



DCAtitle.com

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APPLICATION FOR TITLE INSURANCE

DCA Order No.: Date: Date Needed:

TRANSACTION DATA

CLOSING AT:
ANTICIPATED CLOSING DATE:
MORTGAGE AMOUNT: \$
SALE PRICE: \$
TYPE OF MORTGAGE: CONST./PERM. ROLLOVER
FHA VA CONV. CONST.
ENDORSEMENTS:
DOES BUYER REQUEST AN OWNER'S POLICY? YES NO

TYPE OF POLICY ORDERED

Table with columns for policy types (MORTGAGE, SPECIAL ASSESSMENT SEARCH, etc.) and checkboxes for YES/NO.

WILL THERE BE A SIMULTANEOUS SECOND MORTGAGE? YES NO IF YES:
MORTGAGE AMOUNT: \$ PROPOSED INSURED:
TYPE OF POLICY ORDERED: NONE FULL COVERAGE LIMITED COVERAGE

PROPOSED INSURED:

MORTGAGE POLICY: (AND/OR ASSIGNS)
OWNER'S POLICY:
CONTRACT FOR DEED POLICY: YES NO VENDOR'S VENDEE'S

PROPERTY INFORMATION

PROPERTY ADDRESS:
CITY COUNTY STATE ZIP Required
LEGAL DESCRIPTION (ATTACH COPY IF NECESSARY) TAX NO.(S):

PROPERTY IS: ABSTRACT TORRENS CERTIFICATE NO.:
LOCATION OF ABSTRACT: FILE NO.:
PRIOR TITLE EVIDENCE: FILE NO.:
PROPERTY IS: VACANT LAND EXISTING BLDGS. COMMERCIAL RESIDENTIAL
PROPOSED CONSTRUCTION RECENT IMPROVEMENTS/REPAIRS
PRESENT OWNER(S):
HOME PHONE: WORK PHONE:
OCCUPANT (IF NOT OWNER): AS
BUYER'S NAME(S):
BUYER'S PRESENT ADDRESS:
SPECIAL INSTRUCTIONS:

ORDERED BY/SEND TO:

Form for ordering agent details including ADDRESS, CITY, STATE, ZIP, PHONE, FAX NO., CONTACT, REF. NO., LISTING AGENT, SELLING AGENT, COPIES TO.

THANK YOU FOR YOUR ORDER