

**FAX REQUESTS TO: (630) 282-4672 or EMAIL REQUESTS TO:
TITLEEXAM@CARRINGTONTITLE.COM**

**CARRINGTON TITLE
APPLICATION FOR TITLE INSURANCE**

DATE: _____

SALES PRICE: _____ **LOAN AMOUNT:** _____

SELLER: _____

BORROWER: _____

SS# 1: _____ **SS# 2:** _____

PROPERTY ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY: _____

LENDER: _____

TYPE OF PROPERTY: Single Family Condo Townhouse

TYPE OF LOAN: Primary Secondary Investment

TYPE OF TRANSACTION:

ADDITIONAL COVERAGE

- Purchase
- Refinance
- Cash Sale
- Land Contract
- Equity Loan

- Quit Claim needed
- EPA Endorsement
- ARM Endorsement
- Location Note
- Comprehensive Endorsement

SPECIAL NOTES:

APPLICANT

Phone:
Fax:
Email:

**Carrington Title Partners, LLC
1919 S. Highland Ave., Ste 315-B
Lombard, IL 60148
Phone: (630) 317-0049
Fax: (630) 317-0056**