Advocus National Title Insurance Company™

POLICY/CLOSING ORDER FORM

Email completed form to orders@advocustitle.com

Customer Name: _____ Customer Contact: _____

Phone No.: _____ Fax No.: _____ Email: _____

Order Date: _____

SERVICES REQUIRED

☐ Letter Report Only

Polices to be issued:

☐ Owner's ☐ Loan ☐ Both

Purchase Price: $ _____

Loan Amount: $ _____

☐ Advocus Closing Services

Closing Date: _____

Location: ☐ Advocus Office

☐ Other site: _____

SELLER

Name(s): _____

_____

Address: ☐ Same as property to be insured

☐ Other: _____

City, State, Zip: _____

Attorney: ☐ Yes ☐ No

Name: _____

Phone: _____ Fax: _____

Email: _____

BORROWER

Name(s): _____

_____

Address: ☐ Same as property to be insured

☐ Other: _____

City, State, Zip: _____

Attorney: ☐ Yes ☐ No

Name: _____

Phone: _____ Fax: _____

Email: _____

PROPERTY

Address: _____

City, State, Zip: _____

County: _____

PIN: _____

Brief Legal Description (or attach copy):

_____

_____

_____

_____

Type of Property:

☐ Residential Single Family ☐ Multi-Family

☐ Commercial ☐ Condo/PUD Association

☐ Farm ☐ Vacant Land

Special Assessment Letter: ☐ Yes ☐ No

DNS Letter (City of Milwaukee Only): ☐ Yes ☐ No

PRIOR POLICY/CONTRACT

☐ Attached ☐ None ☐ Real Estate Contract (attached)

LENDER

Name: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

ENDORSMENTS

☐ ARM ☐ EPL

☐ Balloon ☐ Location

☐ Revolving Credit ☐ REM

☐ Other: _____

CLOSING PROTECTION LETTER

Closing Protection Letter: ☐ Yes ☐ No

ADDITIONAL INSTRUCTIONS

_____

_____

_____

_____

For questions, please call Advocus Wisconsin: 262.347.0102