



REQUEST FOR COMMERCIAL TITLE INSURANCE
FOR TRANSACTIONS UP TO \$25 MILLION
YUKON TERRITORY, NORTHWEST TERRITORIES AND NUNAVUT

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

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*
☐ Energy Deal

☐ Property Purchase and Mortgage*
☐ New Mortgage/Refinance

☐ Share Purchase
☐ CMHC Insured, Number of Units (if CMHC insured) _____

☐ Cannabis Deal

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

Property Type:

☐ Apartment Building
☐ Industrial Building
☐ Trailer Park
☐ Mixed Use (commercial with residential)
☐ Vacant Agricultural Land (income generating) ***
☐ Vacant Land (non-farm)***

☐ Bed and Breakfast
☐ Office Building
☐ Medical Practice

☐ Church
☐ Restaurant/Bar
☐ Educational Facility
☐ Retail
☐ Agricultural Land (income generating) with Residential Home
☐ Other (please specify) _____

☐ Gas Station/Garage
☐ Condo
☐ Retirement Home
☐ Salon/Aesthetics
☐ First Nations Land

☐ Hotel/Motel

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: _____

Legal Description: _____



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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 ? ☐ 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	- Click to choose a document type -	Document No.	Document Source Name
Name and Address	- Click to choose a document type -	Document No.	Document Source Name
Name and Confirmation of Financial Account	- Click to choose a document type -	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 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 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 Company/Agent involved in this transaction.
(Where no company/agent is involved, please send a copy of the Agreement of Purchase and Sale and title along with your order request.)
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. Have there been any transfers of title/conveyances or discharges of mortgages registered within the last 6 month? ☐ Yes** ☐ No

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

10. Name of Vendor’s Solicitor (Firm and Lawyer Name): _____ Phone number: _____

MORTGAGE ONLY TRANSACTIONS (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

Telephone 905.287.3112 | Toll free 1.866.804.3112 | Email 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**.



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4. Have any transfers of title/conveyances or discharges of mortgage been registered within the last 6 months, including transfers of title registered immediately prior to this mortgage? ☐ Yes** ☐ No

**Please provide an explanation if applicable and attach pertinent documentation to this order (e.g. Title Search, 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)*

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
		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: _____

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

REPORT ON TITLE

I am a solicitor in good standing, and have investigated title to the property insured by this policy in accordance with the instructions of First American Title Insurance Company (the “Company”), and I confirm the following:

1. I will comply with any and all requirements of the mortgage lender as set out in its Instructions to Solicitor prior to funding;
2. I have disclosed all title matters which would otherwise qualify my opinion on title;
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;
4. I will make the proceeds of the mortgage payable to all registered owner(s) of the property, or a secured or unsecured creditor for which there is evidence of a debt (applicable to Mortgage Only transactions);
5. The beneficial owner has consented to the transaction (if applicable);
6. 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
7. 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.
8. 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.

Do you confirm title is as you have advised on this order? ☐ Yes ☐ No

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.