



APPLE VALLEY

FAX: (952) 432-1177

ROSEVILLE

FAX: (651) 203-1828

HASTINGS

FAX: (651) 438-3659

WEST ST. PAUL

FAX: (651) 455-2574

MINNEAPOLIS

FAX: (612) 767-1244

APPLICATION FOR TITLE INSURANCE

DCA TITLE ORDER NO.: _____ DATE: _____ DATE NEEDED: _____

TRANSACTION DATA

CLOSING LOCATION: _____

CLOSER: _____

ANTICIPATED CLOSING DATE: _____

MORTGAGE AMOUNT: \$ _____

SALE PRICE: \$ _____

TYPE OF MORTGAGE: CONST./PERM. ROLLOVER _____

FHA _____ VA _____ CONV. _____ CONST. _____ REHAB. _____

ENDORSEMENTS: _____

DOES BUYER REQUEST AN OWNER'S POLICY? YES NO

TYPE OF POLICY ORDERED

MORTGAGE <input type="checkbox"/>	OWNER'S <input type="checkbox"/>	YES	NO
SPECIAL ASSESSMENT SEARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORTGAGEES PLAT DRAWING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRIORITY PICTURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSTRUCTION DISBURSEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAP LETTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSURED CLOSING LETTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAIN OF TITLE REPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUMBER OF MONTHS	_____		

JUNIOR <input type="checkbox"/>	O & E <input type="checkbox"/>	YES	NO
TAX SEARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARM ENDORSEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOD SEARCH BASIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOD SEARCH LIFE OF LOAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____ EMAIL: _____

OCCUPANT (IF NOT OWNER): _____ AS: _____

BUYER'S NAME(S): _____

BUYER'S PRESENT ADDRESS: _____

SPECIAL INSTRUCTIONS: _____

ORDERED BY/SEND TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX NO.: _____ EMAIL: _____

CONTACT: _____ REF. NO.: _____

LISTING AGENT: _____ EMAIL: _____

SELLING AGENT: _____ EMAIL: _____

COPIES TO: _____

THANK YOU FOR YOUR ORDER
SEE REVERSE SIDE FOR DCA TITLE LOCATIONS