



**Investors Title Insurance Company
 South Carolina State Office
 Fax to: 803-252-3504**

REQUEST FOR AUTHORIZATION TO ISSUE OVER CONTRACTUAL LIMIT

****A copy of the commitment is required in order to process this request. ****

Proposed Closing Date: _____ **COMMERCIAL** _____ **RESIDENTIAL** _____

Type of Policy	Name of Insured	Amount
Lenders:		
Owners:		
Lessees:		
Premium Calculated: Lenders \$ _____ Owners \$ _____ Lessees \$ _____	Give Brief Description of Property: (condo, unimproved, commercial, etc.) _____ _____ _____	List any Endorsements to be attached to Policy: _____ _____ _____
I. If Commercial, was a 60 Year Search performed? Yes No (Circle One) If Residential, was a 40 Year Search performed? Yes No (Circle One) If No, please explain below:	II. Is this a Reissue or Extension of Policy? Yes No (Circle One) If Yes, please list amount of previous policy and policy number below:	III. Unusual Risks or Title Problems? Yes No (Circle One) If Yes, please explain below:
Submitting Agent:		

Note: If this transaction is over \$10 Million or there is an Unusual Risk and the transaction is over \$5,000,000, fill out Reinsurance Questionnaire and fax to State Office.

	Approved
	Approved upon the following conditions:
Approving Officer:	