



File # _____

Title Insurance Order Form

Please choose one:

____ Refinance: Loan Policy (w/o exceptions) in the amount of \$ _____
____ Purchase: Loan Policy (w/o exceptions) in the amount of \$ _____
 Owner's Policy in the amount of \$ _____ (sale price)

Equity: _____ Title Search only **OR**
 _____ Equity Policy (w/exceptions) in the amount of \$ _____

____ Please check here if property is **COMMERCIAL**

Real Estate situated in County of: _____

City/Township/Village of: _____

Legal Description: _____

Property address: _____

Tax ID or Sidwell Number: _____

Borrower: _____ name _____ social security number

Co-Borrower: _____ name _____ social security number
(if applicable)

Owner: (if not same as Borrower) _____ name _____ social security number

Co-Owner: _____ name _____ social security number
(if applicable)

Mortgage Company/Insured Party: _____

Other Interests/Special Instructions: _____

Ordered By:

Name: _____

Company: _____

Address: _____

Phone: _____

Fax: _____

**Fax directly to
248-647-3700**