

REQUEST TO ISSUE EXCESS RISK POLICY

Please complete the following information and fax or email the form to your state underwriting office.

AGENT: AGENT NO.: COUNTY: AGENCY FILE NO.: DATE: Property Address:	PROPOSED INSURED: LIABILITY: TYPE(S) OF POLICY:
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1. Are any previous or prior title policies used as a start?
Yes ____ No ____

If competitor's policy, competitor name: _____ If ORNTIC, Policy No. _____

2. Does this involve new construction?
Yes ____ No ____
3. Will mechanic's lien coverage be required?
Yes ____ No ____
4. Will we be able to obtain priority?
Yes ____ No ____
5. Are any endorsements other than the ALTA numbered endorsements or other regularly issued endorsements to be issued?
Yes ____ No ____
6. Are there wetlands, lakes or rivers on the property?
Yes ____ No ____
7. Do current underwriting practices require that an inspection or survey be made?
Yes ____ No ____
8. Will survey coverage be required?
Yes ____ No ____
9. Did the inspection disclose any problems?
Yes ____ No ____
10. Is there access to **ALL** parcels?
Yes ____ No ____
11. Are any matters being eliminated or written over in reliance on an Indemnity Agreement?
Yes ____ No ____
12. Are any matters being eliminated or written over without **proper** documentation?
Yes ____ No ____
13. Are the priorities of any liens involved being altered by Subordination Agreement?
Yes ____ No ____
14. Has this title been turned down by another underwriter?
Yes ____ No ____
15. Is a subdivision or tax split involved?
Yes ____ No ____

(If the answer to any questions other than nos. 2, 4, 7, and 10 is "yes," please explain and provide documents if necessary.)

Authorized Signature

Based upon the information above given, approval is granted to issue the policy as requested.

COMMENTS:

Dated: _____

OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

By _____