

Northern Abstract and Title Agency

File No.: _____

Date: _____

Date Wanted: _____

Title Insurance Application

212 River St., Alpena, MI 49707
 Phone (989) 354-3880; Fax (989) 356-9095
 E-MAIL: info@naatco.com

Effective Date: _____
 (To be filled in by Northern Abstract & Title Co.)

1. Amount of Insurance	\$ _____ Owner's Policy \$ _____ ALTA Mortgage Policy Without Standard Exceptions	
2. Party To Be Insured	Owner's Policy: _____ Mortgage Policy: _____ Borrower's Name: _____ Borrower's Address: _____	
3. Transaction Will be	Deed to Insured _____ Land Contract to Insured _____ Home Equity _____ New Mortgage _____ Second Mortgage _____ If Refi show Liber & Page of Mortgage(s) being discharged: Liber _____ Page _____ Liber _____ Page _____	
4. Taxes/ Property Type	Date Taxes Ordered: _____ Cnty _____ City/Twp _____ Property Type: Commercial: _____ Residential: _____ Other: _____ New Construction Coverage: Yes _____ No _____ No. Of Draws: _____ General Contractor: _____	
5. Existing Rights	Present Owner: _____ Present Owners Address: _____	
6. Description of Property	Property ID# _____ Property address: _____ _____ Property in the _____ City of, _____ Village of, _____ Township of: _____, _____ County, Michigan (check one)	
	<input type="checkbox"/> C.T. <input type="checkbox"/> Ultima <input type="checkbox"/> B.B. <input type="checkbox"/> ML <input type="checkbox"/> Tract (for Northern Abstract and Title use only)	Prior File No. _____ OP _____

	CHARGE TO:	COPY TO:
EMAIL <input type="checkbox"/> Comm. <input type="checkbox"/> Inv. <input type="checkbox"/> Legal <input type="checkbox"/> Est. <input type="checkbox"/> P.P. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NAME: _____ ADDRESS: _____ _____ ATTN: _____ TELE: _____ FAX: _____ E-MAIL: _____ LOAN # _____ ADDITIONAL INFORMATION:	NAME: _____ ADDRESS: _____ _____ ATTN: _____ TELE: _____ FAX: _____ E-MAIL: _____ LOAN # _____ ADDITIONAL INFORMATION:

<input type="checkbox"/> OC or Faxed	Order Taken By: _____	Applicant: _____
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