



RESIDENTIAL TITLE INSURANCE ORDER FORM

To: FCT Insurance Company Ltd.	Toll-free 1.800.705.0006
Attention: Residential Title Insurance Services	Fax: Local Fax: 905.287.2403

Please select which policy(ies) you would like to order:

<input type="checkbox"/> Home Ownership Protection Policy (Insures Purchaser/Owner)	<input type="checkbox"/> Loan Policy (Insures Lender)	<input type="checkbox"/> Existing Homeowner Policy (Insures Homeowner, no purchase)
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Please only complete the sections that apply to your transaction.

LAW FIRM INFORMATION
 If you are a first time user or if your information has changed, please attach details of your address, phone number, fax number and email address.

Solicitor : First Name Last Name	Law Firm Name:
Contact: First Name Last Name	Your File No.:

TRANSACTION INFORMATION

Please select a transaction type:

Purchase Resale New Home Purchase from Builder Refinance/ Non-Purchase Mortgage Existing Owner

Closing Date
day/ month/ year

What is the purchase price? (purchase transactions only) \$

PROPERTY INFORMATION

Please select a property type:

<input type="checkbox"/> Single Family Dwelling (Includes detached house/free hold townhouse/semi-detached)	<input type="checkbox"/> Multi-Family Dwelling (Includes a house with more than one dwelling unit) Number of Units (2-6):
<input type="checkbox"/> Condominium	<input type="checkbox"/> Mobile Home (Must be affixed to the land)
<input type="checkbox"/> Live/Work Unit (1 of each)	<input type="checkbox"/> Manufactured Home (Must be de-registered)
<input type="checkbox"/> Townhouse (Condominium)	<input type="checkbox"/> Vacant Land
<input type="checkbox"/> Rooming/Student House Number of Units:	

Is this property over 2 acres? Yes No

Is this property income generating? Yes No

Is this property on Indian/First Nations Land? *If yes, please attach the title search.* Yes No

Is this property leasehold? Yes No

Property Legal Description
 (If the last registered deed contains the description as is currently used, we will accept the instrument numbers of the last registered deed in lieu of the metes and bounds description)

LINC (Land Identification Numeric Code) Number

Address to be Insured:

Apt. / Unit No.	Street No.	Street Name
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City Province Postal Code

Would you like to add the Market Value Endorsement for the Purchaser(s)/Mortgagor(s)? Yes No
The Market Value Endorsement can only be added to a Homeowner Policy.

Would you like to add the Mortgage Priority Endorsement for the Mortgagee? Yes No
The Mortgage Priority Endorsement can only be added to a second priority Loan Policy.

Would you like to add the Deal Protection Endorsement to your title insurance order? Yes No
The Deal Protection Endorsement will be added to all policies being ordered (except an Existing Homeowner Policy).

Has an order for this transaction previously been placed with another title insurer? *If yes, please provide explanation:* Yes No

PURCHASER/MORTGAGOR INFORMATION			
Person 1: First Name Last Name		Person 2: First Name Last Name	
Person 3: First Name Last Name		Corporation/ Business Name:	
Additional Name(s):			

MORTGAGE INFORMATION					
<input type="checkbox"/> New Mortgage	<input type="checkbox"/> Refinance/ Non-Purchase Mortgage	<input type="checkbox"/> Construction Mortgage	<input type="checkbox"/> Other, please specify:		
Mortgagee:				Mortgage Closing Date:	day/month/year
Mortgage Amount:	\$	Priority:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Mortgage Ref No.:	

SEARCH AND OFF TITLE MATTERS (FOR ALL TRANSACTIONS)	
Is the property on a waterfront?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property connected to both municipal water and sewer services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a Real Property Report available? If yes, does it reveal any defects?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> No
Are there any other matters that would normally qualify your legal opinion (including but not limited to title matters, executions, liens, taxes, inability to successfully authenticate your client's/borrower's identification if you used an identification verification platform)?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

ALL PURCHASE TRANSACTIONS	
Have you obtained or will you be obtaining an Estoppel Certificate in this transaction? (<i>Applicable for condominium only</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the name of the vendor's solicitor? First Name Last Name Firm Name	
What is the name and phone number of the real estate company/agent?	<input type="checkbox"/> Yes Agent <input type="checkbox"/> No Agent**
Have there been any Amendments with respect to the purchase price and/or deposit after the date of signing the Agreement of Purchase and Sale, which exceed the total sum of \$25,000?	<input type="checkbox"/> Yes** <input type="checkbox"/> No
Was any portion of the Deposit paid directly to the vendors? (Please do not answer "Yes" if the deposit was paid to the vendor's solicitor and it is retained in their trust account.)	<input type="checkbox"/> Yes** <input type="checkbox"/> No
Are any of the vendors signing by way of Power of Attorney?	<input type="checkbox"/> Yes** <input type="checkbox"/> No
Have there been any discharges of mortgages or transfers of title in the past 6 months?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Is the mortgage to be held by a private lender? (Not a Chartered Bank, Trust Company, Credit Union, Insurance Company or Finance Company).	<input type="checkbox"/> Yes <input type="checkbox"/> No

PURCHASE TRANSACTIONS – ROOMING/STUDENT HOUSES	
Has the building department work order search been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any work orders?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Has the zoning search been confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the property comply with the zoning?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Has the fire department work order search been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the work orders clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No*

PURCHASE TRANSACTIONS – LIVE/WORK UNITS

Please attach the building, zoning and fire reports to this order if property is a Live/Work Unit.

NON-PURCHASE MORTGAGE TRANSACTIONS

Will a portion of the mortgage proceeds be used to pay out all existing mortgage(s)? If Yes, please provide amount to be paid out \$ (includes internal mortgagee payouts)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Existing Mtg
Will the net proceeds (after payment of all debts for which there is evidence of debt) be paid to ALL registered owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Net Proceeds
Are any parties to the transaction signing by way of Power of Attorney?	<input type="checkbox"/> Yes** <input type="checkbox"/> No
Have there been any discharges of mortgages or transfers of title registered in the past 6 months, including transfers of title to be registered immediately prior to this mortgage?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
Are you acting on behalf of the borrower? If No, please provide the name and phone number of the borrower’s solicitor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the mortgage to be held by a private lender? (Not a Chartered Bank, Trust Company, Credit Union, Insurance Company or Finance Company).	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXISTING HOMEOWNER TRANSACTIONS

What is the purchase price or current estimated value?	\$
What is the original transfer date?	day/ month/ year

CUSTOMER CONSENT STATEMENT

I confirm that I have obtained consent from the parties to the transaction (purchasers, 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.

**Please provide an explanation and attach pertinent documentation to this order (e.g. Current Historical Title for recent registrations, building, zoning & fire reports, Real Property Report, etc. if defects are revealed).*
***Please attach the Agreement of Purchase and Sale with all amendments (as applicable), Current Historical Title and the Power of Attorney (as applicable) to this order. You are not required to attach these documents for a New Home Purchase from a Builder.*

Your order will be forwarded to our Underwriting Department for review and an underwriter will contact you within 24 hours of receipt of all documents.

Notes/ Special Instructions:

TO SUBMIT YOUR ORDER FORM

Click ‘Submit by Email’, or send directly to FCT at residentialolutions@fct.ca.