



# APPLICATION FOR TITLE INSURANCE SERVICES

Please fill out the following form and fax to 516-719-4460. We look forward to working with you.

## Who are you and how can we contact you?

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Titleserv Rep: \_\_\_\_\_

## Tell us about the loan:

Loan Type:  Purchase  Refinance/Other  
Loan No: \_\_\_\_\_  
Lender: \_\_\_\_\_

Mortgage Amt: \_\_\_\_\_  
Sales Price: \_\_\_\_\_

## Tell us about the property and the people involved:

Property: \_\_\_\_\_ Unit #: \_\_\_\_\_  
\_\_\_\_\_

District: \_\_\_\_\_ Block: \_\_\_\_\_  
Section: \_\_\_\_\_ Lot: \_\_\_\_\_

Borrower Name: \_\_\_\_\_  
Borrower Phone: \_\_\_\_\_  
Borrower Email: \_\_\_\_\_  
Purchaser (if sale): \_\_\_\_\_

## Tell us about any additional contacts involved:

Type:  Lender Atty  Borrower Attny  Other  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Type:  Lender Atty  Borrower Attny  Other  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Tell us what you need us to do:

Title Search Instructions:  Full Search with Insurance  Limited Search without Insurance  
Survey Instructions:  Order a new survey  Try to locate  Need Endorsement  Will send a copy  
Settlement Services:  Yes, we need settlement services  No, we do not need settlement services

## Include any special instructions:

\_\_\_\_\_  
\_\_\_\_\_