

APPLICATION FOR TITLE INSURANCE

DATE: _____ DATE NEEDED: _____

CLOSING DATE: _____ CUSTOMER FILE NO: _____

PURCHASE PRICE: _____ OWNER'S POLICY: Yes No

LOAN AMOUNT: _____ LOAN POLICY: Yes No

PURCHASER: _____

Single Married

PHONE: _____ EMAIL: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER(S): _____

PROPOSED INSURED: _____

SELLER: _____

PROPERTY ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TAX ID No.: _____

LEGAL DESCRIPTION (attach copy if necessary) Abstract Torrens Certificate No.: _____

PROPERTY TYPE: Residential Commercial Vacant Land New Construction

Condo Other: _____

PRIOR TITLE EVIDENCE: Title Policy Abstract RPA None

LOCATION OF ABOVE: _____

MORTGAGES & LOAN NUMBERS: (Ex: *XYS Mortgage, Inc. 0123456789*)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

ANY CLAIMS OR TITLE DIFFICULTIES KNOWN TO OR REPORTED TO APPLICANT AND/OR SPECIAL INSTRUCTIONS:

12-Month Chain 24-Month Chain

SERVICES REQUIRED: *(check all that apply)*

Plat Drawing Survey Photos UCC Searches Document Copies
 Special & Pending Assessments Other: _____
 Closing Closing at _____

ORDERED BY/SEND TO: _____ LOAN OFFICER: _____

ADDRESS: _____

PHONE: _____ FAX No.: _____

LISTING AGENT: _____ SELLING AGENT: _____

COMPANY: _____ COMPANY: _____

PHONE: _____ PHONE: _____

FAX No.: _____ FAX No.: _____

EMAIL TO: _____

Title Agent's File No.: _____