

Anticipated closing date:	

Over Limits Authorization Request Form

Name of Sender:	Coi	mplete and send to Ov	verLimits@fnti.com; p	please <mark>include title commitment an</mark>	<mark>d survey</mark> (if survey	/ is available).			
Agent Name: Agent File #: Address, City, State, Zip:	Na	me of Sender:		Date:					
Address, City, State, Zip: Email: Telephone: Property Address: 1. Policy or policies to be issued: Policy Form (e.g., T-2, 2006 ALTA) Premium S Proposed insured S Amount Premium S 2. Policy will be issued by: Home office issue by Underwriter in compliance with state law Home office issue by Underwriter in compliance with state law Beginning date of title search/exam: Ending date of title search/exam: OTP used as Starter? Yes or No (if yes, Specify and attach copy) (a) Prior OTP Underwriter Company: (b) Date of OTP: When using OTP as starter, search/exam to begin 90 days prior to OTP policy date Description of property (e.g., land, residence, apartments, offices, etc.): Describe (a) Transaction: (c) Purpose of any financing (briefly, but in detail; if for construction, describe improvements being constructed): Describe grantor and/or mortgagor (e.g., person, entity) and authority (e.g., power of attorney, corporate resolution approval by shareholders, partners or members, etc.): Describe any conflict of interest or potential conflict of interest or Describe any unusual risks/issues/other affirmative coverage requests: Describe any concerns reflected on the survey: Reliance upon an Indemnity? Yes or No (if yes, describe purpose and attach copy) Reliance upon an Indemnity? Yes or No (if yes, describe purpose and attach copy)									
Property Address:									
1. Policy or policies to be issued: Policy Form (e.g., T-2, 2006 ALTA) Proposed Insured S Amount Premium S	Em	ail:							
Policy Form (e.g., T-2, 2006 ALTA) Type (e.g., OTP, Loan) Proposed Insured \$ Amount Premium \$ 2. Policy will be issued by: Licensed agent authorized and in compliance with state law Home office issue by Underwriter in compliance with state law 3. Title Search/Exam conducted by: Agent FNTI (if box checked, go to #5) Vendor 4. Beginning date of title search/exam:	Pro	perty Address:							
Policy Form (e.g., T-2, 2006 ALTA) Type (e.g., OTP, Loan) Proposed Insured \$ Amount Premium \$ 2. Policy will be issued by: Licensed agent authorized and in compliance with state law Home office issue by Underwriter in compliance with state law 3. Title Search/Exam conducted by: Agent FNTI (if box checked, go to #5) Vendor 4. Beginning date of title search/exam:	1.	Policy or policies to b	e issued:						
Home office issue by Underwriter in compliance with state law 3. Title Search/Exam conducted by:		Policy Form	Туре	Proposed Insured	\$ Amount	Premium \$			
Home office issue by Underwriter in compliance with state law 3. Title Search/Exam conducted by:									
Home office issue by Underwriter in compliance with state law 3. Title Search/Exam conducted by:									
4. Beginning date of title search/exam:Ending date of title search/exam:	2.	·							
5. OTP used as Starter? ☐ Yes or ☐ No (if yes, Specify and attach copy) (a) Prior OTP Underwriter Company: (b) Date of OTP:	3.	Title Search/Exam conducted by: Agent FNTI (if box checked, go to #5) Vendor							
(a) Prior OTP Underwriter Company:	4.	Beginning date of titl	e search/exam:	Ending date of title	search/exam:				
 Description of property (e.g., land, residence, apartments, offices, etc.):	5.	(a) Prior OTP Underwriter Company:							
 Describe (a) Transaction:		(D) Date OT OTP: (when using OTP as starter, search/exam to begin 90 days prior to OTP policy date							
(c) Purpose of any financing (briefly, but in detail; if for construction, describe improvements being constructed): 8. Describe grantor and/or mortgagor (e.g., person, entity) and authority (e.g., power of attorney, corporate resolution approval by shareholders, partners or members, etc.): 9. Describe any conflict of interest or potential conflict of interest or □ NA: 10. Describe any unusual risks/issues/other affirmative coverage requests: 11. Describe any concerns reflected on the survey: 12. Reliance upon an Indemnity? □ Yes or □ No (if yes, describe purpose and attach copy)	6.								
8. Describe grantor and/or mortgagor (e.g., person, entity) and authority (e.g., power of attorney, corporate resolution approval by shareholders, partners or members, etc.): 9. Describe any conflict of interest or potential conflict of interest or □ NA: 10. Describe any unusual risks/issues/other affirmative coverage requests: 11. Describe any concerns reflected on the survey: 12. Reliance upon an Indemnity? □ Yes or □ No (if yes, describe purpose and attach copy)	7.								
approval by shareholders, partners or members, etc.): 9. Describe any conflict of interest or potential conflict of interest or NA: 10. Describe any unusual risks/issues/other affirmative coverage requests: 11. Describe any concerns reflected on the survey: 12. Reliance upon an Indemnity? Yes or No (if yes, describe purpose and attach copy)		(c) Purpose of any financing (briefly, but in detail; if for construction, describe improvements being constructed)							
10. Describe any unusual risks/issues/other affirmative coverage requests: 11. Describe any concerns reflected on the survey: 12. Reliance upon an Indemnity? ☐ Yes or ☐ No (if yes, describe purpose and attach copy)	8.								
11. Describe any concerns reflected on the survey: 12. Reliance upon an Indemnity? Yes or No (if yes, describe purpose and attach copy)	9.	Describe any conflict of interest or potential conflict of interest or □ NA:							
12. Reliance upon an Indemnity? Yes or No (if yes, describe purpose and attach copy)	10.	.0. Describe any unusual risks/issues/other affirmative coverage requests:							
	11.	1. Describe any concerns reflected on the survey:							
Additional comments:	12.	2. Reliance upon an Indemnity? Yes or No (if yes, describe purpose and attach copy)							
Additional confinence:	Ad	ditional comments:							

CRITICAL INFORMATION REGARDING THE TRANSACTION

(check all that apply and give details below)

☐ Construction Loan	<u>, cc</u>	☐ Title derived from foreclosure or deed in lieu regarding					
☐ Recent construction, comple	etion date	construction loan mortgage within last 3 years					
☐ Broken priority		\square Insuring around recorded lien or encumbrance					
☐ Access based upon an easer	-	☐ Insuring title to railroad property					
easement examined & insur	•	☐ Native American (In					
Request for mechanic's lien		 ☐ Sheriff/Constable Sale in last 10 years ☐ Tidelands, filled or submerged land, navigable waters, or riparian issues 					
☐ Lien priority based upon sub mortgage	oordination of a lien or						
☐ Title based upon foreclosure	e/deed in lieu of foreclosure	☐ Water rights					
☐ Title based upon judicial pro		☐ Current owner out of possession of property					
bankruptcy, condemnation,		Other					
DETAILS:							
	·	NDORSEMENTS	T				
•	ALTA States (with cross-refer	ence for New Mexico)	Texas				
Access:	☐ ALTA 17-06 (NM 67)		☐ TX T-23				
Amendment to Area/Boundar	•		☐ TX T-3				
Assignment of Rents/Leases:	☐ ALTA 37-06 (NM 62)	_	☐ TX T-27				
Condominium:		ALTA 4.1-06 (NM 30)	☐ TX T-28 —				
Contiguity:	☐ ALTA 19.1-06 (NM 54)		☐ TX T-25				
Contiguity (Multiple parcels):	☐ ALTA 19-06 (NM 66)		☐ TX T-25.1				
Environmental Protection:	☐ ALTA 8.1-06 (NM 29)		☐ TX T-36				
Commercial Env. Protection:	☐ ALTA 8.2-06 (NM 70)						
Location:	☐ ALTA 22-06 (NM 52)						
Planned Unit Development:	☐ ALTA 5-06 (NM 13)		☐ TX T-17				
Restrictions/Encroachment/M) □ ALTA	☐ TX T-19	☐ TX T-19.1				
	☐ FL Form 9-06	☐ FL Form 9	☐ TX T-19.2	☐ TX T-19.3			
Same as Survey:	☐ ALTA 25-06 (NM 78)						
Tax Parcels:	☐ ALTA 18-06 (NM 72 or 73)						
Variable Rate Mortgage:	· · · · · · · · · · · · · · · · · · ·	ALTA 6.2-06 (NM 15)	☐ TX T-33	☐ TX T-33.1			
Zoning:	☐ ALTA 3-06 (NM 64)	, ,					
List any other and/or state spe	cific requested endorsements h	nere:					
From our examination of the title and the foregoing, we are of the opinion that the requested policy complies with FNTI guidelines and bulletins and can be safely issued. The requested coverages and endorsements are allowed to be issued in the state, and the rates to be charged will comply with state requirements. Signature Printed Name:							
IF THERE ARE ADDITIONAL MATERIAL FACTS OR SUBSTANTIVE CHANGES OF CIRCUMSTANCES, OR IF ADDITIONAL COVERAGES ARE REQUESTED, YOU MUST OBTAIN WRITTEN APPROVAL.							
☐ Approved ☐ Approved with	n the following conditions:						
ENTI Underwriter:			Date:				