

FORM AL-T-2
STATE OF ALABAMA --- DEPARTMENT OF INSURANCE
APPLICATION FOR TITLE AGENT CERTIFICATE OF AUTHORITY
(Continued for additional agents)

TO BE ATTACHED TO FORM AL-T-1

PLEASE TYPE OR PRINT CLEARLY

SECTION I (TITLE INSURER INFORMATION)

NAME OF TITLE INSURER: ABC TITLE INSURANCE COMPANY
TITLE INSURER NAIC NO.: 00001

SECTION II (TITLE AGENT INFORMATION)

1 John Doe, Ala. License No.: _____
Individual: SSN 123-45-6789
DOB 09/10/1950
Business: 123 Any Street
Some County
Anywhere US 12345-6789
PH: (334) 555-9876
jdoe@whereever.com

Mailing: PO Box 987
Anywhere US 12345-6789
FAX: (334) 555-9877

2 Bill Roe, Ala. License No.: 987654321
Individual: SSN 123-45-6789
DOB 08/01/1948
Business: 123 Any Street
Some County
Anywhere US 12345-6789
PH: (334) 555-9876
broe@whereever.com
FAX: (334) 555-9877

3 Sue Doe, Ala. License No.: _____
Individual: SSN 123-45-6789
DOB 12/12/1965
Business: 123 Any Street
Some County
Anywhere US 12345-6789
PH: (334) 555-9876
sdoe@whereever.com

4 Ann Roe, Ala. License No.: _____
Individual: SSN 123-45-6789
Business: 123 Any Street
Some County
Anywhere US 12345-6789
PH: (334) 555-9876
aroe@whereever.com

5 Doe & Roe, Inc., Ala. License No.: _____
Bus. Entity: FEIN 12-3456789
Business: 123 Any Street
Some County
Anywhere US 12345-6789
PH: (334) 555-9876
doeroe@whereever.com

6 John Doe, P.A, Ala. License No.: _____
Bus. Entity: FEIN 12-3456789
Business: 123 Any Street
Some County
Anywhere US 12345-6789
PH: (334) 555-9876
jdoe@whereever.com

7 John Doe, P.C., Ala. License No.: _____
Bus. Entity: FEIN 12-3456789
Business: 123 Any Street
Some County
Anywhere US 12345-6789
PH: (334) 555-9876
jdoe@whereever.com

Mailing: PO Box 987
Anywhere US 12345-6789
FAX: (334) 555-9877

8 John Doe, Ala. License No.: _____
Individual: SSN 123-45-6789
DOB 05/31/1956
Business: 123 Any Street
Some County
Anywhere US 12345-6789
PH: (334) 555-9876
jdoe@whereever.com

Mailing: PO Box 987
Anywhere US 12345-6789
FAX: (334) 555-9877