RESIDENTIAL TITLE INSURANCE ORDER FORM

To:	FCT Insurance Company Ltd.	Toll-free Fax:	1.800.705.0006
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 : First Name Last Name	Law Firm Name:
Contact: First Name Last Name	Your File 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

☐ Land Titles ☐ Registry

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)

PIN (If PIN is not available OR for new home purchase from a builder where PIN has not been split, please provide the Legal Description):

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

AGENCY AGREEMENT (Complete when requesting an Owner's policy)

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.**

PURCHASER/MORTGAGOR INFORMATION – INDIVIDUALS

Person 1:

First Name Last Name

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

Date of Birth: (dd/mm/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 (dd/mm/yyyy) | ID Expiry Date (dd/mm/yyyy) | ID No.

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 and not acting as agent:

Phone Number: Email Address:

Person 2:

First Name Last Name

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

Date of Birth: (dd/mm/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 (dd/mm/yyyy) | ID Expiry Date (dd/mm/yyyy) | ID No.

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 and not acting as agent:

Phone Number: Email Address:

Person 3:

First Name | Last Name

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

Date of Birth: (dd/mm/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 (dd/mm/yyyy) | ID Expiry Date (dd/mm/yyyy) | ID No.

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 and not acting as agent:

Phone Number: | Email Address:

Person 4:

First Name | Last Name

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

Date of Birth: (dd/mm/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 (dd/mm/yyyy) | ID Expiry Date (dd/mm/yyyy) | ID No.

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 and not acting as agent:

Phone Number: | Email Address:

PURCHASER/MORTGAGOR INFORMATION – CORPORATIONS

Corporation / Business Name (***Please provide the Corporate Profile report when requesting an Owner's policy. For non-corporate entities, please provide documentation confirming legal existence***)

MORTGAGE INFORMATION

☐ New Mortgage ☐ Refinance/ Non-Purchase Mortgage ☐ Construction Mortgage ☐ Other, please specify:

Mortgagee:		Mortgage Closing Date: day/month/year
Mortgage Amount: $	Priority: ☐ 1st ☐ 2nd ☐ 3rd	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 survey 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, executions, liens, taxes, inability to successfully authenticate your client's/borrower's identification if you used an identification verification platform)?	☐ Yes* ☐ No

ALL PURCHASE TRANSACTIONS

Have you obtained a Status 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? (If yes, please provide a copy of the Agreement of Purchase and Sale and PIN Pages, with deleted Instruments)	☐ 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? (Please ensure that the PIN page you obtain for your search includes all deleted instruments)	☐ 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? (Please ensure that the PIN page you obtain for your search includes all deleted instruments)	☐ 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

EXISTING HOMEOWNER TRANSACTIONS

What is the purchase price or current estimated value?	$
What is the original transfer date?	day/ month/ year
Are there any qualifications set out in the thumbnail of the PIN?	☐ Yes* ☐ No

Please provide an explanation and attach pertinent documentation to this order (e.g. PIN page for recent registrations, building, zoning & fire reports, survey, etc. if defects are revealed).

****Please attach the Agreement of Purchase and Sale with all amendments (as applicable), PIN page 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.***

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.

Notes/ Special Instructions:

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 FCT Insurance Company Ltd. (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. 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.

TO SUBMIT YOUR ORDER FORM

Click '**Submit by Email**' or send directly to FCT at residentialsolutions@fct.ca.

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