

Eagle Creek Title

Professional. Accurate. Experienced.

250 Fuller Street, Suite 200

Shakopee, MN 55379

Phone: 952-445-1050 Fax: 952-445-0319

www.eaglecreektitle.com

APPLICATION FOR TITLE INSURANCE

Date Requested: _____/_____/_____ Date Commitment Needed: _____/_____/_____

Ordered By: _____ Phone No.: _____

_____ Fax No.: _____

_____ E-Mail: _____

Proposed Insured: _____

Legal Description: _____

Property Address: _____

City: _____ State: _____ Zip: _____ County: _____

Abstract/Torrens - Certificate No.: _____

Title Evidence: _____

Property Type: (Circle) - Existing Residential - Refinance - New Construction - Vacant Land - Commercial -
Other: _____

Owner(s): Name(s): _____

Address: _____

Phone No.: _____ E-Mail: _____

Buyer(s): Name(s): _____

SSN(s): _____

Address: _____

Phone No.: _____ E-Mail: _____

Sales Price: \$ _____

Please check services requested:

_____ Mortgagee's Policy in the amount of \$ _____ Conv. - Refi - FHA - VA - Const. Loan

_____ Jr. Mortgage Policy in the amount of \$ _____ (Residential Only)

_____ Owner's Policy in the amount of \$ _____

_____ ARM/Balloon Endorsement

_____ Special Assessment Search

_____ Name Search

_____ Closing at Eagle Creek Title

_____ Plat Drawing

_____ Closing at the Bank by Eagle Creek Title

_____ Priority Pictures

_____ Closing at the Bank by the Bank

_____ O&E Report

_____ Other: _____

Anticipated Closing Date: _____/_____/_____

Existing Mortgages:

Lender Name: _____ Loan No.: _____ Phone No.: _____

Lender Name: _____ Loan No.: _____ Phone No.: _____

Send Copies of Commitment To:

Listing Agent: _____ E-Mail: _____

Phone No.: _____ Fax No.: _____

Selling Agent: _____ E-Mail: _____

Phone No.: _____ Fax No.: _____

Special Instructions: _____
