



**Stearns County  
Abstract & Title Co.**

21 Courthouse Square St. Cloud, MN 56303  
Phone: 320-251-5920 Fax: 320-251-0367  
www.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) \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Occupant (if not owner) \_\_\_\_\_

Buyers Name(s) \_\_\_\_\_

Buyers Email: \_\_\_\_\_ Phone# \_\_\_\_\_

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

