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National Investors Title Insurance Company Agent Over Limit Authorization Notification

Fax To: Texas Underwriting @ Fax # (512) 485-1590 Email Address: texasunderwriting@nititle.com Date: _____

Owner's Policy amount: \$ _____ Loan Policy amount: \$ _____

SUBMITTED BY: Agent: _____ Contact Person: _____

Phone Number: _____ Agent GF # _____ City and County: _____

Search Period: Title was examined from _____ to _____

Company furnishing Title Evidence (if different from company issuing): _____

Is there a prior policy insuring this property? No Yes If 'yes', please list coverage amount, date of policy and underwriter:

Use of Property: Residential Commercial Other (Please Explain): _____

If this is a hospital or health care facility, were any Hill-Burton Funds used on the project? Yes No

Property Condition: Improved Unimproved

Construction Loan? Yes No If 'yes', has the construction begun? Yes No

Has there been construction on the property in the past 12 months? Yes No If 'yes', please provide details:

Check type of policy or policies to be issued:

- A. Texas Owner's Policy
- B. Texas Loan Policy
- C. Texas Policy of Title Insurance (USA)
- D. Other: _____

Does the property abut a publically dedicated right of way? Yes No

If no, was title to the easement providing access examined? Yes No

Is survey coverage requested? Yes No (If yes, please answer the questions below)

Was the survey prepared by a Registered Professional Land Surveyor? Yes No

Does it match the legal description shown under Schedule A on the commitment with regards to easements, encroachments, improvements on the land, etc.? Yes No (If no, please explain): _____

What endorsements are to be attached to policy? (include copies if necessary): _____

Minerals:

Examined to 1900 or before with specific exceptions in Schedule B: Yes No; OR

General Exclusion for minerals in Schedule A: Yes No; OR

General Exception in Schedule B: Yes No

Unusual risks or Coverage (describe): _____

Attach copy of Commitment with your over limits email request

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Texas Underwriting Use Only	<input type="checkbox"/> Approved
	<input type="checkbox"/> Approved upon the following conditions: _____ _____ _____
	Authorized by Texas Underwriter: _____ Date: _____
	Over Limits Authorization Number: _____