



CTS File # \_\_\_\_\_

**Title Insurance Order Form**

Please choose one:

\_\_\_\_ Refinance:      Loan Policy (w/o exceptions) in the amount of \$ \_\_\_\_\_  
\_\_\_\_ Purchase:      Loan Policy (w/o exceptions) in the amount of \$ \_\_\_\_\_  
                                 Owner's Policy in the amount of \$ \_\_\_\_\_ (sale price)

Equity:              \_\_\_\_\_ Title Search only **OR**  
                                 \_\_\_\_\_ Equity Policy (w/exceptions) in the amount of \$ \_\_\_\_\_

\_\_\_\_ Please check here if property is **COMMERCIAL**

Real Estate situated in County of: \_\_\_\_\_

City/Township/Village of: \_\_\_\_\_

Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property address: \_\_\_\_\_

Tax ID or Sidwell Number: \_\_\_\_\_

Borrower:              \_\_\_\_\_ name                              \_\_\_\_\_ social security number

Co-Borrower:              \_\_\_\_\_ name                              \_\_\_\_\_ social security number  
(if applicable)

Owner: (if not same              \_\_\_\_\_ name                              \_\_\_\_\_ social security number  
as Borrower)

Co-Owner:              \_\_\_\_\_ name                              \_\_\_\_\_ social security number  
(if applicable)

Mortgage Company/Insured Party: \_\_\_\_\_

Other Interests/Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ordered By:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

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

**Fax directly to  
CTS @ 248-647-3700**