

CHICAGO TITLE INSURANCE COMPANY
DOWNSTATE ILLINOIS



APPLICATION FORM

Applicant: _____ Date Ordered: _____

Company: _____ Date Needed: _____

Address: _____ Closing Date: _____

Phone: _____ Fax: _____ E-Mail: _____

Property Address: _____

Legal Description: _____

Tax I.D. Number: _____ New Construction: Yes No

Prior Policy Yes No If yes, policy number and company: _____
(If policy was not issued by CTIC, please attach to this form)

Sales Price: \$ _____ Loan Amount: \$ _____ Endorsements: _____
(ALTA/Const./Mod/2d/Refi) (Location/Comp/EPA)
(see lender information below)

Special requests: _____

Seller:

Buyer/Borrower:

Name(s): _____

Name(s): _____

Address: _____

Address: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Marital Status: _____

Marital Status: _____

Present Lender: _____

PROPOSED LENDER: _____

Account #: _____

Contact & Phone: _____

Listing Agent: _____

Selling Agent: _____

Company: _____

Company: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Social Security #: _____

Earnest \$: _____ Held by: _____