

REQUEST FOR POLICY APPROVAL

_____ Title Insurance Company

Office/Agent: _____
Title Officer: _____
Telephone: _____ FAX: _____

Order No.: _____
City, State: _____
County: _____

1. Insurer: _____ Title Insurance Company Expected Closing Date: _____

2. Type of Owner's: _____ Amt: \$ _____
Type of Lender's: _____ Amt: \$ _____
Other Policy: _____ Amt: \$ _____

Endorsements (Owner): _____

Endorsements (Lender): _____

Name: Insured Buyer/Borrower: _____

Name: Insured Lender: _____

3. Title search and examination is based upon:

A search from patent to date of attached report/commitment.

Type	Company	Date	Amount
<input type="checkbox"/> Prior Policy:	_____	_____	_____

4. Type of property and improvements: _____

5. Is a construction loan being insured or has there been recent construction? Yes No

NOTE: Mechanics' lien indemnity requires a separate Indemnity Approval

6. Does the land abut an open public street? (If no, explain access in #13, below.) Yes No

7. Is there any body of water on or bounding the land? Yes No

8. Any uninsured conveyances since last owner's insurance? (If yes, attach copies.) Yes No

9. Any item eliminated without a reconveyance or release? (If yes, explain in #13, below.) Yes No

10. Inspection made? Yes No

11. Are there any known encroachments? Yes No

12. Are there any unusual title risks such as Indian land, railroad, patent reservations, lot splits, bankruptcy, court orders, foreign parties, etc.? (If yes, explain in #13, below.) Yes No

13. Describe the transaction and any known title issues, problems or unusual risks **(use next sheet if necessary)**:

14. ATTACH PRELIMINARY REPORT OR COMMITMENT, MAP AND PERTINENT DOCUMENTS

**APPROVAL
RECOMMENDED**

Title Officer: _____
ATO/CTO: _____

Date: _____
Date: _____

APPROVED, subject to the following:

_____ Title Insurance Company

H.I./R.I. No.: _____

By: _____

Date: _____