



828 Minnesota Ave, PO Box 376
 Detroit Lakes, MN 56501
 218-847-2144, fax 218-847-0029
 www.cactitle.com



QUOTE REQUEST for TITLE INSURANCE PREMIUM

FAX REQUEST TO 218-847-0029 or email cac@cactitle.com

Person requesting quote:

Name: _____ Company: _____
 Phone: _____ Fax: _____ E-Mail: _____

BORROWER'S

NAME: _____

ADDITIONAL COMMENTS:

(Circle One)

REFINANCE	<input type="checkbox"/> YES or <input type="checkbox"/> NO If yes, will an existing mortgage be paid off?
SALE	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Reservation Land	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Construction	<input type="checkbox"/> YES or <input type="checkbox"/> NO
LOAN AMOUNT	\$ _____
PURCHASE PRICE (if applicable)	\$ _____
ADJUSTABLE RATE	<input type="checkbox"/> YES or <input type="checkbox"/> NO

FOR TITLE COMPANY TO COMPLETE:

Underwriter: _____

Option 1) Lender's Title Insurance only, *NO Owners*

LENDERS PREMIUM: \$ _____

Option 2) Lender's & Owner's Title Insurance (includes simultaneous issue)

LENDERS PREMIUM: \$ _____

OWNERS PREMIUM: \$ _____

TOTAL: \$ _____

Date: ____/____/____

Quoted by: _____