



**ARROWHEAD**  
ABSTRACT & TITLE CO.

314 West Superior Street  
Duluth MN 55802  
phone 218-722-0052  
fax 218-722-7601

**APPLICATION FOR TITLE INSURANCE**

Application Date \_\_\_\_\_ Estimated Closing Date \_\_\_\_\_

APPLICANT/BROKER \_\_\_\_\_

address \_\_\_\_\_

phone \_\_\_\_\_ FAX \_\_\_\_\_ e-mail \_\_\_\_\_

Originator \_\_\_\_\_ phone \_\_\_\_\_

Processor \_\_\_\_\_ phone \_\_\_\_\_

PROPOSED INSURED \_\_\_\_\_

Loan Amount \$ \_\_\_\_\_ 2nd mtg \$ \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Loan Purpose: \_\_\_\_\_ purchase \_\_\_\_\_ refinance \_\_\_\_\_ Loan # \_\_\_\_\_

Loan Type: \_\_\_\_\_ conventional \_\_\_\_\_ FHA \_\_\_\_\_ VA

<b>SERVICES REQUIRED: (check as needed)</b>	
<input type="checkbox"/> Closing	<input type="checkbox"/> Tax/Assessment Search
<input type="checkbox"/> Plat Drawing	<input type="checkbox"/> Construction Disbursement
<input type="checkbox"/> Warranty Deed	<input type="checkbox"/> UCC Search
	<input type="checkbox"/> 2nd Mortgage

Property Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ County \_\_\_\_\_

Legal Description \_\_\_\_\_

Property Tax ID # \_\_\_\_\_

Property Type: \_\_\_\_\_ single family residence \_\_\_\_\_ vacant land  
\_\_\_\_\_ multi-family \_\_\_\_\_ commercial  
\_\_\_\_\_ condo/townhouse

Title Evidence: \_\_\_\_\_ Abstract \_\_\_\_\_ Torrens/RPA  
\_\_\_\_\_ prior Title Policy \_\_\_\_\_ Certificate of Title # \_\_\_\_\_

Buyer(s)/Borrower(s) _____
Current Address _____
Marital Status _____ home phone _____ work phone _____
Selling Agent/Broker _____ phone _____
Seller(s) _____
Current Address _____
Marital Status _____ home phone _____ work phone _____
Listing Agent/Broker _____ phone _____

**\*ATTACH COPY OF PURCHASE AGREEMENT\***