



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

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 ETCU Financial? Yes No

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

HOME BRANCH INFORMATION – Please indicate your home branch below.
 Etobicoke Branch-Q107-ETCU-0001

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

1. What is the Property Type? Single Family Condominium
 Multi-Unit (2-6) # of Units (i.e. duplex)

2. What is the purchase price or tax assessed value or approximate value of your Property?
 \$ _____

3. When was your closing/move in date? (if exact date not known – Month and Year is accepted)
 dd/mm/yyyy

4. Does your Property have a Septic System? Yes No

5. Does your Property have a Well? Yes No

6. Is the property on a waterfront? Yes No

IDENTITY THEFT POLICY - ADDITIONAL PARTIES

Do you wish to insure additional individuals 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:
