|  |  |  |
| --- | --- | --- |
|  |  | Residential Title Insurance Application |
|  |  | Title Profile Attached |  |  | Title Profile Not Available |
|  |
| **BUSINESS SOURCE (CHARGE TO):** | Need by date |  |
| - |
| FAST GAB ID Code:  |  | If no GAB ID Code, also complete phone, fax and Account Executive |
|  |
|  |  | Phone:  |  |
|  |
|  |  | Fax:  |  |
|  |
|  |  | Account Executive Complete Name: |
|  |
| Attn: Aimee Gamble |  |  |  |
|  |
| Addt’l Role: |  |  | Target:  |  |  |
|  |
| E-Mail: |  |  |
|  |
| FAST Office Name: | **Century Title Agency Services** |
|  |
|  |  | Equity |  | Foreclosure |  | Refinance |  | New Mtg |  | Vac Land |
|  |  |  |  | Long TermEnd Loan |  | Short TermConst Loan |  |  |
|  |  | New Construction |  |  |  | Draws |  | PRE |
|  |
|  |  | Second Mortgage  |  | First Mortgage File No. |  |  |
|  |
| Builders Name (if new construction): |  |
|  |
|  |  | Assumption |  | Land Contract |  | Assign P/S L.C. |  | Cash |
|  |
| $ |  | $ |  | $ |  | $ |  |
|  | Purchase Price |  | Mortgage Amount withoutException; needs survey |  | Mortgage amount with Exceptions; no survey |  | Limited Coverage Resid. Mtg Policy |
|  | Issue Eagle Policy:  |  |  |  | Issue Eagle Policy:  |  |  |  |  |  |  |
|  |
| In the City/Village/Township of |  | **,** |  |
|  |
| County, Michigan, described as follows: |  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Street Address: |  | Tax Item No. |  |
|  |
| Mailing City: |  |  |
|  |
| Old Policy Company: |  | No.: |  | Amount: |  | Date: |  |
|  |
| Buyer/Borrower: |  |
|  |
| Seller:  |  |
|  |
| Lender:  |  |
|  |
| Social Security No.: |  | Social Security No.: |  |
|  |
| Fee Owner/Other Outstanding Interest: |  |
|  |
| **LENDER (IF NOT BUSINESS SOURCE):** |  | **ADDITIONAL BUSINESS PARTY (COPY TO):** |
| FAST GAB ID Code: |  |  |  | FAST GAB ID Code: |  |  |
|  |
|  |  |  |
|  |
|  |  |  |
|  |
|  |  |  |
|  |  |
| Attn: |  |  | Attn: |  |
|  |
| E-Mail: |  |  | E-Mail: |  |
|  |
| Addt’l Role: |  |  | Addt’l Role: |  |
|  |
| Loan No.: |  |  |
|  |
| Date Ordered: |  |  |
|  |
|  |  |  |
| Order taken By (Customer Service Rep) | Name of Applicant |
|  |
|  |  |  |
| Account Coordinator or Alternative Contact | Phone Number Fax Number |
|  |
| Comments:  |  |
|  |
|  |
|  |
|  | Walk Through |  | W/Taxes |  | W/O Taxes |  | (Mgr Approval Sig) |