



EXISTING HOMEOWNER TITLE INSURANCE POLICY
WITH IDENTITY THEFT COVERAGE - ORDER FORM



National 01/07

To: First Canadian Title
 Attention: Residential Title Insurance Services
 Fax: 905.287.2403 or toll free 1.800.705.0006
 Email: ehop.info@firstcdn.com
 Phone: 1.877.888.1153

Is this order in conjunction with a refinance through our Lender's Advantage Program?
 No Yes

Are you a member of FirstOntario Credit Union? Yes No

Please use "BLOCK" letters when completing form to ensure accuracy of your order.

HOME BRANCH INFORMATION – Please indicate your home branch below.

- | | | |
|---|---|--|
| <input type="checkbox"/> Fairview Street Branch-Q208-FCU-0001 | <input type="checkbox"/> Niagara Falls Branch-Q208-FCU-0007 | <input type="checkbox"/> Simcoe Branch-Q208-FCU-0013 |
| <input type="checkbox"/> Brant Street Branch-Q208-FCU-0002 | <input type="checkbox"/> Oakville Branch-Q208-FCU-0008 | <input type="checkbox"/> Stoney Creek Branch-Q208-FCU-0014 |
| <input type="checkbox"/> Head Office-Q208-FCU-0003 | <input type="checkbox"/> Niagara Street Branch-Q208-FCU-0009 | <input type="checkbox"/> Thorold Branch-Q208-FCU-0015 |
| <input type="checkbox"/> Hamilton Branch-Q208-FCU-0004 | <input type="checkbox"/> Ontario Street Branch-Q208-FCU-0010 | <input type="checkbox"/> Tillsonburg Branch-Q208-FCU-0016 |
| <input type="checkbox"/> Hamilton Mountain Branch-Q208-FCU-0005 | <input type="checkbox"/> Pelham Road Branch-Q208-FCU-0011 | <input type="checkbox"/> Welland Branch-Q208-FCU-0017 |
| <input type="checkbox"/> Hamilton West Branch-Q208-FCU-0006 | <input type="checkbox"/> Grantham Avenue Branch-Q208-FCU-0012 | <input type="checkbox"/> Cayuga Branch-Q208-FCU-0018 |

OWNER INFORMATION

Owner: _____
First Name Middle Name(s) Last Name

Owner: _____
First Name Middle Name(s) Last Name

Insured Property Address: _____

City: _____ Province: _____

Postal Code: _____ Phone No.: _____

Address for service, if different than the Insured Property Address:
 Address: _____

City: _____ Province: _____ Postal Code: _____

PROPERTY INFORMATION

- What is the Property Type? Single Family Condominium
 Multi-Unit (2-6) # of Units (i.e. duplex) \$
- What is the purchase price or tax assessed value or approximate value of your Property? \$
- When was your closing/move in date? (if exact date not known – Month and Year is accepted)
dd/mm/yyyy
- Does your Property have a Septic System? Yes No
- Does your Property have a Well? Yes No
- Is the property on a waterfront? Yes No

IDENTITY THEFT POLICY - ADDITIONAL PARTIES

Do you wish to insure additional individuals who ordinarily live at the insured property under the Identity Theft Policy for \$19.99 (plus taxes) per person? If so, please provide their names below. Please note that the policy includes your spouse at no additional charge.

Person 1: _____
First Name Middle Name(s) Last Name

Person 2: _____
First Name Middle Name(s) Last Name

NOTES/SPECIAL INSTRUCTIONS: