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Attorneys' Title Guaranty Fund, Inc.

www.gafund.com

REVISED 09/2001

**APPLICATION FOR MEMBERSHIP
 IN
 ATTORNEYS' TITLE GUARANTY FUND, INC.
 The Georgia Fund® Online**

Please complete this application in as much detail as possible to assist us in evaluating your application.

SS# _____ FEDERAL ID# _____ DOB _____

Firm Name: _____

Name: _____ Relationship to Firm: _____

Business Address: _____

County: _____ Business Telephone: _____ FAX # _____

Home Address: _____

Home Telephone: _____ Beeper# _____

Email Address: _____ Secretary: _____

States in Which I Am Admitted to Practice	State Bar Number	Year Admitted
Georgia BAR		

Federal Courts Before Which I Am Admitted To Practice	State Bar Number	Year Admitted

In addition To Practicing Law, I/We Are Employed By Or Have An Ownership Interest In the Following:

TYPE	NAME	EMPLOYER/OWNER
Abstracting Company		
Title Insurance Agency		
Real Estate Sales		
Real Estate Mortgage Lender		
Building or Construction Company		
Real Estate Developer		

Clients Or Others, If Any, For Whom I Regularly Examine Title Or Close Real Estate Transactions Are As Follows: (You May) (Please Do Not) Contact These Clients For References.

NAME	ADDRESS	TELEPHONE

The Following Are Persons Or Firms You May Contact For Professional References (A Fund Member If Possible)

NAME	ADDRESS	TELEPHONE

My College And Law School History Is As Follows:

SCHOOL	FROM	TO	DEGREE

I have Practiced Law since _____ . I Started Practice in This City in _____ .

EMPLOYMENT RECORD

EMPLOYER FIRM	RELATIONSHIP OR POSITION	DATES OF EMPLOYMENT

Approximately how many 50-Year title searches have you completed _____?

Approximately how many first mortgage lender transactions have you closed _____?

I do/do not use a Title Abstractor (circle one)

Name of Abstractor _____

Do you maintain a copy of Abstractors E & O? Yes ___ No ___ (Please include copy)

Other Title Insurance Companies For Which I Am Now An (Approved Attorney) Or (Agent)

I (have) (have not) had a claim in the past five (5) years? (If yes, please give details) _____

My Status As An (Approved Attorney) Or (Agent) (Has) (Has Never) Been Canceled By A Title Insurer.

(If it has been canceled, please give details) _____

I/We (Do) (Do Not) Carry A General Fidelity Bond Covering The SafeKeeping Of Money And Valuable Documents Deposited By Other Persons With Me/Us. Such Bond Is In The Amount Of \$ _____.

PLEASE ATTACH A COPY OF YOUR DECLARATIONS PAGE OF YOUR PROFESSIONAL LIABILITY (ERROR AND OMISSIONS) POLICY CURRENTLY IN FORCE (FRONT AND LIMITS OF COVERAGE PAGES ONLY).

Insurance Company Name _____ Effective Date of Policy _____

Named Insured (please list all parties) _____

Limit Liability: Each Claim _____

Aggregate _____

What computer operating system do you use? Mac ___ Win ___ Dos ___

List, if any, Real Estate closing and trust account computer software you use: _____

How many Real Estate Escrow, Trust or R/E Closing Accounts do you maintain? _____

BANK/ACCOUNT NUMBER	AUTHORIZED SIGNATURES

Comments and/or Additional Information Important To Expedite Application:

ENCLOSED IS MEMBERSHIP FEE OF \$50/\$100

By signing below I certify the information provided, or statements made above or on any attachment(s), is true and correct. I understand that the information and/or statements can be used to determine my eligibility for membership in ATTORNEYS' TITLE GUARANTY FUND, INC. I understand that the GA FUND® may verify and exchange information regarding this application and subsequent contractual agreements, including, but not limited to requested investigative consumer reports and/or consumer reports and that the GA FUND® may contact these sources to update information at any time. I further understand that upon reasonable written request may obtain additional information about this report under the requirements of the Fair Credit Reporting Act.

DATE:

FIRM NAME

INDIVIDUAL

FOR OFFICIAL USE ONLY

REVIEWED BY: _____

RECOMMENDATION: APPROVE _____ DECLINE _____

COMMENTS:

ADDENDUM
TO
APPLICATION FOR MEMBERSHIP

NAME: _____
Individual's Full Name

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____ GA BAR #: _____

HOME ADDRESS: _____

Applicant hereby consents to an investigation by Attorneys' Title Guaranty Fund, Inc., of the fitness of Applicant to participate as a member in the GA Fund®. Said investigation shall be conducted at the election of the officers and directors of the Attorneys' Title Guaranty Fund and may include inquiries with the State Bar, credit bureaus, and local state, and federal law enforcement authorities.

Applicant hereby releases, covenants, indemnifies, and agrees to hold harmless Attorneys' Title Guaranty Fund and its members, officers and directors, from any action, suits, causes of action, or claims of any kind which arise or may arise in connection with any possible investigation as here in described.

The information set forth herein may be verified by Attorneys' Title Guaranty Fund, Inc. but is furnished on a confidential basis by the applicant to aid Attorneys' Title Guaranty Fund, Inc., in its investigation. It is understood that upon signing this addendum, you are giving your permission for release of information to Attorneys' Title Guaranty Fund, Inc.

DATE: _____

Individual's Name (please type)

BY: _____
Signature