Larson Abstract Company
70 First Avenue Southeast P.o Box 387
Little Falls, Minnesota 56345
Phone: 320.632.5667 Fax: 320.632.4583

Title Insurance Application

Date: Commitment Needed By:

Realtor: Estimated Closing Date:

Check all that apply: ☐ Refinance ☐ Purchase ☐ FHA VA ☐ ARM ☐ Conventional ☐ JR. Mortgage ☐ Other

Mortgagees Policy: $

Owner's Policy: $

Sale Price: $

Lender to be Insured:

Please Check 'Yes' or 'No' to the following:

1. Special assessment search	☐ Yes	☐ No	
2. Plat Drawing	☐ Yes	☐ No	
3. Flood Certification (Geotrac)	☐ Yes	☐ No	(Basic or Life)
4. Is Larson Abstract doing the closing?	☐ Yes	☐ No	

Please include the following with this application:

1. Purchase Agreement (with completed signatures)
2. Legal Description (attach, if necessary)

3. Abstract (if NEW or special instructions, please state below)

4. Torrens Certificate

Property Address:

County:

Property is: (check all that apply): ☐ Vacant Land ☐ New Construction ☐ Existing Buildings ☐ Recent ☐ Improvement

Present Owner(s): (please use complete legal name and marital status)

Forwarding Address (if known):

Phone numbers: Home: Work:

Commitment to be mailed to:

Address:

Phone number: Fax number:

Contact Person:

Bill to:

Address:

Please Submit The Form Via Email info@larsonabstract.com