

UCCPlus™ Policy Application

Chicago Title™

Fidelity

Ticor

Alamo

Security Union*****Ego o qpy gcnj *****Ney {gtu

Please e-mail application to

UCCPlus@fnf.com or fax to 312-223-3449

To be completed by the UCC Division:

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

Exact Legal Name of Debtor

State of Formation:

Debtor's Legal Status
(Corp, LLC, LP):

Date of Formation:

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.