REQUEST FOR COMMERCIAL TITLE INSURANCE FOR TRANSACTIONS OVER $25 MILLION QUÉBEC

To: **FCT**
Attention: **Commercial Solutions**

Your File No. _____

Date: _____
Tel: 514.744.8962 / 1.866.744.8962
Fax: 514.744.8143 / 1.800.381.8882
Email: commercial.qc@fct.ca

LAW FIRM INFORMATION

ORDERING LAW FIRM INFORMATION: Acting for: Purchaser/Borrower ☐ Lender ☐

Notary's or Lawyer's name: _____ Contact: _____

Name of the Firm: _____

Address: _____

Telephone Number: (_____)_____ Fax Number: (_____)_____

Email :_____

ADDITIONAL LAWYERS INVOLVED IN THE TRANSACTION: Acting for: Purchaser/Borrower ☐ Lender ☐

Notary's or Lawyer's name: _____ Contact: _____

Name of the Firm: _____

Address: _____

Telephone Number: (_____)_____ Fax Number: (_____)_____

Email :_____

POLICIES REQUIRED

Hypothecary Loan Policy ☐ **Proprietor's Policy** ☐ **Language:** French ☐ English ☐

FCT Reference **#** _____ (*if we provided you with a quote*)

TRANSACTION INFORMATION (PLEASE CHECK ALL BOXES THAT APPLY.)

Closing Date: M M / D D / Y Y Y Y **Purchase Price: $**_____

☐ Property Purchase* ☐ Property Purchase and Hypothec* ☐ Share Purchase ☐ Cannabis Deal
☐ Energy Deal ☐ New Hypothec / Hypothec Refinancing ☐ Construction Hypothecary Loan
☐ CMHC Insured, Number of Units (if CMHC insured): _____

Interest Held**:** ☐ Right of Ownership ☐ Right of Emphyteusis** ☐ Superficiary Ownership** ☐ Other: _____

Property Type:
☐ Apartment Building ☐ Bed and Breakfast ☐ Church ☐ Gas Station/Garage ☐ Hotel/Motel
☐ Industrial Building ☐ Office Building ☐ Restaurant/Bar ☐ Condominium ☐ Retirement Home
☐ Trailer Park ☐ Medical Practice ☐ Educational Facility ☐ Salon/Aesthetics
☐ Mixed Use (commercial with residential) ☐ Retail ☐ First Nations Land
☐ Vacant Farm Land (income generating)*** ☐ Farm Land (income generating) with Residential Home
☐ Vacant Land (non-farm)*** ☐ Other (please specify) _____

Has an order for this transaction previously been placed with another title insurer? ☐ Yes ☐ No

May we contact any additional lawyer/notary involved in this transaction? ☐ Yes ☐ No

*** For corporations only, please provide the Corporate Profile Report when requesting an Owner's Policy. For non-corporate entities, please provide documentation confirming legal existence.**
****If Leasehold, please provide name of Landlord and Lease registration particulars** _____
Please provide term of lease_____
*****If Vacant, please provide Corporate Profile of Purchaser/Borrower and Vendor**

PROPERTY INFORMATION

Municipal Address: _____

_____

Legal vehicular and pedestrian access to the property is via:_____or ☐ Unknown

Is the property contiguous? ☐ Yes ☐ No If no, please provide details: _____

Does the legal description describe the same property as that identified by the assessment roll number? ☐ Yes ☐ No

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Year of Construction of the Insured Property: _____

Is the property under construction / renovation? ☐ Yes ☐ No

Date of work completion for a new construction or renovation: _____

Legal Description (*If the legal description consists of a part of lot, please provide us with a copy in a Word format by Email*):
**if more than one property, please provide the legal description for each one*

_____

_____

_____

Land Registry Office: _____

PURCHASER/BORROWER INFORMATION

Purchaser / Borrower: _____

Borrower (if different from purchaser): _____

Are you acting for the Purchaser / Borrower ? ☐ Yes ☐ No

If borrower is a Corporation, has a notice of change been filed within the past 12 months that changes the Officers, Directors or Shareholders? ☐

Yes* ☐ No

*If yes please provide copy of Notice of Change and Corporate Profile.

AGENCY AGREEMENT (Complete when requesting an Owner's policy where the purchaser is an individual)

Do you (the ordering lawyer/notary or authorized individual acting on behalf of the ordering lawyer/notary and your firm representing the purchaser), consent to act as agent for FCT, for the purposes of verifying each purchaser's identity in accordance with the requirements under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* and its associated Regulations and the terms of the FCT Agency Agreement available at fct.ca/agency-agreement ? ☐ Yes ☐ No*

***Please provide the email address for each purchaser in the section below and advise they will receive an email from fctresidentialnoreply@fct.ca with instructions to complete identity verification through Bluink's eID-ME app. Identity Verification must be completed prior to issuing the owner's policy.**

Person 1:
Complete when requesting an Owner's Policy where the purchaser is an individual and you are acting as agent:

First Name: _____ Last Name:_____
Date of Birth: (MM/DD/YYYY) _____
Address on ID / Current Address:
Unit No. _____ Street No. _____
Street Name _____
City _____
Province/State _____ Postal/Zip Code _____
Country _____

ID Document Details:
ID Verification Date (MM/DD/YYYY) _____
ID Expiry Date (MM/DD/YYYY) _____
ID Number _____
ID Country _____ ID Province/State_____

ID Verification Type: Dual-process method

Complete 2 verification categories when using the Dual-process method:

Name and Date of Birth	Select a document	Document No.	Document Source Name
Name and Address	Select a document	Document No.	Document Source Name
Name and Confirmation of Financial Account	Select a document	Document No.	Document Source Name

Complete when requesting an Owner's Policy where the purchaser is an individual and you are not acting as agent
Email: _____
Phone: _____

Person 2:
Complete when requesting an Owner's Policy where the purchaser is an individual and you are acting as agent:

First Name: _____ Last Name:_____
Date of Birth: (MM/DD/YYYY) _____
Address on ID / Current Address:
Unit No. _____ Street No. _____
Street Name _____
City _____
Province/State _____ Postal/Zip Code _____
Country _____

ID Document Details:
ID Verification Date (MM/DD/YYYY) _____
ID Expiry Date (MM/DD/YYYY) _____
ID Number _____
ID Country _____ ID Province/State_____

ID Verification Type Click to select a type

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Complete 2 verification categories when using the Dual-process method:

Name and Date of Birth	Select a document	Document No.	Document Source Name
Name and Address	Select a document	Document No.	Document Source Name
Name and Confirmation of Financial Account	Select a document	Document No.	Document Source Name

Complete when requesting an Owner's Policy where the purchaser is an individual and you are not acting as agent

Email: _____
Phone: _____

HYPOTHEC INFORMATION ***(If an additional hypothec is to be insured, provide the same details in the Additional Information section.)***

Lender: _____

Address: _____

"Fondé de pouvoir" (if applicable): _____

Hypothec Amount: $_____ Insured Amount: $_____Hypothec Reference No._____

Loan to Value is 75% or less: ☐ Yes ☐ No

Rank: ☐ 1st ☐ 2nd ☐ 3rd ☐ Other: _____ Are you acting for the Lender? ☐ Yes ☐ No*

*If No, please provide Lender Notary's or Lawyer's Name: _____ Telephone Number: (_____)_____

Would you like to add the extended Super Priority Liens coverage? (additional premium applies) ☐ Yes ☐ No

Would you like to add the Post-Policy Date - Encroachments, Restrictions & Work Orders coverage? (*additional premium applies)* ☐ Yes ☐ No

Does the hypothec allow for: ☐ Construction advances ☐ Subsequent Advances up to amount of Hypothec
☐ Subsequent Advances exceeding amount of Hypothec

PURCHASE TRANSACTION INFORMATION
*(Where an * asterisk appears, please provide details and attach the documentation for our review)*

1. Please provide the name and phone number of the Real Estate Agent involved in this transaction.
(Please send a copy of the Offer to Purchase and Sale and Index of Immoveable.)
Agent's Name: _____ Telephone Number: (_____)_____
☐ No Agent *(Please send a copy of the Offer to Purchase and Sale and Index of Immoveable.)*

2. Was any portion of the deposit paid directly to the vendor? ☐ Yes* ☐ No
**Do not answer "Yes" if the deposit was paid to the vendor's solicitor and is retained in is trust account

3. Have there been any Amendments with respect to the purchase price and/or deposit after the date of signing the Offer to Purchase and Sale, which exceed the sum of $30,000.00? ☐ Yes* ☐ No

4. Is there a hypothec on title that will be paid out with the sale proceeds? ☐ Yes ☐ No
a. Is the hypothec to be paid out held by a private lender? ☐ Yes ☐ No
b. Will you have the discharge available on closing? ☐ Yes ☐ No

5. If the hypothec on title is held by a private lender will you have the discharge available on closing? ☐ Yes ☐ No

6. Are the net hypothec proceeds (after payments to any secured or unsecured creditor for which there is evidence of a debt) being paid by lender's borrower's or vendor's counsel to all registered owners? ☐ Yes ☐ No* ☐ No Net Proceeds

7. Are any Vendors signing by way of Power of Attorney? ☐ Yes* ☐ No

8. Have there been any transfers of title/conveyances or discharges of hypothecs registered within the last 6 months? ☐ Yes* ☐ No

HYPOTHEC TRANSACTION INFORMATION

*(Where an * asterisk appears, please provide details and attach the documentation for our review)*

1. Are any of the borrowers signing by way of Power of Attorney? ☐ Yes* ☐ No

2. If the hypothec on title is held by a private lender will you have the discharge available on closing? ☐ Yes ☐ No

3. Are the net hypothec proceeds (after payments to any secured or unsecured creditor for which there is evidence of a debt) being paid by lender's or borrower's counsel to all registered owners ☐ Yes ☐ No* ☐ No Net Proceeds

4 Have there been any transfers of title / conveyances or discharges of hypothecs registered within the last 6 months? ☐ Yes* ☐ No

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5. Will a portion of the proceeds be used to pay out all existing hypothecs? ☐ Yes ☐ No ☐ No Existing Hypothec
   a. Is the hypothec to be paid out held by a private lender? ☐ Yes ☐ No
   b. Will you have the discharge available on closing? ☐ Yes ☐ No

SEARCH AND OFF TITLE INFORMATION

1. All existing hypothecs will be discharged.(if needed, use the Additional Information section of the form) ☐ Yes ☐ No* ☐ N/A

**Lender (staying on title): _____ Publication No: _____

Date of Publication: M M / D D / Y Y Y Y Original Principal Amount: $_____ Rank: ☐ 1st ☐ 2nd ☐ 3rd

2. Will taxes be paid up to date on closing? ☐ Yes ☐ No ☐ Unknown

3. Details of all servitudes, other real rights, registered leases, declaration of Co-Ownership, work orders and other charges

*Description**	*Publication Number*	*Publication Date*
_____	_____	M M / D D / Y Y Y Y
_____	_____	M M / D D / Y Y Y Y
_____	_____	M M / D D / Y Y Y Y

* for a servitude please indicate if in favour, against or reciprocal

4. Certificate of Location Information :

Is there a certificate of location? ☐ Yes ☐ No ***Date of certificate of location:*** _____

Does the certificate of location disclose any irregularity? ☐ Yes ☐ No

If Yes, please provide details and provide us with copy of certificate of location by Email or fax : _____

_____

_____

If No, does it actually reflect the Insured Property? ☐ *Yes* ☐ *No*

If No, do you know if any modifications have been made on the Insured Property since the certificate of location? ☐ *Yes* ☐ *No*

If Yes, please provide details : _____

_____

5. Pursuant to your title searches, are there any irregularities? ☐ Yes ☐ No

If Yes, please provide details : _____

_____

ADDITIONAL INFORMATION / DETAILS

DECLARATIONS

I am a Notary / Lawyer in good standing, and have investigated title to the property insured by this policy in accordance with recognize practice or in accordance with lender instructions or in accordance with the underwriting guidelines of FCT Insurance Company Ltd. and First American Title Insurance Company (the "Company"), and I confirm the following:

1. I will comply prior to funding with any and all requirements of the hypothecary lender as set out in its instructions to solicitor;
2. I have disclosed all title matters discovered in the title search;
3. I will advise the Company of any additional registrations or material changes to the state of title or the priority of the insured's interest, prior to closing, if applicable;
4. I will make the net proceeds of the loan payable to the registered owner of the property (applicable to hypothec only transactions);
5. On or before closing, I will obtain a corporate profile showing an active status for the borrower and/or vendor, if applicable;
6. To the extent that they may form a hypothec or other charge against the property, all municipal / utility services will be paid on or before closing (applicable to purchase transactions);
7. For a condominium, the common expenses will be paid on or before closing (applicable to purchase transactions).
8. I confirm that I have obtained consent from the parties to the transaction (purchasers, vendors, borrowers, lenders, as applicable) to have their personal information provided to FCT for the purposes of issuing and administering a title insurance policy, and any other ancillary policy relating thereto, including for underwriting purposes and assessing and controlling risks. For FCT's corporate Privacy Policy, including information about service providers located outside of Canada, visit our website at www.fct.ca.

_____ Date _____

Mtre month/day/year

For the purposes of the Insurance Companies Act (Canada), this document is issued in the course of FCT Insurance Company Ltd. and First American Title Insurance Company's insurance business in Canada. FCT are committed to protecting your client's privacy and personal information. The personal information you provide is kept confidential and is used to underwrite, assess and control risks, and issue and administer policies of title insurance. For our complete corporate Privacy Policy, please visit our website at www.fct.ca or contact our Privacy Officer at 1.800.307.0370. Thank you for choosing FCT!

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