



To: FCT
Attention: Commercial Solutions

Date:
Tel: 514.744.8962 / 1.866.744.8962
Fax: 514.744.8143 / 1.800.381.8882
Email: commercial.qc@fct.ca

Your File No. _____

Law Firm Information
Acting for the Purchaser / Borrower or all parties

Notary's or Lawyer's name: _____ Contact: _____
Name of the Firm: _____
Address: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
Email: _____

Law Firm Information
Other Notary or Lawyer involved in the transaction (if applicable)

Notary's or Lawyer's name: _____ Contact: _____
Name of the Firm: _____
Address: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
Email: _____

Policies you would like to order

Hypothecary Loan Policy [] Proprietor's Policy [] Language: French [] English []

FCT Reference # _____ (if we provided you with a quote)

Transaction Information (Please check all boxes that apply.)

Closing Date: MM/DD/YYYY_ Purchase Price: \$ _____

- [] Property Purchase [] Share Purchase [] Cannabis Deal [] Energy Deal
[] New Hypothec / Hypothec Refinancing [] Construction Hypothecary Loan
[] CMHC Insured Number of Units (if CMHC insured): _____

Interest Held: [] Right of Ownership [] Right of Emphyteusis [] Superficiary Ownership [] Other: _____

- Property Type: [] Apartment Building [] Bed and Breakfast [] Church [] Gas Station/Garage [] Hotel/Motel
[] Industrial Building [] Office Building [] Restaurant/Bar [] Condominium [] Retirement Home
[] Trailer Park [] Medical Practice [] Educational Facility [] Salon/Aesthetics
[] Mixed Use (commercial with residential) [] Retail [] First Nations Land
[] Vacant Farm Land (income generating) [] Farm Land (income generating) with Residential Home
[] Vacant Land (non-farm) [] Other (please specify) _____

Has an order for this transaction previously been placed with another title insurer? [] Yes [] No

May we contact any additional lawyer/notary involved in this transaction? [] Yes [] No

Hypothec Information (If an additional hypothec is to be insured, provide the same details in the Additional Information section.)

Lender: _____

Address: _____

"Fondé de pouvoir" (if applicable): _____

Hypothec Amount: \$ _____ Insured Amount: \$ _____ Hypothec Reference No. _____

Loan to Value is 75% or less: [] Yes [] No

Rank: [] 1st [] 2nd [] 3rd [] Other: _____ Are you acting for the Lender? [] Yes [] No*

*If No, please provide Lender Notary's or Lawyer's Name: _____ Telephone Number: (_____) _____

Would you like to add the extended Super Priority Liens coverage? (additional premium applies) [] Yes [] No

Would you like to add the Post-Policy Date - Encroachments, Restrictions & Work Orders coverage? (additional premium applies) [] Yes [] No



REQUEST FOR COMMERCIAL TITLE INSURANCE
FOR TRANSACTIONS OVER \$25 MILLION
QUÉBEC

Does the hypothec allow for: [] Construction advances [] Subsequent Advances up to amount of Hypothec
[] Subsequent Advances exceeding amount of Hypothec [] Revolving credit [] Variable rate of interest

Purchaser/Borrower Information

Purchaser / Borrower: _____

Borrower (if different from mortgagor): _____

Are you acting for the Purchaser / Borrower ? [] Yes [] No

If borrower is a Corporation, has a notice of change been filed within the past 12 months that changes the Officers, Directors or Shareholders?

[] Yes* [] No

*If yes please provide copy of Notice of Change and Corporate Profile.

Property Information

Municipal Address: _____

Legal vehicular and pedestrian access to the property is via: _____ or [] Unknown

Is the property contiguous? [] Yes [] No If no, please provide details: _____

Does the legal description describe the same property as that identified by the assessment roll number? [] Yes [] No

Year of Construction of the Insured Property: _____

Is the property under construction / renovation? [] Yes [] No

Date of work completion for a new construction or renovation: _____

Legal Description (If the legal description consists of a part of lot, please provide us with a copy in a Word format by Email):

*if more than one property, please provide the legal description for each one

Purchase Transaction Information

(Where an * asterisk appears, please provide details and attach the documentation for our review)

1. Please provide the name and phone number of the Real Estate Agent involved in this transaction.

(Please send a copy of the Offer to Purchase and Sale and Index of Immoveable.)

Agent's Name: _____ Telephone Number: (____) _____

[] No Agent (Please send a copy of the Offer to Purchase and Sale and Index of Immoveable.)

2. Was any portion of the deposit paid directly to the vendor? [] Yes* [] No

**Do not answer "Yes" if the deposit was paid to the vendor's solicitor and is retained in is trust account

3. Have there been any Amendments with respect to the purchase price and/or deposit after the date of signing the Offer to Purchase and Sale, which exceed the sum of \$30,000.00? [] Yes* [] No

4. Is there a hypothec on title that will be paid out with the sale proceeds? [] Yes [] No

a. Is the hypothec to be paid out held by a private lender? [] Yes [] No

b. Will you have the discharge available on closing? [] Yes [] No

5. If the hypothec on title is held by a private lender will you have the discharge available on closing? [] Yes [] No

6. Are the net hypothec proceeds (after payments to any secured or unsecured creditor for which there is evidence of a debt) being paid by lender's borrower's or vendor's counsel to all registered owners? [] Yes [] No* [] No Net Proceeds

7. Are any Vendors signing by way of Power of Attorney? [] Yes* [] No

8. Have there been any transfers of title/conveyances or discharges of hypothecs registered within the last 6 months? [] Yes* [] No

Hypothec Transaction Information

(Where an * asterisk appears, please provide details and attach the documentation for our review)

1. Are any of the borrowers signing by way of Power of Attorney? [] Yes* [] No

2. If the hypothec on title is held by a private lender will you have the discharge available on closing? [] Yes [] No

3. Are the net hypothec proceeds (after payments to any secured or unsecured creditor for which there is evidence of a debt) being paid by lender's or borrower's counsel to all registered owners [] Yes [] No* [] No Net Proceeds

4. Have there been any transfers of title / conveyances or discharges of hypothecs registered within the last 6 months? [] Yes* [] No

5. Will a portion of the proceeds be used to pay out all existing hypothecs? [] Yes [] No [] No Existing Hypothec

a. Is the hypothec to be paid out held by a private lender? [] Yes [] No

b. Will you have the discharge available on closing? [] Yes [] No

Search and off Title Information

1.	All existing hypothecs will be discharged.(if needed, use the Additional Information section of the form)	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A
**Lender (staying on title): _____ Publication No: _____ Date of Publication: <u>MM/DD/YYYY</u> Original Principal Amount: \$ _____ Rank: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd		
2.	Will taxes be paid up to date on closing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3.	Details of all servitudes, other real rights, registered leases, declaration of Co-Ownership, work orders and other charges	
	<i>Description*</i>	<i>Publication Number</i>
	<i>Publication Date</i>	
	_____	<u>MM/DD/YYYY</u>
	_____	<u>MM/DD/YYYY</u>
	_____	<u>MM/DD/YYYY</u>
* for a servitude please indicate if in favour, against or reciprocal		
4.	Certificate of Location Information : Is there a certificate of location? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of certificate of location: _____ Does the certificate of location disclose any irregularity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details and provide us with copy of certificate of location by Email or fax : _____ _____ _____ If No, does it actually reflect the Insured Property? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, do you know if any modifications have been made on the Insured Property since the certificate of location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details : _____ _____ _____	
5.	Pursuant to your title searches, are there any irregularities? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details : _____ _____ _____	

DECLARATIONS

I am a Notary / Lawyer in good standing, and have investigated title to the property insured by this policy in accordance with recognize practice or in accordance with lender instructions or in accordance with the underwriting guidelines of FCT Insurance Company Ltd. and First American Title Insurance Company (the "Company"), and I confirm the following:

1. I will comply prior to funding with any and all requirements of the hypothecary lender as set out in its instructions to solicitor;
2. I have disclosed all title matters discovered in the title search;
3. I will advise the Company of any additional registrations or material changes to the state of title or the priority of the insured's interest, prior to closing, if applicable;
4. I will make the net proceeds of the loan payable to the registered owner of the property (applicable to hypothec only transactions);
5. On or before closing, I will obtain a corporate profile showing an active status for the borrower and/or vendor, if applicable;
6. To the extent that they may form a hypothec or other charge against the property, all municipal / utility services will be paid on or before closing (applicable to purchase transactions);
7. For a condominium, the common expenses will be paid on or before closing (applicable to purchase transactions).
8. I confirm that I have obtained consent from the parties to the transaction (purchasers, vendors, borrowers, lenders, as applicable) to have their personal information provided to FCT for the purposes of issuing and administering a title insurance policy, and any other ancillary policy relating thereto, including for underwriting purposes and assessing and controlling risks. For FCT's corporate Privacy Policy, including information about service providers located outside of Canada, visit our website at www.fct.ca.

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Date _____
month/day/year

For the purposes of the Insurance Companies Act (Canada), this document is issued in the course of FCT Insurance Company Ltd. and First American Title Insurance Company's insurance business in Canada. FCT are committed to protecting your client's privacy and personal information. The personal information you provide is kept confidential and is used to underwrite, assess and control risks, and issue and administer policies of title insurance. For our complete corporate Privacy Policy, please visit our website at www.fct.ca or contact our Privacy Officer at 1.800.307.0370. Thank you for choosing FCT!