

## 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"/> <b>Home Ownership Protection Policy</b> (Insures Purchaser/Owner)	<input type="checkbox"/> <b>Loan Policy</b> (Insures Lender)	<input type="checkbox"/> <b>Existing Homeowner Policy</b> (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 : First Name      Last Name	Law Firm Name:
Contact: First Name      Last Name	Your File No.:

TRANSACTION INFORMATION	
<b>Please select a transaction type:</b>	
<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	
<b>Please select a property type:</b>	
<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
<input type="checkbox"/> Land Titles <input type="checkbox"/> Registry	

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>	
PIN (If PIN is not available OR for new home purchase from a builder where PIN has not been split, please provide the Legal Description):	

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 Mortgage Priority Endorsement for the Mortgagee? <i>The Mortgage Priority Endorsement can only be added to a second priority Loan 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

*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.*

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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
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PURCHASER/MORTGAGOR INFORMATION			
Person 1: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>First Name</span> <span>Last Name</span> </div>	Person 2: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>First Name</span> <span>Last Name</span> </div>		
Person 3: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>First Name</span> <span>Last Name</span> </div>	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: <span style="float: right;">day/month/year</span>		
Mortgage \$ Amount:	Priority: <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	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 survey 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 a Status 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)	
<div style="display: flex; justify-content: space-between;"> <span>Firm Name</span> <span>First Name</span> <span>Last Name</span> </div>	
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? (If yes, please provide a copy of the Agreement of Purchase and Sale and PIN Pages, with deleted Instruments)	<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? (Please ensure that the PIN page you obtain for your search includes all deleted instruments)	<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 – 2 TO 6 UNITS; ROOMING/STUDENT HOUSES	
Has the zoning search been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the property comply with the zoning?	<input type="checkbox"/> Yes <input type="checkbox"/> No*

PURCHASE TRANSACTIONS – LIVE/WORK UNITS	
Please attach zoning report to this order if property is a Live/Work Unit.	

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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? (Please ensure that the PIN page you obtain for your search includes all deleted instruments)	<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
Are there any qualifications set out in the thumbnail of the PIN?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

*\*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.*

<b>Notes/ Special Instructions:</b>
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REPORT ON TITLE
I am a Solicitor in good standing, and have investigated title to the property insured by this policy in accordance with the instructions of FCT Insurance Company Ltd. (the "Company"), and I confirm the following:
1. I will comply with any and all requirements of the mortgage lender as set out in its Instructions to Solicitor prior to funding.
2. I have disclosed all title matters which would otherwise qualify my opinion on title.
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.
4. I will make the proceeds of the mortgage payable to all registered owner(s) of the property, or a secured or unsecured creditor for which there is evidence of a debt (applicable to Mortgage Only transactions).
5. 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 <a href="http://www.fct.ca">www.fct.ca</a> .

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 <a href="http://www.fct.ca">www.fct.ca</a> .

TO SUBMIT YOUR ORDER FORM
Click 'Submit by Email', or send directly to FCT at <a href="mailto:residentialolutions@fct.ca">residentialolutions@fct.ca</a> .

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