

APPLICATION FOR ATTORNEY-AGENCY – CHICAGO METRO AREA

PART I

PERSONAL AND PROFESSIONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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) (Optional):

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, Indiana, 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. Finally, I  do /  do not consent to the addition of my name to the list of ATG attorney-agents and the possible publication of that list by ATG.*

\_\_\_\_\_  
Signature of Applicant Date

**MALPRACTICE INSURANCE**

Malpractice insurance policy carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

**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

**SUPPORTING DOCUMENTS**

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

- Declaration Pages from Current Errors & Omissions or Professional Liability Policy
- Articles of Organization or LLC and Operating Agreement (where applicable)