

UCCPlus™ Policy Application

Chica Fidelity Commonwealth

Please e-mail application to UCCPlus@fnf.com or fax to 312-223-3449

<i>To be completed by the UCC Division:</i>	Order No.:
	Project Name:

APPLICATION DATE: _____ EXPECTED CLOSING DATE: _____

I. LENDER INFORMATION: _____ AMOUNT OF INSURANCE REQUESTED: \$ _____

Name of Insured: _____ State of Formation: _____
Street Address: _____
City, State & Zip: _____
Contact Name: _____
Phone: _____ Ext. _____ Fax: _____
E Mail Address: _____

Lender's Counsel: _____ Firm: _____
Street Address: _____
City, State & Zip: _____
Contact Name: _____
Phone: _____ Ext. _____ Fax: _____
E Mail Address: _____

II. DEBTOR INFORMATION _____ State of Formation: _____

Exact Legal Name of Debtor _____
Debtor's Legal Status _____ Date of Formation: _____
(Corp, LLC, LP): _____
Address of CEO: _____

Debtor's Mailing Address: _____

Debtor's Counsel: _____ Firm: _____
Street Address: _____
City, State & Zip: _____
Phone: _____ Ext. _____ Fax: _____
E Mail Address: _____

III. SEARCHES: _____
Unless prior arrangements have been made all UCC/lien searches will be ordered by the UCC Division through its vendor of choice. All additional service fees incurred will be passed onto the party invoiced.

IV. IF THE UCCPLUS POLICY IS ASSOCIATED WITH A MORTGAGE/OWNER'S POLICY, PLEASE PROVIDE THE CONTACT INFORMATION (DIRECT OPERATION OR AGENT) TO SUCH REAL ESTATE POLICY:

Name: _____ Company: _____
Street Address: _____
City, State & Zip: _____
Phone: _____ Ext. _____ Fax: _____
E Mail Address: _____
Internal Reference Identification: _____

IF ADDITIONAL SERVICES ARE NEEDED, PLEASE CALL TOLL-FREE 1-877-892-5474 FOR FURTHER INFORMATION.