

**IMPORTANT:** PLEASE FAX THE TITLE APPLICATION, OWNER'S TITLE INSURANCE POLICY, AND PURCHASE AGREEMENT (IF APPLICABLE) TO THE TITLE ONE, INC. APPLICATIONS DEPARTMENT AT 952.842.9978. THANK YOU!



## APPLICATION FOR TITLE INSURANCE

3507 ROUND LAKE BOULEVARD  
SUITE 200  
ANOKA, MN 55303  
Phone: 763.421.3113  
Fax: 763.421.5513

14985 GLAZIER AVENUE  
SUITE 335  
APPLE VALLEY, MN 55124  
Phone: 952.808.8660  
Fax: 952.808.8650

1650 WEST 82<sup>ND</sup> STREET  
SUITE 1070  
BLOOMINGTON, MN 55431  
Phone: 952.806.6430  
Fax: 952.806.6440

601 CARLSON PARKWAY  
SUITE 1140  
MINNETONKA, MN 55305  
Phone: 952.745.7890  
Fax: 952.745.7898

1970 OAKCREST AVENUE  
SUITE 108  
ROSEVILLE MINNESOTA 55113  
Phone: 651.636.9910  
Fax: 651.636.9911

Date sent: \_\_\_\_\_ Projected closing: \_\_\_\_\_ Prior File w/ T-1?

Please circle property type: Residential Vacant Land New Construction Commercial 1031 Exchange

**IMPORTANT:** PLEASE CHOOSE ONE OF THE FOLLOWING: (check one)

- m** First mortgage in the amount of: \$ \_\_\_\_\_ FHA / VA / CONV  
 Purchase  Refinance
- m** Second mortgage in the amount of: \$ \_\_\_\_\_ FHA / VA / CONV
- m** Junior Lien Policy in the amount of: \$ \_\_\_\_\_
- m** Owner's & Encumbrance Report

**NEED BY DATE:**  
\_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

PID #: \_\_\_\_\_ Legal Description: \_\_\_\_\_

Borrower Name(s): \_\_\_\_\_ Married / Single / Widowed / Divorced SSN: \_\_\_\_\_

\_\_\_\_\_ Married / Single / Widowed / Divorced SSN: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

\* \* \* \* \*

Proposed Insured Lender: \_\_\_\_\_ Loan Officer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Processor: \_\_\_\_\_

Broker: \_\_\_\_\_

### PAYOFF INFORMATION

Lender: \_\_\_\_\_ Loan No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Lender: \_\_\_\_\_ Loan No.: \_\_\_\_\_ Phone: \_\_\_\_\_

### NEW PURCHASE INFORMATION

**IMPORTANT:** WE MUST HAVE A FULLY EXECUTED PURCHASE AGREEMENT TO PROCESS THIS ORDER

Purchase Price: \$ \_\_\_\_\_  **m** ABSTRACT  **m** TORRENS, CERT NO.: \_\_\_\_\_

Seller Name(s): \_\_\_\_\_ Married / Single / Widowed / Divorced

\_\_\_\_\_ Married / Single / Widowed / Divorced

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing address (if different than property address) \_\_\_\_\_

Seller's Closer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

WHEN APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Listing Agent: \_\_\_\_\_ Company: \_\_\_\_\_

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

Selling Agent: \_\_\_\_\_ Company: \_\_\_\_\_

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