



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 Lender)	☐ Existing Homeowner Policy (Insures Homeowner, no purchase)

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 attach details of your address, phone number, fax number and email address.		
Solicitor :		Law Firm
	First NameLast Name	Name:
Contact:		Your File
	First NameLast Name	No.:

TRANSACTION INFORMATION			
Please select a transaction type:			
☐ Purchase Resale	☐ New Home Purchase from Builder	☐ Refinance/ Non-Purchase Mortgage	☐ Existing Owner
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 hold townhouse/semi-detached)	☐ Multi-Family Dwelling Number of Units (2-6):	☐ (Includes a house with more 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?		☐ Yes	☐ No
Is this property on Indian/First Nations Land? If yes, please attach the title search.		☐ Yes	☐ No
Is this property leasehold?		☐ Yes	☐ No
Property Legal Description			
(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)			
LINC (Land Identification Numeric Code) Number:			
Address to be Insured:			
	Apt. / Unit No.	Street No.	Street Name
City	Province	Postal Code	
Would you like to add the Market Value Endorsement for the Purchaser(s)/Mortgagor(s)?		☐ Yes	☐ No
The Market Value Endorsement can only be added to a Homeowner Policy.			
Would you like to add the Mortgage Priority Endorsement for the Mortgagee?		☐ Yes	☐ No
The Mortgage Priority Endorsement can only be added to a second priority Loan Policy.			
Would you like to add the Deal Protection Endorsement to your title insurance order?		☐ Yes	☐ No
The Deal Protection Endorsement will be added to all policies being ordered (except an Existing Homeowner Policy).			
Has an order for this transaction previously been placed with another title insurer? If yes, please provide explanation:		☐ 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?

*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:

	First Name	Last Name		
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Complete when requesting an Owner's policy and acting as agent:

Date of Birth:

(dd/mm/yyyy)

Address on

ID/Current	Unit No.	Street No.	Street Name	City
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Address:

	Province/State	Postal/Zip code	Country	
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ID Document

Details:	ID Verification Date (dd/mm/yyyy)	ID Expiry Date (dd/mm/yyyy)	ID No.	
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	ID Country	ID Province/State		
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ID Verification

Type: - Click to select a type -

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

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

Phone Number: _____ Email Address: _____

Person 2:

	First Name	Last Name		
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Complete when requesting an Owner's policy and acting as agent:

Date of Birth:

(dd/mm/yyyy)

Address on

ID/Current	Unit No.	Street No.	Street Name	City
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Address:

	Province/State	Postal/Zip code	Country	
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ID Document

Details:	ID Verification Date (dd/mm/yyyy)	ID Expiry Date (dd/mm/yyyy)	ID No.	
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	ID Country	ID Province/State		
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Name and Address		Document No.	Document Source Name
Name and Confirmation of Financial Account		Document No.	Document Source Name

Phone Number: _____ Email Address: _____

Insurance by **FCT Insurance Company Ltd.** This material is intended to provide general information only. For specific coverage and exclusions, refer to the policy. Copies are available upon request. ® Trademark of First American Financial Corporation.

PURCHASER/MORTGAGOR INFORMATION – CORPORATIONS	
Corporation / Business Name <i>(Please provide the Corporate Profile report when requesting an Owner's policy. For non-corporate entities, please provide documentation confirming legal existence)</i>	

MORTGAGE INFORMATION			
☐ New Mortgage	☐ Refinance/ Non-Purchase Mortgage	☐ Construction Mortgage	☐ Other, please specify:
Mortgagee:		Mortgage Closing Date: day/month/year	
Mortgage \$ Amount:	Priority: ☐ 1 st ☐ 2 nd ☐ 3 rd	Mortgage Ref No.:	

SEARCH AND OFF TITLE MATTERS (FOR ALL TRANSACTIONS)	
Is the property on a waterfront?	☐ Yes ☐ No
Is the property connected to both municipal water and sewer services?	☐ Yes ☐ No
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 your legal opinion (including but not limited to title matters, judgments, liens, taxes, inability to successfully authenticate your client’s/borrower’s identification if you used an identification verification platform)?	

ALL PURCHASE TRANSACTIONS	
Have you obtained or will you be obtaining an Estoppel Certificate in this transaction? (Applicable for condominium only) ☐ Yes ☐ No	
What is the name of the vendor’s solicitor? (By entering the 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 Last Name
What is the name and phone number of the real estate company/agent? ☐ Yes Agent ☐ No Agent**	
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 total sum of \$25,000? ☐ Yes** ☐ No	
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.) ☐ Yes** ☐ No	
Are any of the vendors signing by way of Power of Attorney? ☐ Yes** ☐ No	
Have there been any discharges of mortgages or transfers of title in the past 6 months? ☐ Yes** ☐ No	
Is the mortgage to be held by a private lender? (Not a Chartered Bank, Trust Company, Credit Union, Insurance Company or Finance Company). ☐ Yes ☐ No	

PURCHASE TRANSACTIONS – 2 TO 6 UNITS; ROOMING/STUDENT HOUSES	
Has the building department work order search been completed?	☐ Yes ☐ No
Are there any work orders?	☐ Yes* ☐ No
Has the zoning search been completed?	☐ 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?	☐ Yes ☐ No*

PURCHASE TRANSACTIONS – LIVE/WORK 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
Have there been any discharges of mortgages or transfers of title registered in the past 6 months, including transfers of title to be registered immediately prior to this mortgage?	☐ Yes** ☐ No
Are you acting on behalf of the borrower? If No, please provide the name and phone number of the borrower’s solicitor:	☐ Yes ☐ No

Is the mortgage to be held by a private lender? (Not a Chartered Bank, Trust Company, Credit Union, Insurance Company or Finance Company).	☐ Yes ☐ No
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EXISTING HOMEOWNER TRANSACTIONS	
What is the purchase price or current estimated value?	\$
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 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 fct.ca .

<i>*Please provide an explanation and attach pertinent documentation to this order (e.g. Current Historical Title for recent registrations, building, zoning & fire reports, Real Property Report, etc. if defects are revealed).</i> <i>**Please attach the Agreement of Purchase and Sale with all amendments (as applicable), Current Historical Title and the Power of Attorney (as applicable) to this order. You are not required to attach these documents for a New Home Purchase from a Builder.</i> <i>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.</i>

Notes/ Special Instructions:
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TO SUBMIT YOUR ORDER FORM
Click ‘ Submit by Email ’ or send directly to FCT at residentialolutions@fct.ca .