

124 One Madison Plaza, Suite 2100 (39110)  
P.O. Box 2901  
Madison, Mississippi 39130-2901  
601.969.0222 (Phone)  
601.969.2215 (Fax)

## MEMORANDUM

**To: Attorneys**

**From: Terry Weill**

**Re: Application to Be Included on Mississippi Valley Title Insurance Company's List of Approved Attorneys**

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Thank you for your interest in Mississippi Valley Title Insurance Company. To be considered for inclusion on Mississippi Valley Title Insurance Company's list of approved attorneys, you should complete the attached Approved Attorney Application. Once you have completed the application, please return the following to our office:

1. Approved Attorney Application;
2. A complete copy of your **Errors and Omissions policy, declarations page and application**; and
3. A check in the amount of \$50 payable to Mississippi Valley Title Insurance Company.

You can send the requested items by mail to the above address, attention Terry Weill or by email to [tweill@mvt.com](mailto:tweill@mvt.com). We will notify you when the processing of your application has been completed. If your application is approved, we will send you an Approved Attorney Agreement, which should be executed and returned to our office.

Thank you for considering Mississippi Valley Title Insurance Company for your title insurance needs and taking the time to apply for inclusion on our list of approved attorneys. If you have any questions, please don't hesitate to contact Terry Weill at 601.961.4869.

**MISSISSIPPI VALLEY TITLE INSURANCE COMPANY  
 OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY  
 Approved Attorney Application**

**GENERAL**

1. Name of Applicant: \_\_\_\_\_  
 Social Security Number of Applicant: \_\_\_\_\_  
 Driver's License Number of Applicant: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax : \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Web Address: \_\_\_\_\_  
 Title software used: \_\_\_\_\_

2. Organizational Form:  
 Corporation     Partnership     Sole Proprietorship     Individual     Limited Liability Company

3. Date of applicant's admission to bar: \_\_\_\_\_ State: \_\_\_\_\_

4. Brief summary of educational background:

School	Years Attended	Degrees Received

Law School: \_\_\_\_\_

5. Percentage of practice devoted to real estate: \_\_\_\_\_ %  
 6. How many years' experience in real property/conveyancing law does applicant possess? \_\_\_\_\_  
 7. List any title insurance underwriters for which you are, or have previously been an agent or approved attorney:

Underwriter	Beginning Year	End Year	Underwriter/Agent Split

8. Explain in detail the reasons that any agency or approved attorney relationship referenced in Item #7 was terminated:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Explain reason for now changing or seeking a new underwriter:

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**FINANCIAL INFORMATION**

10. Over the next twelve months, applicant anticipates:

Premium remittances to all title insurance underwriters \$ \_\_\_\_\_

Proposed premium remittances to Mississippi Valley Title \$ \_\_\_\_\_

11. During the past two calendar years, the following was the approximate premium remittance to all underwriters:

Year \_\_\_\_\_ \$ \_\_\_\_\_

Year \_\_\_\_\_ \$ \_\_\_\_\_

12. What volume of title insurance orders is anticipated to be submitted monthly \_\_\_\_\_, annually \_\_\_\_\_?

13. Does the applicant have any financial obligations under any agreement, oral or written, to any title insurance underwriter currently or formerly represented by applicant?  Yes  No

If yes, provide details \_\_\_\_\_

14. Does applicant perform closings?  Yes  No

If no, who customarily performs closings? \_\_\_\_\_

15. Does the applicant maintain escrow/trust accounts?  Yes  No

16. Does the applicant disburse construction funds?  Yes  No

If the answer is yes to questions 14, 15 or 16, complete Pre-signing Escrow Audit Procedure/Questionnaire, Exhibit 1 to this application.

**INSURANCE COVERAGE**

Please provide requested information concerning insurance coverage. Supply **complete** copies of your Errors and Omission policy, declarations page and application. If no insurance is in effect, so state.

17. Fidelity/Surety Insurance Carrier: \_\_\_\_\_

Coverage Limit Each Claim: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

18. Errors & Omissions Carrier: \_\_\_\_\_

Coverage Limit Each Claim: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**MARKET INFORMATION**

19. Indicate percentage of title insurance business from each customer group:

Lenders \_\_\_\_\_%                      Real Estate Brokers \_\_\_\_\_%  
 Attorneys \_\_\_\_\_%                      Developers/Builders \_\_\_\_\_%

20. Provide a list of the top five customers and the percentage of your total business from each.

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21. Does any partner, officer or director (or members of their families) of applicant have any ownership interest in any customer or entity providing referrals of business to applicant?     Yes                       No

If yes, provide details \_\_\_\_\_

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22. List all other businesses in which you or the principals of applicant have any interest.

Name: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name: \_\_\_\_\_ Federal ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_

23. Do you handle (or intend to handle) any closings or other real estate transactions for (a) yourself (or any member of your family), or (b) any employee or owner of Applicant (or member of their family) or (c) for any entity owned (partially or wholly) by anyone included in (a) or (b)?                       Yes                       No

If Yes, Identify the Person or Entity and provide a summary (including frequency) of the representation:

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**LOSS HISTORY**

24. List all claims/losses paid or pending involving applicant’s title insurance or escrow business. Include information as to type, i.e. forgery, mechanic’s lien, etc.

Year of Loss	Amount of Loss	Type of Loss	Applicant or Underwriter Paid

(Please attach additional page if needed)

**TITLE INSURANCE POLICY PRODUCTION**

25. Sources of title evidence:

Abstracts                       Public Records

Title Plants ( Describe nature of plant interest, i.e. total ownership, partial ownership, lease contract rights, etc.)

\_\_\_\_\_

26. Does the applicant anticipate obtaining all title insurance commitments and policies directly from Mississippi Valley Title Insurance Company's Underwriting Department?     Yes                       No

If no, please list all of Mississippi Valley Title Insurance Company's policy issuing agents that applicant anticipates obtaining title insurance commitments and policies from: \_\_\_\_\_

\_\_\_\_\_

27. Title searches performed by:

Attorney - Name: \_\_\_\_\_                       Applicant employees

Independent contractors - Name: \_\_\_\_\_                       Other (describe): \_\_\_\_\_

28. Examinations performed by:

Attorney - Name: \_\_\_\_\_                       Applicant employees

Independent contractors - Name: \_\_\_\_\_                       Other (describe): \_\_\_\_\_

**OWNERSHIP AND OFFICERS**

29. The name, address, occupation and percentage interests of all owners/partners having an interest in applicant should be identified in Exhibit 2, Part A attached hereto.

30. The name, title, address, social security number, previous employers, and experience of each of the principal officers, senior title executive and **all escrow personnel** should be identified in Exhibit 2, Part B attached hereto.

**REFERENCES**

31. The identity, occupation, address , fax number and telephone number of four references, including the reference of one financial institution, should be listed on Exhibit 2, Part C attached hereto.

32. Have you or any other firm members been, or are you now, the subject of any disciplinary proceedings by any bar organization?                       Yes                       No

If yes, provide details on separate attached statement.

33. Has applicant or any owner, key employee, partner, principal shareholder, director or officer of applicant ever been the subject of a grievance, complaint or proceeding relating to their conduct as a title insurance agent or their capacity as a fiduciary or in their professional capacity; a defendant in any criminal or civil proceeding involving violation of any state or federal law; the subject of any bankruptcy proceeding; canceled or refused professional liability or fidelity bond coverage; or failed to pay any sums of money or premiums due to any title insurance underwriter or any other creditor?             Yes             No

If yes, provide details on separate attached statement.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING**

\_\_\_\_\_ as applicant on behalf of \_\_\_\_\_  
Name of Applicant Firm Name

\_\_\_\_\_ as approved attorney. Applicant(s) represents that Applicant(s) has authority to make such application on behalf of Approved Attorney. It is understood and agreed that no relationship exists between Applicant and Mississippi Valley Title Insurance Company/Old Republic National Title Insurance Company unless and until an Approved Attorney Agreement is executed by both parties:

**Disclosure and Release of Information Authorization**

The individual applicants signing below are principals and/or key employees of Applicant, and each by signing below is providing Insurer continuing authorization as set forth therein, and each are referred to individually herein below as "I", "My", "Me", "You", "Your", and "Yours". The Federal Fair Credit Reporting Act is referred to as "FCRA".

**Disclosure**

Subject to Your written authorization, this is notice to You that Insurer may procure a written, oral or other communication containing information by a consumer reporting agency, bearing on Your individual credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which will be used or is expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the eligibility of Applicant being appointed as an Approved Attorney of Insurer.

In lieu thereof or in addition thereto, an "investigative consumer report" may be procured, which is defined under FCRA as including information on Your character, general reputation, personal characteristics, or mode of living, obtained through personal interviews with neighbors, friends or associates of Yours reported on or with others with whom You are acquainted or who may have knowledge concerning any such items of information.

You may request a copy of any such report that is prepared and You may also request the nature and substance of all information on You that is contained in the files of the consumer reporting agency. To receive the information, You must provide proper identification as required under FCRA. Currently, You should direct Your request to Mississippi Valley Title Insurance Company/Old Republic National Title Insurance Company, 124 One Madison Plaza, Suite 2100, Madison, MS 39110-202, Telephone # is 1-800-647-2124. In the event Insurer utilizes a different consumer reporting agency in the future, alternative contact information will be provided.

**Written Authorization**

I understand that Insurer may not obtain any consumer report on Me without My consent in writing. I hereby authorize Insurer and such consumer reporting agency it chooses to use, to retrieve (both pre-application and during the approved attorney relationship with Insurer, if appointed) information from all personnel, educational institutions, government agencies, companies, corporations, consumer credit reporting agencies, law enforcement agencies at the federal, state, county or city level, workers' compensation agencies or individuals, relating to My past activities, to supply any and all information concerning My background. The information received may include, but is not limited to, records regarding My academic, residential, and job performance histories, business activities, involvement in litigation, personal history, credit reports, driving history and criminal history records. I hereby authorize Insurer to disclose any such information obtained to other Principals of the Proposed Approved Attorney. I understand and agree that My authorization is a continual authorization, in that it shall continue to be in effect during this application period and for the duration of any Approved Attorney Agreement entered into between Insurer and the Applicant, their respective successors and assigns.

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to Me because of compliance with this authorization and request to release information or any attempt to comply with it. I hereby agree that an electronic, photocopy or facsimiled copy of My authorization with an electronic, photocopy or facsimile copy of My signature shall be deemed as binding, valid, genuine and authentic as an original authorization and signature for all purposes.

\_\_\_\_\_  
Print Name Signature Date

Note: The following is provided voluntarily and is not considered a part of the Approved Attorney Application. It is used for identification purposes in verifying information and obtaining the information described above:

PLEASE PRINT CLEARLY

**Applicant:**

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Last Name	First Name	MI	Social Security	
Street Address	City	State	Zip Code	U.S. Citizen (Y/N)
Drivers License #	State of License	Expires On	Date of Birth	

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List any other NAMES you have used and any CITIES and STATES in which you lived during the past 7 years. (Attach additional pages if necessary.)

**EXHIBIT 1**  
**PRE-SIGNING ESCROW AUDIT**  
**PROCEDURE/QUESTIONNAIRE**

1. Approximately how many closings have occurred over the last six months? \_\_\_\_\_
2. Is a separate escrow or trust account maintained for real estate settlements and escrow funds?  
 Yes             No
3. List all escrow checking accounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Who prepares the bank reconciliations (name and position)? \_\_\_\_\_
5. Who reviews the reconciliations (name and position)? \_\_\_\_\_
6. Are escrow liabilities balanced to reconciled escrow cash in bank monthly?         Yes             No
7. Is an escrow account trial balance of all open file balances (both debit and credit) prepared and reconciled to the escrow liability control account whenever bank accounts are reconciled?         Yes             No  
Is there management review of the trial balance and reconciliations?                 Yes             No
8. Are procedures in place to properly segregate cash receipts, cash disbursements and bank reconciliation functions, or as an alternative, are reviews in place to cross-check transactions where proper segregation of duties is not possible?                                 Yes             No
9. Are procedures in place to follow up on the recording of satisfactions of mortgages paid in escrow?  
 Yes             No

**EXHIBIT 2**

**OWNERSHIP OFFICERS AND REFERENCES**

**PART A**

List all owners/partners having interest in Applicant:

Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Percentage Interest: \_\_\_\_\_

(Please attach additional page if needed)

**PART B**

Give the following narrative information concerning the principal officers, senior title executive and **all escrow personnel**:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Years of Experience: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List of Previous Employers:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Years of Experience: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List of Previous Employers:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(Please attach additional page if needed)

**EXHIBIT 2 - Con't**

**PART C**

Please provide four references, including one bank. Preferably these are professionals/customers familiar with the applicant experience and ability:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax # or E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax # or E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax # or E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax # or E-mail address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax # or E-mail address: \_\_\_\_\_