



Tri-County Abstract and Title Guaranty, Inc.

122 12th Avenue North · Box 1332 · St. Cloud, Minnesota 56302
Telephone (320) 253-2096 or 1-800-892-2399 · Fax (320) 253-4536

APPLICATION FOR TITLE INSURANCE

Date: _____ Anticipated Close Date: _____ TCA File No. _____

Please check : Purchase Refinance New Construction

APPLICANT INFORMATION:

Lender: _____ Loan No. _____
Address: _____
Loan Officer / Processor: _____ E-Mail: _____
Phone: _____ Fax: _____

BORROWER INFORMATION:

Borrower(s) _____ Phone No. _____
_____ Phone No. _____
Current Address: _____

PROPERTY INFORMATION:

Address: _____ County: _____
_____ PID: _____

Legal Description:

Property is: Existing Buildings Vacant Land New Construction/Improvements
Location of Abstract: _____

LENDER INFORMATION:

Proposed Insured: _____
Address: _____
Purchase Price: \$ _____ Loan Amount: 1st \$ _____ 2nd \$ _____ 2nd insured Yes / No
Special Assessment Search: Yes / No Plat Drawing: Yes / No CPL: Yes / No
Does Buyer request an Owner's Policy? Yes ___ No ___
Forward Commitment to: _____
E-mail: _____ Fax: _____

SELLER INFORMATION:

Seller(s): _____ Phone No. _____
_____ Phone No. _____

REALTOR INFORMATION:

Listing Realtor: _____ Phone No. _____
Selling Realtor: _____ Phone No. _____

Additional Services Requested: Construction Disbursement 1031 Exchange Other _____

For purchase transactions please attach a copy of the purchase agreement.