



Stearns County Abstract Co.

21 Courthouse Sq., St. Cloud, MN 56303
Phone: 320-251-5920 * Fax: 320-251-0367
Toll Free: 1-800-501-5920

Email: info@stearnscountyabstract.com

Title Insurance Application

Application Date: _____ Order No. _____

Applicant _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Contact _____

Listing Company/Address _____ Selling Company/Address _____

Agent _____ Agent _____

Phone _____ Phone _____

Send a copy of the Commitment to _____

Transaction Data

Date Needed _____
(not closing date)

Mortgage Amount \$ _____

Sale Price \$ _____

Owner's Policy Amount \$ _____

Type of Policy Ordered

Mortgage Owner's Yes No

Special Assessment Search

Mortgagees Plat Drawing

Closing at SCAC

Anticipated Closing Date _____

Special Instructions _____

Proposed Insured _____

Property Information

Residential Property Commercial Property

Property Address _____

City _____ County _____ State _____

Legal Description _____

Property is: Abstract Torrens Certificate No. _____

Location of the Abstract _____

Property is: Existing Buildings New Construction Vacant Land

Present Owner(s) _____

Work Phone _____ Home Phone _____

Occupant (if not owner) _____

Buyers Name(s) _____

Buyers Present Address _____

Does Buyer Request an Owner's Policy Yes No

For Minnesota Title Use Only:

Code Amount Charged

AGENT FOR: OLD REPUBLIC NATIONAL TITLE INSURANCE CO.

THANK YOU FOR YOUR ORDER

