



## APPLICATION FOR APPOINTMENT AS APPROVED ATTORNEY

Thank you for completing Entrust Solution's Application for Appointment as an Approved Attorney. Please call Jonathan Yasko with any questions or concerns at 865-691-1287 or email [jyasko@goentrust.com](mailto:jyasko@goentrust.com). You can fax your completed form to Jonathan Yasko's attention at 865-691-1288 or mail to: Entrust Solutions, LLC, 234 Morrell Road #176, Knoxville, TN 37919.

### GENERAL INFORMATION

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Full Name \_\_\_\_\_  
*First Name Middle Initial Last Name*

Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_  
*Home Address*

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

\_\_\_\_\_  
*Home Telephone (include area code)*

Business Address \_\_\_\_\_  
*Name of Firm*

\_\_\_\_\_  
*Years associated with such firm*

\_\_\_\_\_  
*Business Address*

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

\_\_\_\_\_  
*Business Telephone (include area code)*

\_\_\_\_\_  
*Business Fax (include area code)*

### EDUCATION

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*Please provide in chronological order the name and location of each college, university and law school attended and, if graduated, degree received.*

Institution 1 \_\_\_\_\_  
*Name of Institution*

\_\_\_\_\_  
*Location*

\_\_\_\_\_  
*Degree Received Years Attended (First Year/Last Year)*



**Lending Institution 2**

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*Name of Lending Institution*

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*Address*

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*City State Zip*

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*How long have you been affiliated with the institution?***Are you approved by any other title companies? \_\_\_\_\_ Yes \_\_\_\_\_ No***If yes, please provide names and addresses below (add attachment if necessary):***Title Company 1**

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*Name of Title Company*

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*Address*

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*City State Zip*

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*How long have you been affiliated with the title company?***Title Company 2**

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*Name of Title Company*

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*Address*

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*City State Zip*

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*How long have you been affiliated with the title company?***Have you at any time been an employee of any title insurance company? \_\_\_\_\_ Yes \_\_\_\_\_ No***If yes, please provide names and addresses of company and periods of such employment below (add attachment if necessary):***Title Company 1**

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*Name of Title Company*

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*Period of Employment (year started/year ended)*

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*Address*

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*City State Zip*

Title Company 2 \_\_\_\_\_

*Name of Title Company*

\_\_\_\_\_  
*Period of Employment (year started/year ended)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

**Please set forth your experience in searching, examining, certifying and closing of titles and the preparation of customary closing instruments (percentage of practice and length of time devoted to title matters, etc.):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Insurance Coverage**

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

\_\_\_\_\_  
*Professional Liability Carrier*

\_\_\_\_\_  
*Coverage Limit Each Claim \$*

\_\_\_\_\_  
*Aggregate \$*

\_\_\_\_\_  
*Deductible \$*

\_\_\_\_\_  
*Expiration Date (month/day/year)*

Is your policy paid in full or on a payment plan? \_\_\_\_\_

Have you ever had **Errors and Omissions** Liability Insurance coverage denied or cancelled? Yes \_\_\_\_ No \_\_\_\_  
 If YES, explain. \_\_\_\_\_

Have you ever had any **Fidelity or Title Agency Bond** denied or cancelled? Yes \_\_\_\_ No \_\_\_\_ If YES, explain. \_\_\_\_\_

Have you ever filed a claim against your E&O carrier – or – Bond carrier? Yes \_\_\_\_ No \_\_\_\_ If YES, explain. \_\_\_\_\_

Other Insurance Coverage in effect?  Surety  Employee Dishonesty  Other: \_\_\_\_\_

**\*\*ATTACH FULL & COMPLETE COPIES OF ALL CURRENT E&O, FIDELITY, SURETY, NOTARY POLICES & BONDS\*\***

**RESA Title 55 - FOR VIRGINIA ATTORNEYS ONLY**

Are you registered with the Virginia State Bar as an attorney settlement agent? \_\_\_\_ Yes \_\_\_\_ No

If yes, are you in full compliance with RESA Title 55? \_\_\_\_ Yes \_\_\_\_ No

## REFERENCES

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Please give the full name, address and telephone numbers of at least three (3) practicing attorneys (outside of your firm) who have knowledge of your capabilities and experience in title work.

### First Reference

\_\_\_\_\_  
*Full Name of Attorney*

\_\_\_\_\_  
*Name of Firm*

\_\_\_\_\_  
*Business Address*

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

\_\_\_\_\_  
*Business Telephone (include area code)*

\_\_\_\_\_  
*How long have you known this reference?*

### Second Reference

\_\_\_\_\_  
*Full Name of Attorney*

\_\_\_\_\_  
*Name of Firm*

\_\_\_\_\_  
*Business Address*

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

\_\_\_\_\_  
*Business Telephone (include area code)*

\_\_\_\_\_  
*How long have you known this reference?*

### Third Reference

\_\_\_\_\_  
*Full Name of Attorney*

\_\_\_\_\_  
*Name of Firm*

\_\_\_\_\_  
*Business Address*

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

\_\_\_\_\_  
*Business Telephone (include area code)*

\_\_\_\_\_  
*How long have you known this reference?*

## **CERTIFICATION**

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The information disclosed herein is factual and capable of verification and is made in good faith and on the distinct understanding that ENTRUST SOLUTIONS, LLC will rely on the statements and representations herein made. Applicant agrees to promptly contact Entrust Solutions 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 Entrust Solutions 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.

As a condition of my appointment, I will maintain reports or abstracts of titles and escrow accounts associated therewith, to the extent required by ENTRUST SOLUTIONS, LLC, and preserve and keep available all such records for auditing or claim purposes.

I agree that, in the event any claim is made against a policy issued on the basis of a title report signed by myself or my designee, I will cooperate and use my best efforts to assist the Company in expediting settlement or adjudication of the claim.

I understand that any misleading or false information furnished by the Applicant shall constitute grounds for immediate termination of any agreement entered into between Applicant and ENTRUST SOLUTIONS, LLC or its subsidiaries.

BY COMPLETING THIS APPLICATION, I AUTHORIZE ENTRUST SOLUTIONS, LLC TO MAKE SUCH INQUIRY(IES) OF ALL REFERENCES LISTED ON THIS APPLICATION, ORDER A CREDIT REPORT ON ME AND MAKE SUCH OTHER INQUIRY(IES) AS MAY BE NECESSARY TO QUALIFY FOR THE APPOINTMENT STATUS ABOVE STATED.

ATTORNEY'S SIGNATURE \_\_\_\_\_

DATED \_\_\_\_\_

ATTORNEY'S PRINTED NAME \_\_\_\_\_