



CONESTOGA TITLE INSURANCE CO.

Application For Approval: Approved Attorney

General Information

Firm Name:		
Business Address:		County:
Business Phone:	Fax:	Email Address:
Individual Name:		Title:
Home Address:		

Experience

Years of Title Experience:	Number of Titles Examined:	Number of Settlements (Closings) Held:
Years Admitted to the Bar:	State of Primary Practice:	Additional States Admitted:

Education

Please list names and locations for each institution attended, time spent at each, and degree received (if applicable).

Institution Name	Location	Dates Attended	Degree Received
1.			
2.			

Professional

Please provide names and addresses, either mailing or email, of five people who have personal knowledge of your title experience and/or personal integrity.

References

At least three of those named must be practicing attorneys.

Reference Name	Mailing Address or Email
1.	
2.	
3.	
4.	

Affiliation

If the applicant is a law firm member, the firm must certify to the following: We vouch for the above statements, and will support the attorney's examinations by our firm name.

Signature:	Print Name:
Firm Name:	

Agreement

This agreement, made and entered into by and between the aforementioned attorney at law, hereinafter called "Attorney," and Conestoga Title Insurance Co., a Pennsylvania corporation, hereinafter called "Conestoga."

Whereas, Title Reports, Certificates and Opinions of Attorneys are accepted by Conestoga in connection with the issuance of Conestoga's policies of title insurance, and attorney contemplates conducting real estate settlements in which Conestoga's policies of title insurance will be issued; and

Whereas, it is mutually advantageous to the parties hereto for Attorney to prepare, or to cause to be prepared, Reports or Certificates of Title and to issue opinions thereon for those transactions for which the Attorney will conduct settlements.

Now therefore, intending to be legally bound, it is hereby understood and agreed as follows:

- Conestoga shall appoint Attorney as its Approved Attorney.
- Attorney agrees that: A) Attorney will be responsible for the certifications on the "Approved Attorney's Preliminary Report" and the "Approved Attorney's Final Report" as promulgated by Conestoga, and Conestoga will rely on these certifications in issuing title binders and policies; B) Attorney agrees to be solely liable and indemnify Conestoga for all attorneys' fees, court costs, expenses and loss or aggregate of losses resulting from the shortages in her/his escrow accounts, fraud, negligence or misconduct of the attorney, his/her employees and sub-contractors in the issuance of title insurance, including, but not limited to, title searches, preparing reports, and holding settlements. Attorney agrees that Conestoga shall have full control of the determination, procedure and final decision of all losses, including the defense thereof. C) In all transactions, Attorney will be responsible for fulfilling the requirements for an insurable title as set forth in Schedule B1 of the title binder; D) Attorney agrees to promptly record all documents which are required to be recorded, and E) Attorney agrees to exercise the highest degree of care in conducting settlements and in the examination of documents pertaining to issuance of title reports, binders, and policies which are required by the standards of practice of attorneys engaged in the practice of real estate law.
- Attorney agrees to carry Five Hundred Thousand Dollars (\$500,000.00) minimum amount of Lawyer's Protective Insurance for the period that he/she serves as an Approved Attorney for the Company. If the volume of business or average transaction processed by Attorney is such that Conestoga considers the amount of the aforementioned policy inadequate, Attorney agrees to increase the per claim amount proportionately.

Certification

I hereby agree that I will notify Conestoga Title Insurance Co. upon any change or lapse in my Lawyers Protective Insurance or Errors and Omissions coverage as described on the attached declarations page.

I hereby certify that the above information is true and correct. I authorize Conestoga Title Insurance Co. to make inquiries of my references, to verify the above statements regarding experience and education, and to obtain a criminal background check.

I hereby authorize Conestoga Title Insurance Co. to periodically obtain a Certificate of Insurance from my carrier of Lawyers Protective Insurance or Errors and Omissions coverage and my credit report.

I hereby agree to the terms and conditions as set forth in the Agreement section above.

I understand that this application is subject to the approval of the Board of Directors of Conestoga Title Insurance Co.

Signature:	Social Security Number:	Date:
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CONESTOGA TITLE INSURANCE CO.

137 East King Street · Lancaster, PA 17602
 Phone: (800) 732-3555 · Fax: (877) 542-2844
www.conestogatitle.com