

## Request for Title Insurance

### Proposed Insured Information

Name:

Address:

City: State: Zip Code:

Phone: Fax: Email:

Title will be in the name above or other (please specify):

I am requesting an **Owner's Policy** of Title Insurance in the amount of \$ \_\_\_\_\_ for land in \_\_\_\_\_ (Country)

I will be closing on the property approximately on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  I already own the property

I am requesting a **Lender's Policy** of Title Insurance in the amount of \$ \_\_\_\_\_ for land in \_\_\_\_\_ (Country)

### Type of Property

Vacant Land  Improved Land: Home / Condo / Commercial Use (Please check one)

### Property Description

Lot No., Parcel No. or Finca No.:

Development (If any):

City: Department, Province or State: Country:

Seller's Name:

### GNP Approved Attorney Chosen

Name:

### Lender (If requesting Lender's Policy)

Company Name:

Address:

City: State: Zip Code:

Phone: Fax: Email:

Form completed by (Check one): Buyer Attorney Developer Real Estate Agent Other, please specify:

Address:

City: State & Zip Code (If any): Country:

*Please fax form to: 954-838-9228 or Email to: [salopez@firstam.com](mailto:salopez@firstam.com)*

### FOR INTERNAL USE ONLY

Title File No.: Premium Quoted:

Other: