



EXISTING HOME OWNER POLICY INSURANCE ORDER FORM

To: First Canadian Title
Attention: Residential Title Insurance Services
Fax: 905.287.2403 or toll free 1.800.705.0006
Email: ehop.info@firstcdn.com
Phone: 1.877.888.1153

Are you a member of The Police Credit Union? [ ] Yes [ ] No

Please use "BLOCK" letters when completing form to ensure accuracy of your order.

HOME BRANCH INFORMATION - Please indicate your home branch below.

- Toronto Branch- Q107-TPCU-0001
Durham Branch- Q107- TPCU-002
York Branch-Q107-TPCU-0003
College Street Branch-Q107-TPCU-004
Peel Branch-Q107-TPCU-0005

OWNER INFORMATION

Owner: First Name Middle Name(s) Last Name
Owner: First Name Middle Name(s) Last Name
Insured Property Address:
City: Province:
Postal Code: Phone No.:
Address for service, if different than the Insured Property Address:
Address:
City: Province: Postal Code:

PROPERTY INFORMATION

- 1. What is the Property Type? [ ] Single Family [ ] Condominium [ ] Multi-Unit (2-6) # of Units (i.e. duplex)
2. What is the purchase price or tax assessed value or approximate value of your Property? \$
3. When was your closing/move in date? (if exact date not known - Month and Year is accepted) dd/mm/yyyy
4. Does your Property have a Septic System? [ ] Yes [ ] No
5. Does your Property have a Well? [ ] Yes [ ] No
6. Is the property on a waterfront? [ ] Yes [ ] No

Is this order in conjunction with a refinance through our Lender's Advantage Program? [ ] Yes [ ] No

NOTES/SPECIAL INSTRUCTIONS: