>+<TAB> to move back.
3. Check/uncheck boxes with the <SPACE BAR> or a mouse click.
4. Go directly to any field with a mouse click.

Print ... Save As ... Clear Form

SUBMITTING COMPLETED FORMS TO ATG
1. Desktop Email Applications (Outlook, Eudora, Thunderbird, etc.):
Click the "Submit" button to send document as an attachment.
2. Internet Email Applications (Hotmail, Yahoo, AOL, Gmail, etc.):
Click the "Save As" button to save completed document to your computer. Send the saved document as an attachment to lgallagh@atgf.com.

Submit ...

SPECIAL INSTRUCTIONS FOR GOOGLE CHROME USERS

This form requires Adobe Acrobat or Adobe Reader, which is not present by default in Chrome. To complete and submit this form:
1. Right-click this window and choose "Save As."
2. Save this form to your Desktop or another location where you can easily find it.
3. Open the saved form in Adobe Acrobat or Adobe Reader.
4. Follow the instructions in the yellow boxes in the upper left corner of this page to complete and submit this form.

ATTORNEYS' TITLE GUARANTY FUND, INC.

APPLICATION FOR AGENCY

PART I

PERSONAL AND PROFESSIONAL INFORMATION

Name: _____ Date of Birth: _____

Office Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell Phone: _____

Email: _____

Colleges and Universities attended, graduation dates, degrees, and honors received:

Admitted to the following bars (List all bar admissions, including dates):

Membership in bar associations, bar association committees, or other legal groups:

Authorship of articles or papers published in legal journals or magazines (title of article, name, and date of publication):

PART II

Are you or have you ever been an agent for any other title insurance underwriter? ☐ Yes ☐ No

If Yes, please identify the underwriter and the dates of your agency:

Underwriter	From (Year)	To (Year)

Have you ever had an agency relationship terminated by an underwriter? ☐ Yes ☐ No

If Yes, please explain (attach additional page, if necessary):

Number of expected closings per month: _____ Number of real estate closings in last 12 months: _____ 2 years: _____

Do you have a system for sending encrypted email? ☐ Yes ☐ No

PART III

Are you presently a defendant in a civil suit or have you ever had a civil judgment against you? ☐ Yes ☐ No
If yes, please attach a detailed explanation including case number, court in which the case was filed, circumstances, and disposition.

Have you ever been denied a license to practice law? ☐ Yes ☐ No
If yes, please attach a detailed description of the circumstances.

I practice: ☐ alone ☐ in a partnership of: _____

Date of initial interview with ATG representative: _____ Name of Representative: _____

I certify that: (1) the above personal and professional history is correct; (2) I reside in Illinois or Wisconsin; (3) I am now engaged full-time in the practice of law; and (4) no disciplinary or criminal proceedings are pending against me. I will abide by the Bylaws and Regulations of Attorneys' Title Guaranty Fund, Inc. (ATG), amendments thereto, and procedures for policy issuance that ATG prescribes.

_____ _____
Signature of Applicant Date

Applications submitted by email require a digital signature. Click the Signature field above to use an existing digital signature or to create a new one.

MALPRACTICE INSURANCE

Malpractice Insurance Policy Carrier: _____

Policy Number: _____ Effective Date: _____

Please submit a copy of your current malpractice insurance policy with this application.

CREDIT CHECK INFORMATION

Name of Spouse: _____ Spouse's Social Security Number: _____

Applicant's Social Security Number: _____ Home Phone: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address (if at present address less than two years): _____

City: _____ County: _____ State: _____ Zip: _____

CREDIT APPLICATION

I understand that there may be certain charges occasioned by my agency relationship with ATG and, therefore, ATG may be extending commercial credit on certain charges at my direction. I hereby make application to ***Attorneys' Title Guaranty Fund, Inc.****, for the extension of commercial credit in connection with charges that I may incur, and consent to a routine credit check in connection with my application and occasional credit checks in connection with my agency.*

CONSENT TO CONDUCT CRIMINAL BACKGROUND SEARCH

I consent to criminal background and driving record investigations in connection with my application and agency.

Driver's License Number: _____ State: _____

CONSENT TO OBTAIN INFORMATION REGARDING LAW LICENSE AND DISCIPLINARY PROCEEDINGS

I hereby grant my consent to the licensing and disciplinary bodies of the legal profession in any state in which I am or have been licensed to practice, to furnish ***Attorneys' Title Guaranty Fund, Inc.****, with information regarding my registration as a licensed attorney and concerning inquiries against me.*

ARDC Registration Number (Illinois applicants only): _____

_____ _____
Signature of Applicant Date

Applications submitted by email require a digital signature. Click the Signature field above to use an existing digital signature or to create a new one.

SUPPORTING DOCUMENTS

The following documents *must* be attached to this application:

- ☐ Most Recent Audit from State Regulatory Department or Current Underwriter
- ☐ Current Title Agent's License
- ☐ Declaration Pages from Current Errors & Omissions or Professional Liability Policy
- ☐ Articles of Organization or LLC and Operating Agreement (where applicable)
- ☐ Copies of Most Recent Three Months' Reconciliations of Escrow Accounts for All Escrow Accounts Maintained (Trust and Construction Disbursement), including all of the following:
  - ☐ Three-way Summary (Book/Bank/Trial Balance)
  - ☐ Trial Balance of Items in Escrow
  - ☐ List of Outstanding Checks
  - ☐ List of Deposits in Transit
  - ☐ Bank statement page that shows ending balance for trust account or any sweep accounts associated with it (if applicable)

PART IV (FOR ATG USE ONLY)

ACTION BY MEMBERSHIP COMMITTEE

☐ Accepted ☐ Rejected

_____ _____
Signature Date