

FAX TO: **Commercial Services Division**
FAX #: (866) 719-3504

INVESTORS TITLE INSURANCE COMPANY REINSURANCE QUESTIONNAIRE

PLACEMENT

1. Issuing Office: _____
Person who is handling this request: _____
If issuing office is an Agency, please indicate the phone number: _____

2. Commitment No. _____ Agent's File No. _____

3. Previous underwriting approval obtained for issuance?

Yes No

By whom? _____ Date _____

Did you tell him/her the amount of coverage to be insured?

Yes No

For what purpose? (Describe the issue raised and resolution or requirements made by the staff attorney): _____

4. Project Name: _____

Give a brief description of property in question (Describe type of improvements, *e.g.*, apartments, offices, unimproved, etc.): _____

5. Property Location: _____
(City or Town, County or State)

6. Is this a reissue or extension of policy which has been previously insured?

Yes No

If yes, show previous reinsurance number or indicate when and what the amount was of previous policy and policy number: _____

7. Has Insured specified reinsurer's? Yes No

If yes, who and how much? _____

8. Has Insured requested approval of reinsurer's prior to closing? Yes No
If yes, show name, address, phone number and "FAX" number of person to be contacted:

RISK INSURED

1. Check type of policy to be issued and indicate year and amount:

- A. ALTA Owner's _____
- B. ALTA Loan _____
- C. ALTA Leasehold Owners _____
- D. ALTA Leasehold Loan _____
- E. ALTA Construction Loan _____
- F. Other _____

2. Identity of proposed Insured:

Owner's _____ Loan _____

Leasehold Owner's _____ Leasehold Loan _____

3. Brief description of transaction (e.g., corporate or partnership change; purpose of financing):

4. Is this a construction loan? Yes No

A. If yes, will date-down endorsements be given?

Yes No

B. Will the construction loan be assigned to a take-out lender?

Yes No

C. Have we agreed to insure the take-out lender?

Yes No

D. Name of take-out lender: _____

5. Is mechanic's lien coverage to be given?

Owner: Yes No

Lender: Yes No

If yes, basis for coverage (If basis is an indemnity, please attach copy of form to be used):

6. If this is a hospital or health care facility, were any Hill-Burton Funds used on the project?

Yes No

7. Are there any extra-hazardous risks involved in this transaction? (Please refer to *General Underwriting Principles Manual*.)

Yes No

If yes, explain here or at end of form: _____

8. Are there any unusual aspects involved such as outstanding air rights, outstanding mineral rights, wrap-around mortgages, severance of improvements, sale-leaseback, etc.?

Yes No

If yes, explain here or at end of form: _____

9. If there are any special exceptions or notes on Schedule B, explain reason for same:

10. Is this transaction controlled business (*e.g.* is the policy being issued to or on behalf of a lender, developer, owner, Insured or any other person where any such persons have an ownership interest in or other indirect-control of the agent, employee or other person involved in the issuance of the policy?)

Yes No

If yes, please explain: _____

11. A. What endorsements are to be attached to policy?

Zoning

Usury

Non-Imputation

Inflation

Navigational Servitude

Fairway

Revolving Credit

Non-disturbance of the surface
for the extraction of minerals

Interest Rate Swap

First Loss

Last Dollar

Tie-In (Cluster)

Deletion of Creditor's Rights Exclusion

Other: _____

B. What is basis for giving endorsement? _____

C. Was there a special premium for the endorsement?

Yes No

If available, please attach copy of the commitment to this questionnaire.