

CAPITAL ASSURANCE GROUP, INC.

550 American Avenue, Suite 201, King of Prussia, PA 19406 : Toll Free Phone: 888-325-3880 : Fax: 877-265-1395

Property / Title Search Request Form

Order Date: _____ Time: _____

Lender: _____

Broker: _____

CONTACT: _____

CONTACT: _____

Ph: (_____) _____

Ph: () _____ EXT: _____

Fx: (_____) _____

Fx: () _____

Type of order: Refi Purchase**
PLEASE CIRCLE ONE

**PURCHASE PRICE: \$ _____
**PLEASE FAX SALES AGREEMENT FOR PURCHASE

Title Insurance: Yes (**lender & loan amount required) No
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Loan Amount: \$ _____

New Deed Required: Yes No **How deed should read:** _____
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Will this be: First Mortgage Second Mortgage First and Second Mortgage
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Taxes: Verbal Tax Cert
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Flood Search: Regular Life of Loan
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Is this property: Owner occupied Non-owner occupied
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Marital Status: Married-Date of marriage _____ Unmarried Divorced (please provide divorce decree)
PLEASE CIRCLE ONE PLEASE CIRCLE ONE

Property Address: _____ City: _____ Zip: _____

Borrower (1): _____ SS#: _____ DOB: _____

Borrower (2): _____ SS#: _____ DOB: _____

Borrower Home #: _____

Borrower (1) Cell #: _____ Borrower (2) Cell #: _____

Borrower (1) Work #: _____ Borrower (2) Work #: _____

=====
Seller: _____ SS#: _____ DOB: _____

Seller: _____ SS#: _____ DOB: _____

PAYOFFS NEEDED: YES NO *** IN ORDER FOR US TO OBTAIN PLEASE FAX BORROWER AUTHORIZATION**

First Mortgage: _____ Account #: _____

Second Mortgage: _____ Account #: _____

**Thank you for your business and if you have any questions please contact us at 888-325-3880.
Have a nice day!**