

American Eagle Title Insurance Company

421 N.W. 13th Ste 320
Oklahoma City, OK 73103
Phone (405) 232-6700
Fax (405) 232-7779



AGENCY APPLICATION FORM
State of Oklahoma

1. Business Name: _____
2. P.O. Box: _____ Zip: _____
Street Address: _____
City/State/Zip: _____
County: _____
3. Business Phone Number: _____ Business Fax Number: _____
4. E-Mail Address: _____
5. Federal I.D. Number: _____

NOTE: ATTACHED TO THIS FORM IS A QUESTIONNAIRE THAT MUST BE COMPLETED BY EACH PRINCIPAL OWNER WHO HAS AN INTEREST IN SAID BUSINESS WITH APPROPRIATE SIGNATURES ON THE CONSUMER CREDIT AUTHORIZATIONS.

TITLE OPERATION INFORMATION

6. Approximately how many years has your company been in business? _____
7. Approximately how many title insurance transactions does your firm handle per month? _____

Corp. Officers, Partners & Managers:

Name, Home Address, & Job Title

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

h. Key Personnel – Escrow & Title:

(If available, please provide our office with copies of resumes for all key personnel.)

Name, Home Address, & Job Title

i. Name of individuals having access to escrow account:

j. Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

8. List names and addresses of regular clients (real estate companies, banks, savings & loans, governmental agencies, other title companies, etc.) for whom you have examined titles, closed transactions or both:

Firm Address

9. List all persons who will abstract title or execute policies.

a. Name: _____ Email: _____
Abstractor? Yes ___ No ___ License No. _____
Expiration Date: _____
Years of experience as an abstractor: _____

Title License No.: Yes ___ No ___ License No. _____
Years of experience as a title examiner _____ Expiration Date: _____
SSN: _____ - _____ - _____ DOB: _____

(Attach copies of current Abstract and/or Title Licenses)

b. Name: _____ Email: _____
Abstractor? Yes ___ No ___ License No. _____
Expiration Date: _____
Years of experience as an abstractor: _____

Title License No.: Yes ___ No ___ License No. _____
Years of experience as a title examiner _____ Expiration Date: _____
SSN: _____ - _____ - _____ DOB: _____

(Attach copies of current Abstract and/or Title Licenses)

c. Name: _____ Email: _____
Abstractor? Yes ___ No ___ License No. _____
Expiration Date: _____
Years of experience as an abstractor: _____

Title License No.: Yes ___ No ___ License No. _____
Years of experience as a title examiner _____ Expiration Date: _____
SSN: _____ - _____ - _____ DOB: _____

(Attach copies of current Abstract and/or Title Licenses)

d. Name: _____ Email: _____

Abstractor? Yes ___ No ___ License No. _____

Expiration Date: _____

Years of experience as an abstractor: _____

Title License No.: Yes ___ No ___ License No. _____

Years of experience as a title examiner _____ Expiration Date: _____

SSN: _____ - _____ - _____ DOB: _____

(Attach copies of current Abstract and/or Title Licenses)

e. Name: _____ Email: _____

Abstractor? Yes ___ No ___ License No. _____

Expiration Date: _____

Years of experience as an abstractor: _____

Title License No.: Yes ___ No ___ License No. _____

Years of experience as a title examiner _____ Expiration Date: _____

SSN: _____ - _____ - _____ DOB: _____

(Attach copies of current Abstract and/or Title Licenses)

10. Does this company engage outside individuals to examine title and/or close transactions?
Yes ___ No ___ If yes, list your approved examining attorneys and/or Closing company:

Attorney Name: _____

Address: _____

Bar License No.: _____ **(Attach copy of current OBA card)**

Years of experience as an examining attorney: _____

Attorney Name: _____

Address: _____

Bar License No.: _____ **(Attach copy of current OBA card)**

Years of experience as an examining attorney: _____

Closing Company: _____

Closing Company Address: _____

Closing Company: _____

Closing Company Address: _____

11. **Abstract company/title agent:** must **provide a copy** of Abstractor's Bond concerning county records **and** Errors and Omissions Insurance for title/closing related issues.

Attorney: must provide a copy of Professional Liability Insurance.

Liability Limits: \$ _____ /\$ _____ **aggregate**

Provide a copy of your **Fidelity Bond** (employee dishonesty) - \$500,000 minimum.

12. Has any abstract, title opinion, title certificate or title policy rendered by you or your company ever been challenged? Yes ___ No ___ If so, with what results? _____

13. List pending claims in excess of \$25,000.00 _____

14. Estimate of yearly remittances to underwriter \$ _____

15. Attach copies of current personal financial statements on all owners of company.

16. Attach copies of previous two years of Applicant's Profit and Loss Statements and Balance Sheets.

17. Has any underwriting company ever terminated their relationship with your agency? Yes ____ No ____
If so, please explain:

18. List the company's current underwriter(s) & percentage of business allocated:

_____ %

_____ %

_____ %

_____ %

19. Is an escrow accounting system maintained separate and distinct from an operating/general account?
Yes ____ No ____ Name of escrow accounting system: _____
Name of document creation system: _____

20. Is a separate ledger maintained on each escrow case? Yes ____ No ____

21. Are file balances reconciled to bank balances on a monthly basis? Yes ____ No ____
If yes, what type of system do you use? _____

22. Do you maintain a separate account for underwriting purposes? Yes ____ No ____

23. Bank References:

a. Escrow Account Banks _____
(Account Number) _____
(Attach copies of prior two months _____
bank statements of escrow account) _____

b. General Account Banks _____
(Account Number) _____

c. Additional Account Banks _____
(Account Number) _____

24. Are there any pending lawsuits against the company or company principals? Yes ____ No ____
If so, please explain: _____

25. Is the company encumbered with any liens or security agreements? Yes____ No____
If so, list liens: _____

26. ***Attach a listing of all separate branch offices and Closing Operation entities by name, address, and telephone number.***

27. Computer Software usage:

- a. Abstract/Title Plant _____
- b. Commitment/Policy Production _____
- c. Closing Operation _____

This is to advise you that in consideration of your appointment as our issuing agent, we will be seeking information relative to your business and professional reputation in your community, which 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.

This information set forth herein may be verified by American Eagle Title Insurance Company or any of their employees and is furnished on a confidential basis by the applicant to American Eagle Title Insurance Company for its investigation. The information disclosed on this application or obtained from other sources will be held in confidence with American Eagle Title Insurance Company and its affiliates unless disclosure is requested by legal process. It is understood that upon approval, both parties must execute a standard Underwriting Agreement before approval becomes effective.

American Eagle Title Insurance Company is expressly authorized to contact any real estate company, bank, government agency, attorney, or other entities or individuals for the purpose of verifying the information supplied by applicant. All information disclosed on this application or obtained from any other source will be held in strict confidence.

The foregoing information (including any separate attached statements) is true and correct to the best of my knowledge, information and belief and is furnished in order to induce American Eagle Title Insurance Company to appoint the undersigned (or business entity) as a title insurance agent. I understand that falsification of failure to fully and candidly respond to all questions is grounds for rejection or subsequent termination of the Agency.

Dated: _____

(Company Name)

American Eagle Title Insurance Company

By: _____

By: _____

TITLE: _____

TITLE: _____

FOR OFFICE USE ONLY

Agent No.: _____ Authorized Limits: \$ _____ E & O Coverage \$ _____

Policy Attached: Yes ___ No ___ License Copies Attached: Yes ___ No ___ Credit Reporting Attached: Yes ___ No ___

Agreement Effective Date: _____

Agent Remittance %: _____ Title / Closing Agent _____

Remarks: _____

Approved By: _____

Date: _____

Please list all principals and percentage of ownership respectively. **Each** principal must provide the following information:

1. Full Name: _____ Percentage of ownership: _____%
2. Residence Address: _____
City _____ State _____ Zip _____
3. Phone Numbers: _____
(Residence) _____ (Office/Business)
4. Social Security Number: _____ Date of Birth: _____

Please list all principals and percentage of ownership respectively. **Each** principal must provide the following information:

1. Full Name: _____ Percentage of ownership: _____%
2. Residence Address: _____
City _____ State _____ Zip _____
3. Phone Numbers: _____
(Residence) _____ (Office/Business)
4. Social Security Number: _____ Date of Birth: _____

Please list all principals and percentage of ownership respectively. **Each** principal must provide the following information:

1. Full Name: _____ Percentage of ownership: _____%
2. Residence Address: _____
City _____ State _____ Zip _____
3. Phone Numbers: _____
(Residence) _____ (Office/Business)
4. Social Security Number: _____ Date of Birth: _____

NOTE: EACH PRINCIPAL MUST SIGN THE CONSUMER CREDIT AUTHORIZATION BELOW.

American Eagle Title Insurance Company ("American Eagle Title") is expressly authorized to contact any real estate company, bank, government agency, attorney, or other entities or individuals for the purpose of verifying the information supplied by applicant. All information disclosed on this application or obtained from any other source will be held in strict confidence.

The "Fair Credit Reporting Act" (Public Law 91-508, 15 U.S.C. saccs. 1681 et seq.) requires that we advise you that in making this application to be approved as an agent, it is understood that a Consumer Credit Report may be requested and an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. This authorization is a **continuing authorization** and shall continually provide American Eagle Title with the right to receive, as often as it desires, additional Consumer and Investigative Consumer Reports regarding you for as long as any agency relationship exists between American Eagle Title and your title insurance company agency.

You have the right to make your written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. The foregoing information (including any separate attached statements) is true and correct to the best of my knowledge, information and belief and is furnished in order to induce American Eagle Title to appoint the undersigned (or business entity in which the undersigned is a principal) as a title insurance company agent.

If American Eagle Title declines to grant agency status or chooses to terminate the agency status of the Applicant, in whole or in part, due to American Eagle Title's review of my credit as reflected in the Consumer Reports, then I authorize American Eagle Title to advise the Applicant being denied agency status or whose agency status is being terminated , that the reason for the denial or termination is, in whole or in part, due to American Eagle Title's analysis of my credit or background investigation. I recognize that American Eagle Title has a legitimate business interest in revealing this information to the Applicant whose agency status was denied or terminated and I waive any and all claims which I might have now or in the future against American Eagle Title arising from notification to the Applicant denied agency status or whose agency status was terminated.

I have read the above paragraphs with regard to a Consumer Credit Report and the preparation of an Investigative Consumer Report regarding me and I authorize American Eagle Title to obtain such a report.

Signature of Principal

Date

Typed or Printed Name