FCT Insurance Company Ltd. Saskatchewan 02/24 Page 1 of 3



RESIDENTIAL TITLE INSURANCE ORDER FORM

| To: FCT Insurance Company Ltd. | Toll-free 1.800.705.0006 Fax: | |
|--|--|--|
| Attention: Residential Title Insurance Services | Local Fax: 905.287.2403 | |
| | | |
| Please select which policy(ies) you would like to order: | | |
| Home Ownership Protection Policy (Insures Purchaser/Owner) Loan Policy (Insures Len | <u> </u> | |
| Please only complete the sections that apply to your transaction. | | |
| LAW FIRM INFORMATION | | |
| If you are a first time user or if your information has changed, please address. | ıttach details of your address, phone number, fax number and email | |
| | w Firm | |
| | me: | |
| Contact: You First Name Last Name No | ur File | |
| 140 | ·· | |
| TRANSACTION INFORMATION | | |
| Please select a transaction type: | | |
| ☐ Purchase Resale ☐ New Home Purchase from Builder | Refinance/ Non-Purchase Existing Owner Mortgage | |
| Closing Date | | |
| day/ month/ year | | |
| What is the purchase price? (purchase transactions only) | \$ | |
| PROPERTY INFORMATION | | |
| Please select a property type: | | |
| Single Family Dwelling (Includes detached house/free | Multi-Family Dwelling (Includes a house with more | |
| hold townhouse/semi- detached) | Number of Units (2-6): than one dwelling unit) | |
| Condominium | Mobile Home (Must be affixed to the land) | |
| Live/Work Unit (1 of each) | Manufactured Home (Must be de-registered) | |
| Townhouse (Condominium) | Vacant Land | |
| Rooming/Student House Number of Units: | | |
| Is this property over 2 acres? | ☐ Yes ☐ No | |
| Is this property income generating? | | |
| Is this property income generating: Is this property on Indian/First Nations Land? <i>If yes, please attach</i> | | |
| Is this property leasehold? | | |
| Property Legal Description | Yes No | |
| (If the last registered deed contains the description as is currently used, we will accept the instrument numbers of the last registered | | |
| deed in lieu of the metes and bounds description) | | |
| | | |
| | | |
| | | |
| Address to be Insured: | | |
| Apt. / Street Street Name Unit No. No. | | |
| City Province | Postal Code | |
| Would you like to add the Market Value Endorsement for the P | | |
| The Market Value Endorsement can only be added to a Homeowner P | | |
| Would you like to add the Deal Protection Endorsement to you | _ _ | |
| The Deal Protection Endorsement will be added to all policies being ordered (except an Existing | | |
| Homeowner Policy). | and a color of the | |
| Has an order for this transaction previously been placed with a provide explanation: | nother title insurer? If yes, please Yes No | |
| province exprimination. | | |



| PURCHASER/MORTGAGOR INFORMATION | | |
|---|--|--|
| Person 1: | Person 2: | |
| First Name Last Name | First Name Last Name | |
| Person 3: | Corporation/ | |
| | Business | |
| First Name Last Name | Name: | |
| Additional | | |
| Name(s): | | |
| | | |
| MORTGAGE INFORMATION | | |
| ☐ New ☐ Refinance/ Non-Purchase ☐ | Construction | |
| Mortgage Mortgage | Mortgage specify: | |
| Mortgagee: | Mortgage Closing | |
| | Date: day/month/year | |
| Mortgage \$ Priority: 1st [| 2 nd 3 rd Mortgage Ref No.: | |
| Amount: | | |
| | | |
| | | |
| | | |
| | | |
| SEARCH AND OFF TITLE MATTERS (FOR ALL TRANS | ACTIONS) | |
| Is the property on a waterfront? | Yes No | |
| Is the property connected to both municipal water and sewe | er services? | |
| Is a Real Property Report available? | Yes* No | |
| If yes, does it reveal any defects? | Yes* No | |
| , , | | |
| Are there any other matters that would normally qualify yo | | |
| to title matters, executions, liens, taxes, inability to successfu | | |
| identification if you used an identification verification platfo | | |
| Is the Land being insured a Farm? | Yes No | |
| | | |
| ALL PURCHASE TRANSACTIONS | | |
| Have you obtained an Estoppel Certificate in this transaction | n? (Applicable for condominium only) Yes No | |
| ** | | |
| | name of the solicitor, you consent to us contacting the vendor's | |
| solicitor. If you do not enter the name of the solicitor, then you have not consented to us contacting the vendor's solicitor | | |
| which may delay the deal) Firm Name | First Name | |
| What is the name and phone number of the real estate comp | First Name Last Name pany/agent? Yes Agent | |
| what is the name and phone number of the real estate comp | No Agent** | |
| Have there been any Amendments with respect to the purch | | |
| , , , | | |
| signing the Agreement of Purchase and Sale, which exceed | | |
| Was any portion of the Deposit paid directly to the vendors | | |
| (Please do not answer "Yes" if the deposit was paid to the vendor's solicitor and it is retained in their | | |
| trust account.) | | |
| Are any of the vendors signing by way of Power of Attorney | | |
| Is there a mortgage on title that will be paid out with the sal | e proceeds? If Yes, please provide amount Yes No** | |
| to be paid out \$ | | |
| Is the mortgage to be held by a private lender? | ∐ Yes ∐ No | |
| (Not a Chartered Bank, Trust Company, Credit Union, Insur | rance Company or Finance Company). | |
| | | |
| PURCHASE TRANSACTIONS - ROOMING/STUDENT | HOUSES | |
| Has the building department work order search been comp | oleted? Yes No | |
| Are there any work orders? | Yes* No | |
| · | | |
| Has the zoning search been confirmed? | Yes No | |
| Does the property comply with the zoning? | Yes No* | |
| Has the fire department work order search been completed | ? Yes No | |
| Are the work orders clear? | | |
| | | |
| | | |
| PURCHASE TRANSACTIONS INVERMORY UNITS | | |

Please attach the building, zoning and fire reports to this order if property is a Live/Work Unit.



| NON-PURCHASE MORTGAGE TRANSACTIONS | | |
|--|------------------------------------|--|
| Will a portion of the mortgage proceeds be used to pay out all existing mortgage(s)? If Yes, please provide amount to be paid out \$ (includes internal mortgagee payouts) | Yes No No Existing Mtg | |
| Will the net proceeds (after payment of all debts for which there is evidence of debt) be paid to ALL registered owners? | ☐ Yes ☐ No ☐ No Net Proceeds | |
| Are any parties to the transaction signing by way of Power of Attorney? | Yes** No | |
| Are you acting on behalf of the borrower? | Yes No | |
| If No, please provide the name and phone number of the borrower's solicitor: | | |
| Is the mortgage to be held by a private lender? | ☐ Yes ☐ No | |
| (Not a Chartered Bank, Trust Company, Credit Union, Insurance Company or Finance Company). | | |
| EXISTING HOMEOWNER TRANSACTIONS | | |
| What is the purchase price or current estimated value? | \$ | |
| What is the original transfer date? | Ψ | |
| What is the original transfer date: | day/ month/ year | |
| | | |
| CUSTOMER CONSENT STATEMENT | | |
| I confirm that I have obtained consent from the parties to the transaction (purchasers, borrowers, lenders, as applicable) | | |
| to have their personal information provided to FCT for the purposes of issuing and administering a title | | |
| policy, and any other ancillary policy relating thereto, including for underwriting purposes and assessing | _ | |
| controlling risks. For FCT's corporate Privacy Policy, including information about service providers local | ated outside of | |
| Canada, visit our website at <u>www.fct.ca</u> . | | |
| *Please provide an explanation and attach pertinent documentation to this order (e.g. Title Search, building, zoning & fire reports, Real Property Report, etc. if defects are revealed). **Please attach the Agreement of Purchase and Sale with all amendments (as applicable), Title Search and the Power of | | |
| Attorney (as applicable) to this order. You are not required to attach these documents for a New Home Builder. | 2 | |
| Your order will be forwarded to our Underwriting Department for review and an underwriter will contact you within 24 hours of receipt of all documents. | | |
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| Notes/ Special Instructions: | | |
| msu uctions. | | |
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| TO SUBMIT YOUR ORDER FORM | | |
| Click 'Submit by Email', or send directly to FCT at residentialsolutions@fct.ca. | | |

Thank you for choosing FCT. Your order will be processed in sequence, during business hours from Monday to Friday 8:00 a.m. to 8:00 p.m. EST. If you have any other inquiries please feel free to call us at 905.287.3122, or toll free at 1.866.804.3122.