

Investors Title Insurance Company



P.O. Drawer 2687
Chapel Hill, North Carolina 27515-2687
(919) 968-2200 (800) 326-4842 FAX (919) 968-2219
Email: corporate@invtitle.com

NORTH CAROLINA ATTORNEY STATUS UPDATE/RENEWAL FORM

- To be completed when approved attorney changes legal affiliation (Firm/Company/Sole Practitioner, etc.)
- To be completed by an Inactive attorney in order to change activity status

Name in Full: _____			
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	
Date of Birth _____ / _____ / _____		Social Security Number _____	
<small>Mo/ day/ yr</small>			
Firm Name (if applicable): _____			
Business Address _____		Mailing Address _____	
City _____	State _____	Zip Code _____	County _____
Phone: (____) _____	Fax: (____) _____	Email: _____	

INSURANCE & LIABILITY INFORMATION

Errors and Omissions insurance carrier: _____
(Please attach copy of Declaration Page of current policy.)

Do you carry a Fidelity Bond: **Yes/No** (If yes, please attach copy of Declaration Page of current policy.)

Do you maintain a separate "trust" or "escrow" account? **Yes/No** Name of institution: _____
(If yes, are escrow funds identified as such on bank statements?) **Yes/No**

Is the "trust" or "escrow account reconciled monthly? **Yes/No** (If no, how frequently is the reconciliation?)

Are separate accounting records maintained for each real estate settlement transaction? **Yes/No**

Have you ever been removed from any title company's approved list? **Yes/No** (If yes, detail on a separate sheet.)

Has a disciplinary action ever been brought against you by the North Carolina Bar or any other legal disciplinary authority? **Yes/No** (If yes, please detail on separate sheet.)

Has any title opinion rendered by you resulted in a direct claim against you or a title insurance policy issued upon that opinion of title? **Yes/No** (If yes, please detail on separate sheet.)

Has a suit for legal malpractice ever been brought against you? **Yes/No** (If yes, please detail on separate sheet.)

List the title companies for which you serve as an approved attorney: _____

Approximate percentage of your practice devoted to Real Estate matters: _____

Does your office conduct commercial real estate searches and/or closings? **Yes/No** (If yes, please indicate the percentage of Commercial) _____

If you employ someone other than an associate or employee of your firm to abstract and/or examine public records for you, please provide name, address and Errors & Omissions policy: _____

CERTIFICATION

By signing this Attorney Status Change Form, the undersigned applicant hereby authorizes the company to investigate and to obtain information pertaining to any matter contained herein from any references and public records, and undersigned applicant hereby authorizes the release of such information to the Company.

In consideration of my appointment as an Approved Attorney for Investors Title Insurance Company, the undersigned agrees as follows:

- 1. That I will comply with all rules, regulations and guidelines promulgated by Investors Title Insurance Company.*
- 2. The Company relies upon the information provided herein and my approved attorney status is based on the accuracy and completeness of said information.*
- 3. That I will provide updated information upon request of Company.*
- 4. That I will properly maintain my attorney's trust account and see that it is properly reconciled on a quarterly basis.*
- 5. That I agree to maintain at all time errors and omissions insurance in an amount and with a carrier approved by the Company and will provide a current declaration page annually.*
- 6. That I will immediately notify Company upon notice of a claim or potential claim for which Company may be liable under a policy of title insurance or an insured closing agreement for which the undersigned certified title or acted as settlement agent and that I will render all possible assistance in investigating and resolving to any claim received by the Company, including but not limited to providing access to and copying of all files, records and accounts*

not prohibited by applicable rules of professional responsibility, even after termination of my status as an approved attorney.

7. *That I will notify Company immediately if I am subject to disciplinary action by the North Carolina State Bar.*
8. *Failure to comply with the foregoing may result in my immediate termination of approved attorney status without notice.*
9. *Company may terminate approved attorney status without cause upon giving written notice to the undersigned.*
10. *Any termination under this agreement shall not affect any obligation or liability incurred by the undersigned as an approved attorney.*
11. *I agree to indemnify the Company against any and all loss, cost or damage which the Company may sustain on account of the following acts or failure to act by the undersigned or any employee or agent of the undersigned: (a) fraud, (b) negligence, (c) willful disregard of the Company's rules and instructions, or (d) loss or misapplication of client's funds entrusted to the undersigned.*
12. *Failure of the Company to enforce strict compliance herewith at any time shall not be construed as a waiver, modification or amendment of this application.*

Signature as will appear on opinions

Date