



# ***First American Title Insurance Company***

Five Greentree Centre, Suite 100, Marlton, New Jersey 08053-3422

Telephone (856) 810-0909 Fax (856) 810-0157

## **APPLICATION FOR APPROVED ATTORNEY**

### **I. GENERAL INFORMATION**

Name in full \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

### **II. EDUCATION**

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	GRADUATION YEAR	DEGREE RECEIVED
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **III. EXPERIENCE AND BUSINESS INFORMATION**

Year admitted to **New Jersey** bar \_\_\_\_\_ Years of actual practice \_\_\_\_\_

Approximately how many titles closed? \_\_\_\_\_

Name of title agency issuing **First American** title commitments and policies to you \_\_\_\_\_

Name of the contact person at the identified **First American** title agency \_\_\_\_\_

Do you carry a Fidelity Bond on your employees? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is **yes**, please provide the following information:

a. Name of Surety Company \_\_\_\_\_

b. Address of Surety Company \_\_\_\_\_

c. Bond Number \_\_\_\_\_

d. Effective Date \_\_\_\_\_ e. Expiration Date \_\_\_\_\_

e. Amount of Coverage \_\_\_\_\_

I (or my law firm) presently maintain(s) in force and effect a lawyer's malpractice insurance policy, number

\_\_\_\_\_, in the amount of \$ \_\_\_\_\_ issued by

\_\_\_\_\_, expiration date: \_\_\_\_\_

and I agree to notify *First American Title Insurance Company* in the event of cancellation or non-renewal of said Policy.

**NOTE:** In the event such a policy is in a law firm's name, the firm should acknowledge responsibility for the acts of the applicant herein by countersigning this application.

Have you ever been denied a closing service letter (or equivalent) by any title insurer in New Jersey or in any other jurisdiction? Yes \_\_\_ No \_\_\_ If "yes", please explain fully, providing attachments if necessary.

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Have you ever been the subject of any ethics or disciplinary complaint or proceedings in New Jersey or in any other jurisdiction? Yes \_\_\_ No \_\_\_ If "yes", please explain fully, providing attachments if necessary.

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Has any closing in New Jersey or in any other jurisdiction that you conducted resulted in a claim based on your action in the closing of title or resulted in demands by the title insurer that you correct any part of your actions at the closing of title? Yes \_\_\_ No \_\_\_ If "yes", please explain fully, providing attachments if necessary.

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#### IV. REFERENCES

Give names and addresses of at least two (2) practicing attorneys in New Jersey having personal knowledge of your capabilities and experiences in real property closings and title work.

Name	Address	City
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Law Firm Name

By: \_\_\_\_\_  
Partner/Shareholder Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Signing Law Firm Representative