



**MISSISSIPPI VALLEY TITLE INSURANCE COMPANY
AGENT APPLICATION**

1. Name of applicant: _____
Social Security Number of applicant: _____
2. Firm name: _____
Address: _____
3. Office telephone number: _____
Office fax machine number: _____
E-mail address: _____
4. Date firm commenced business: _____
5. Date of applicant's admission to bar: _____
6. List of other state jurisdictions and dates admitted to bar: _____
7. Brief summary of educational background:

School	Years Attended	Degrees Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Law School: _____

BUSINESS/CUSTOMERS:

8. Percentage of practice devoted to real estate: _____%
9. How many years' experience in real property/conveyancing law does applicant possess? _____
10. Are all searches/abstracts performed by an attorney in the firm? Yes _____ No _____
Please list all attorneys in firm who perform searches/abstracts:

11. If searches/abstracts are not performed by an attorney in your firm, please list by whom they are performed and whether by an attorney:

12. Please list all lenders for whom you supply title evidence, title insurance, or conduct closings.

13. List title insurance underwriters and number of years currently represented by agent or approved attorney.

14. If agent or approved attorney previously represented any underwriter not listed in Item 13, explain circumstances of termination.

15. Explain reason for now changing or seeking a new underwriter.

16. Over the next twelve months, Agent anticipates
Net remittances to all title insurance underwriters \$ _____
Proposed net remittances to Mississippi Valley Title \$ _____

During the past two calendar years, the following was the approximate annual net remittance to all underwriters:

Year _____ \$ _____
Year _____ \$ _____

17. What volume of title orders is anticipated to be submitted monthly _____, annually _____?

INSURANCE COVERAGE:

18. Please provide the following information concerning insurance coverage. **Supply copies of policies in effect.** If no insurance is in place, please so state.

Professional Liability Carrier: _____
Coverage Limit Each Claim:\$ _____ Aggregate: \$ _____
Deductible: \$ _____ Expiration Date: _____
Fidelity/Surety Insurance Carrier: _____
Coverage Limit Each Claim: \$ _____ Aggregate: \$ _____
Deductible: \$ _____ Expiration Date: _____

LOSS HISTORY:

19. 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, please explain:

20. Please list all losses, if any, which you or your insurers have paid or incurred in the last three years for you or any member or employee of your firm. (Please attach a sheet explaining each specific matter):

Year: _____
Year: _____
Year: _____

21. If applicant performs closings, maintains escrow/trust accounts, or disburses construction funds, complete the attached Presigning Escrow Audit Procedure/Questionnaire.

REFERENCES:

22. Please list name, address & fax of six attorneys, not in your firm, who we can contact to obtain a personal reference of you and your firm:

It is agreed and understood that in consideration of the Applicant's application for appointment as Approved Attorney/Attorney Agent, Mississippi Valley Title Insurance Company may seek further information relative to Applicant's business and professional reputation in the community and Applicant's credit history. This may include matters in the nature of an investigative consumer report, as defined in the Federal Fair Credit Reporting Act. This notice is given to you in compliance with said Act. It is further understood and agreed that the information set forth herein may be verified and investigated by Mississippi Valley Title Insurance Company, but is furnished on a confidential basis by the Applicant to aid Mississippi Valley Title Insurance Company in its investigation and determination of the qualifications of the Applicant.

The applicant further agrees to promptly contact Mississippi Valley Title Insurance Company in the future if circumstances change and the Applicant's answers to the questions above are no longer accurately reflected by this application. Applicant further acknowledges that Mississippi Valley Title Insurance Company has the right to request that Applicant periodically complete other applications in the future so that our files and records will accurately reflect the Applicant's actual status at that time.

The applicant further acknowledges that this application has been executed and sworn to under the pains and penalties of perjury.

Applicant Date

**PRESIGNING ESCROW AUDIT
PROCEDURE/QUESTIONNAIRE**

1. Approximately how many closings have occurred over the last six months? _____
2. Is an escrow or trust account maintained for real estate settlements and escrow funds that is separate from other attorney trust funds? Yes _____ No _____
3. List all escrow checking accounts:

4. Who prepares the bank reconciliations (name and position)? _____
5. Are escrow liabilities balanced to reconciled escrow cash in bank monthly? Yes _____ No _____
6. 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 _____
7. 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 _____
8. Are procedures in place to follow-up on the recording of satisfactions of mortgages paid in escrow? Yes ____ No__