

APPLICATION FOR AGENCY

PART I

PERSONAL AND PROFESSIONAL INFORMATION

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

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

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

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

**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: \_\_\_\_\_

If at present address less than two years, please state previous address: \_\_\_\_\_

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

**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