

RESIDENTIAL TITLE INSURANCE ORDER FORM

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

Please only complete the sections that apply to your transaction.

| LAW FIRM INFORMATION | | |
|--|-----------|--|
| <i>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.</i> | | |
| Solicitor : | Law Firm | |
| First Name Last Name | Name: | |
| Contact: | Your File | |
| First Name Last Name | No.: | |

| TRANSACTION INFORMATION | |
|---|---|
| Please select a transaction type: | |
| <input type="checkbox"/> Purchase Resale | <input type="checkbox"/> New Home Purchase from Builder |
| <input type="checkbox"/> Refinance/ Non-Purchase Mortgage | <input type="checkbox"/> Existing Owner |
| Closing Date | |
| day/ month/ year | |
| What is the purchase price? (<i>purchase transactions only</i>) | |
| \$ | |

| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this property income generating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this property on Indian/First Nations Land? <i>If yes, please attach the title search.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this property leasehold? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|--|
| Property Legal Description (<i>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</i>) |
| P.I.D.OR Legal Description if P.I.D. not applicable/available: |

| | | |
|---|---------------|--|
| Address to be Insured: | | |
| Apt. / Unit No. | Street No. | Street Name |
| City | Province | Postal Code |
| Would you like to add the Market Value Endorsement for the Purchaser(s)/Mortgagor(s)? <i>The Market Value Endorsement can only be added to a Homeowner Policy.</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Would you like to add the Deal Protection Endorsement to your title insurance order? <i>The Deal Protection Endorsement will be added to all policies being ordered (except an Existing Homeowner Policy).</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has an order for this transaction previously been placed with another title insurer? <i>If yes, please provide explanation:</i> | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| PURCHASER/MORTGAGOR INFORMATION | | | |
|---------------------------------|-----------|-----------------------------------|-----------|
| Person 1: | | Person 2: | |
| First Name | Last Name | First Name | Last Name |
| Person 3: | | Corporation/ Business Name: | |
| First Name | Last 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 Location Certificate available (Real Property Report in NL)? 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 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? (By entering the name of the solicitor, you consent to us contacting the vendor's solicitor. If you do not enter the name of the solicitor, then you have not consented to us contacting the vendor's solicitor which may delay the deal) | | | |
| Firm Name | First Name | Last Name | |

| 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. | |

| 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. building, zoning & fire reports, Location Certificate/ Real Property Report, etc. if defects are revealed).*

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.

Thank you for choosing FCT. Your order will be processed in sequence, during business hours from Monday to Friday 8:00 a.m. to 8:00 p.m. EST. If you have any other inquiries please feel free to call us at 905.287.3122, or toll free at 1.866.804.3122.

Insurance by **FCT Insurance Company Ltd.** This material is intended to provide general information only. For specific coverage and exclusions, refer to the policy. Copies are available upon request. © Trademark of First American Financial Corporation.