



REQUEST FOR COMMERCIAL TITLE INSURANCE  
FOR TRANSACTIONS UP TO \$25 MILLION  
SASKATCHEWAN

To: FCT  
Attention: Commercial Solutions

Date:  
Tel: 905.287.3112 / 1.866.804.3112  
Fax: 905.287.1009 / 1.866.566.8599  
Email: [commercialsolutions@fct.ca](mailto:commercialsolutions@fct.ca)

Your File No. \_\_\_\_\_

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: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_  
MM / DD / YYYY

☐ 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: \_\_\_\_\_



REQUEST FOR COMMERCIAL TITLE INSURANCE  
FOR TRANSACTIONS UP TO \$25 MILLION  
SASKATCHEWAN

Legal Description:

Additional properties (attach schedule if necessary):

Municipal Address:

Legal Description:

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

If purchaser/mortgagor 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](https://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](mailto: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.

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:

| Verification Category      | Document Name     | Document No. | Document Source Name |
|----------------------------|-------------------|--------------|----------------------|
| Name and Date of Birth     | Select a document |              |                      |
| Name and Address           | Select a document |              |                      |
| Name and Financial account | Select a document |              |                      |

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:

| Verification Category      | Document Name     | Document No. | Document Source Name |
|----------------------------|-------------------|--------------|----------------------|
| Name and Date of Birth     | Select a document |              |                      |
| Name and Address           | Select a document |              |                      |
| Name and Financial account | Select a document |              |                      |

Telephone 905.287.3112 | Toll free 1.866.804.3112 | Email [commercialsolutions@fct.ca](mailto:commercialsolutions@fct.ca)

FCT.ca

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.

® Registered Trademark of **First American Financial Corporation**.

09/2026



REQUEST FOR COMMERCIAL TITLE INSURANCE  
FOR TRANSACTIONS UP TO \$25 MILLION  
SASKATCHEWAN

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

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

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: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> 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 or real property report is available, does it reveal any defects? ☐ Yes\* ☐ No ☐ Unavailable  
\*If Yes, please provide the details: \_\_\_\_\_  
2. Please provide the name and phone number of the Real Estate Agent involved in this transaction.  
Company/Agent Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
☐ No Agent (please send a copy of the Agreement of Purchase and Sale and title)  
3. 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 his trust account)  
4. Have there been any Amendments with respect to the purchase price and/or deposit after the date of signing the Agreement of Purchase and Sale, which exceed the sum of \$30,000.00? ☐ Yes\*\* ☐ No  
5. 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  
6. Are the net mortgage 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. If the property is a condo, does the estoppel certificate indicate any adverse matters that will not be clear on closing? ☐ Yes\* ☐ No ☐ Unknown  
9. Name of Vendor’s Solicitor (Firm and Lawyer Name): \_\_\_\_\_ Phone number: \_\_\_\_\_

MORTGAGE ONLY TRANSACTION (not in conjunction with a purchase)

1. Are any of the borrowers signing by way of Power of Attorney? ☐ 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  
3. Are the net mortgage 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  
  
\*Please provide an explanation if applicable and attach pertinent documentation to this order (e.g. Title Search, Survey or Real Property Report, Estoppel Certificate, Direction re Funds, Statement of Adjustments)

**\*\*Please attach the Agreement of Purchase and Sale with all amendments, Title Search and Power of Attorney, as applicable**



REQUEST FOR COMMERCIAL TITLE INSURANCE  
FOR TRANSACTIONS UP TO \$25 MILLION  
SASKATCHEWAN

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 (or attach the title search) including but not limited to easements, restrictive covenants, development agreements, etc.

| Instrument Type | Instrument Number | Registration Date                  |
|-----------------|-------------------|------------------------------------|
|                 |                   | <small>M M / D D / Y Y Y Y</small> |
|                 |                   | <small>M M / D D / Y Y Y Y</small> |
|                 |                   | <small>M M / D D / Y Y Y Y</small> |

5. Have all agreements, restrictive covenants and conditions been complied with?  
If no, please provide details:

☐ Yes\* ☐ No

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

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 Writ Registry Search 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