



Lawyers Title of North Carolina

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Conditional Approved Attorney Request

Agency: Statewide Title Inc.

Contact: _____

Date: _____

Attorney: _____

Firm: _____

Address: _____

Phone: _____

Fax: _____

TRANSACTION DESCRIPTION:

Residential _____ Commercial _____

Lender's Coverage \$ _____ Owner's Coverage \$ _____

Are there any special circumstances in this transaction that we should be aware of? Yes No

If yes, please explain: _____

Agent/Underwriter: _____

The above agent is/is not authorized to accept business from the above referenced attorney.
This conditional approval is valid 30 days from issuance. Please submit an
Approved Attorney Application to Lawyers Title for final approval.

FOR LTNC USE ONLY

Good Standing Confirmed Yes No Initial _____