

PENN ATTORNEYS TITLE INSURANCE CO.

APPROVED ATTORNEY APPLICATION

PART 1

Name in full:			Phone: ()	
Firm/Company Name:			Fax #: ()	
Business Address:			County:	
City:	State:	Zip:	E-mail:	
Do you carry liability insurance?		If you do, with what company?		
Coverage: \$		PLEASE ATTACH COPY OF THE DECLARATIONS PAGE FROM THE POLICY.		
Are you now an approved attorney of any title company?		Are you presently under contract as an agent for a title company?		
If you are, do you issue commitments?		and Policies?		
For what companies are you an agent?				

PART 2

Answer the following questions. (If you answer "yes" to any of these questions, please attach a separate sheet with detailed explanations.)	Yes	No
Has a title insurance company ever refused to approve you as an approved attorney or agent? If so, why?	<input type="checkbox"/>	<input type="checkbox"/>
Has a title insurance company ever terminated you as an approved attorney or agent? If so, why?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your professional liability insurance carrier paid a claim for a title-related matter or your behalf within ten (10) years of the date of this application? If so, explain the claim that was paid in detail, including nature of the claim, basis for payment and amount paid.	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your professional liability insurance carrier paid a claim for a non-title related matter on your behalf within ten (10) years of the date of this application? If so, explain the claim that was paid in detail, including nature of the claim, basis for payment and amount paid.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested for, or convicted of, any crime involving theft of entrusted funds, embezzlement or theft in general. If yes, please explain the circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been reported to or subjected to disciplinary action by the Disciplinary Board of the Supreme Court of Pennsylvania? If yes, please explain the circumstances and furnish any documents produced by the Disciplinary board in the disposition of your case.	<input type="checkbox"/>	<input type="checkbox"/>
Have you undergone, within the last 3 years, or are you currently undergoing at the present time, treatment for drug, alcohol or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>

PART 3

State in chronological order the name and location of each college, university or law school attended, time spent at each, and if graduated, degree received.			
Name of Institution	Location	Years from-to	Degree received

PART 8

List where you have practiced law and set forth years of practice in each.	
City, State	Date from-to

PART 9

<u>Credit Check Information:</u>			
By signing and submitting this application, I understand that routine credit checks will be made in connection with my application and approval status.			
Your Social Security #:		Date of Birth:	
Home Address:	City:	State:	Zip:
Home Phone Number: ()		Spouse's Name:	
If at present address less than two years, please state previous address:			
Previous Address:	City:	State:	Zip:

PART 10

<u>Attorney Disciplinary Committee Waiver:</u>
By signing and submitting this application, I understand that routine checks will be made in connection with my application and approval status.

PART 11

Are you a member of a law firm?	<i>PLEASE FURNISH A COPY OF YOUR LETTERHEAD.</i>
<u>If a member of a law firm, the firm must certify the following:</u>	
“We vouch for the above statements and will support this lawyer’s examinations by our firm name.”	
Firm Member (<i>Other than applicant</i>)	
Type/print name: _____	Sign name: _____

Print out this filled out form & sign & date.

Applicant's Signature, as it will appear on opinions.

Date: _____

YOUR APPLICATION MAY BE MAILED, FAXED OR E-MAILED TO:

Penn Attorneys Title Insurance Co.
900 State Street, Suite 320, Erie, PA 16501
Toll-Free Fax: 800-234-2352
E-mail: erie@pennattorneys.com

If you have any questions, please feel free to contact us at 800-352-2216.
(Our approval meetings are held monthly.)