REQUEST FOR COMMERCIAL TITLE INSURANCE FOR TRANSACTIONS UP TO $25 MILLION ATLANTIC

To: FCT
Attention: Commercial Solutions

Your File No. _____

Date: _____
Tel: 905.287.3112 / 1.866.804.3112
Fax: 905.287.1009 / 1.866.566.8599
Email: commercialsolutions@fct.ca

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

Solicitor/Notary: _____ Contact: _____

Law Firm: _____

Address: (new customers only) _____

Email Address: _____

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

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

Solicitor/Notary: _____ Contact: _____

Law Firm: _____

Address: _____

Email Address: _____

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

POLICIES REQUIRED

Loan Policy ☐ Owner's Policy* ☐ FCT Reference # _____ (*if we provided you with a quote*)

TRANSACTION INFORMATION

Closing Date: _____ (M M / D D / Y Y Y Y) Purchase Price: $_____

☐ Property Purchase* ☐ Property Purchase and Mortgage* ☐ Share Purchase ☐ Cannabis Deal

☐ Energy Deal ☐ New Mortgage/Refinance ☐ CMHC Insured, Number of Units (if CMHC insured) _____

Interest Held: ☐ Fee Simple ☐ Leasehold** ☐ Easement

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

Would you like to add the Deal Protection coverage? (*additional premium applies*) ☐ Yes ☐ No

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: _____

_____

P.I.D.: _____

Legal Description: _____

_____

Does the legal description contain any reference to together with rights of way or easements? ☐ Yes ☐ No

Subject to certain exceptions, commercial title insurance policies equal or below $10M CAD are provided by **FCT Insurance Company Ltd**. Commercial title insurance policies above $10M CAD are provided by **First American Title Insurance Company**. Reference should be made to policy documents to confirm the insurer on any individual transaction. Services by **First Canadian Title Company Limited**. The services company does not provide insurance products. This material is intended to provide general information only. For specific coverage and exclusions, refer to the applicable policy. Copies are available upon request. Some products/services may vary by province. Prices and products/services offered are subject to change without notice.

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Additional properties (attach schedule if necessary)**:**

Municipal Address: _____

_____

P.I.D: _____

Legal Description: _____

_____

Does the legal description contain any reference to together with rights of way or easements? ☐ Yes ☐ No

PURCHASER/MORTGAGOR INFORMATION

Purchaser/Mortgagor Name: _____

Address for Service: _____

Beneficial Owner (if applicable): _____

Has the Beneficial Owner consented to this transaction? ☐ Yes ☐ No

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

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. 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: · Click to select a type

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

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

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

Email: _____
Phone: _____

MORTGAGE INFORMATION *(If an additional mortgage is to be insured, provide the same details in a schedule)*

Mortgagee: _____

Custodian (if applicable) _____

Address for service: _____

Mortgage Amount: $_____ Insured Amount: $_____Mortgage Reference No._____

Priority: ☐ 1st ☐ 2nd ☐ 3rd Other _____

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 Loan Agreement allow for the following? ☐ Construction Advances ☐ Subsequent Advances up to Amount of Insurance
☐ Subsequent Advances exceeding Amount of Insurance ☐ Revolving Credit Facility ☐ Variable rate of Interest

PURCHASE TRANSACTIONS

1. If a survey, location certificate or real property report is available, does it reveal any defects? ☐ Yes* ☐ No ☐ Unavailable
   ***If Yes, please provide the details:** _____

2. Are you getting a Declaration of Possession or Statutory Declaration? ☐ Yes* ☐ No
   (*If Yes, please send a copy for our file)

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

4. If the property is a condo, does the estoppel certificate indicate any adverse matters that will not be clear on closing? ☐ Yes* ☐ No ☐ Unknown

5. Name of Vendor's Solicitor (Firm and Lawyer Name): _____ Phone number: _____

Please provide an explanation if applicable and attach pertinent documentation to this order

MORTGAGE ONLY TRANSACTIONS (not in conjunction with a purchase)

1. If the property is a condo, does the estoppel certificate indicate any adverse matters that will not be clear on closing? ☐ Yes* ☐ No

2. Will a portion of the proceeds be used to pay out all existing mortgages? ☐ Yes ☐ No
   a. Is the mortgage to be paid out held by a private lender? ☐ Yes ☐ No
   b. Will you have the discharge available on closing? ☐ Yes ☐ No

Please provide an explanation if applicable and attach pertinent documentation to this order

SEARCH AND OFF TITLE INFORMATION

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

2. To the extent utilities form a lien, will they be paid up to date on closing? ☐ Yes ☐ No ☐ Unknown

3. Are there any unregistered commercial leases or agreements to lease? ☐ Yes ☐ No ☐ Unknown

4. List details of all registered instruments or other matters affecting the property, including but not limited to easements, restrictive covenants, development agreements, etc.

Instrument Type	*Instrument Number*	*Registration 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

5. If you are ordering an Owner's Policy, have you confirmed that all private notices, agreement, restrictive covenants and conditions have been complied with? ☐ Yes ☐ No
   If no, please provide details:

_____

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6. List any other matters that would normally qualify your opinion (including but not limited to title matters, judgements, liens, etc.

NEWFOUNDLAND PROPERTIES ONLY:

1. Is there a continuous chain of title that is free of defects? ☐ Yes** ☐ No

2. Is there evidence that a Crown grant has been issued? ☐ Yes** ☐ No

Please provide a copy of the Legal Description of the Property

STATEMENTS

Please review the following statements prior to submitting your request. If you are unable to confirm the following statements, please provide additional details when submitting your request, or alternatively, contact our office for instructions.

1. I will obtain a clear judgement search (if applicable) for the borrower and/or the vendor;
2. I will obtain a corporate profile dated no more than 30 days prior to the Date of Policy showing an active status for the borrower and/or vendor and predecessor to vendor, if applicable; and
3. Where the transaction relates to a purchase of a condominium, I will obtain a clear status/estoppel certificate dated no more than 30 days prior to the Date of Policy.
4. I confirm that I have obtained consent from the parties to the transaction (purchasers, vendors, borrowers, lenders, as applicable) in compliance with all applicable laws 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.

FCT is 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.

Print Submit by Email

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