

Over Limits Authorization Request Form

PLEASE NOTE THAT THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND MUST MATCH THE COMMITMENT WITH WHICH IT IS PRESENTED. FAILURE TO COMPLETE THE FORM IN ITS ENTIRETY OR FAILURE OF THE FORM INFORMATION TO MATCH THE COMMITMENT INFORMATION WILL CAUSE DELAYS IN OBTAINING APPROVAL.

Complete and send to OverLimits@worthnational.com; please include title commitment and survey (if survey is available).

Name of Sender: _____ Date: _____

Agent Name: _____ Agent File #: _____

Address, City, State, Zip: _____

Email: _____ Telephone: _____

Property Address: _____

1. Policy or policies to be issued:

| 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 WNTI (if box checked, go to #5) Vendor

4. Recording Date of oldest document examined: _____ Ending date of title search/exam: _____
(IF YOU ARE NOT USING A DIRECT START, EXAMINATION MUST AT LEAST BEGIN THE DATE OF AN EXISTING BASE FILE OR JANUARY 1, 1979, WHICHEVER IS SHORTER. IF PROPOSED LAND TO BE INSURED IS UNPLATTED AND HAS NOT BEEN INSURED, EXAMINATION MUST BEGIN AT SOVEREIGNTY.)

5. OTP used as Starter? Yes or No (if yes, Specify and attach copy)
 (a) Prior OTP Underwriter Company: _____
 (b) Date of OTP: _____ (OTP STARTER MUST BE A DIRECT START. BEGINNING SEARCH DATE MUST BE 90 DAYS PRIOR TO OTP POLICY DATE.)

6. Description of property (e.g., land, residence, apartments, offices, etc.): _____

7. Describe (a) Transaction: _____
 (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) _____

Additional comments: _____

CRITICAL INFORMATION REGARDING THE TRANSACTION

(check all that apply and give details below)

- | | |
|--|--|
| <input type="checkbox"/> Construction Loan | <input type="checkbox"/> Title derived from foreclosure or deed in lieu regarding construction loan mortgage within last 3 years |
| <input type="checkbox"/> Recent construction, completion date _____ | <input type="checkbox"/> Insuring around recorded lien or encumbrance |
| <input type="checkbox"/> Broken priority | <input type="checkbox"/> Insuring title to railroad property |
| <input type="checkbox"/> Access based upon an easement? (Title to access easement examined & insured? <input type="checkbox"/> Yes or <input type="checkbox"/> No) | <input type="checkbox"/> Native American (Indian) lands |
| <input type="checkbox"/> Request for mechanic's lien coverage | <input type="checkbox"/> Sheriff/Constable Sale in last 10 years |
| <input type="checkbox"/> Lien priority based upon subordination of a lien or mortgage | <input type="checkbox"/> Tidelands, filled or submerged land, navigable waters, or riparian issues |
| <input type="checkbox"/> Title based upon foreclosure/deed in lieu of foreclosure | <input type="checkbox"/> Water rights |
| <input type="checkbox"/> Title based upon judicial proceeding (e.g., tax suit & sale, bankruptcy, condemnation, ownership dispute, etc.) | <input type="checkbox"/> Current owner out of possession of property |
| | <input type="checkbox"/> Other _____ |

DETAILS: _____

REQUESTED ENDORSEMENTS

- | | <u>ALTA States (with cross-reference for New Mexico)</u> | <u>Texas</u> |
|--|---|---|
| Access: | <input type="checkbox"/> ALTA 17-06 (NM 67) | <input type="checkbox"/> TX T-23 |
| Amendment to Area/Boundary exception: | | <input type="checkbox"/> TX T-3 |
| Assignment of Rents/Leases: | <input type="checkbox"/> ALTA 37-06 (NM 62) | <input type="checkbox"/> TX T-27 |
| Condominium: | <input type="checkbox"/> ALTA 4-06 (NM 12) <input type="checkbox"/> ALTA 4.1-06 (NM 30) | <input type="checkbox"/> TX T-28 |
| Contiguity: | <input type="checkbox"/> ALTA 19.1-06 (NM 54) | <input type="checkbox"/> TX T-25 |
| Contiguity (Multiple parcels): | <input type="checkbox"/> ALTA 19-06 (NM 66) | <input type="checkbox"/> TX T-25.1 |
| Environmental Protection: | <input type="checkbox"/> ALTA 8.1-06 (NM 29) | <input type="checkbox"/> TX T-36 |
| Commercial Env. Protection: | <input type="checkbox"/> ALTA 8.2-06 (NM 70) | |
| Location: | <input type="checkbox"/> ALTA 22-06 (NM 52) | |
| Planned Unit Development: | <input type="checkbox"/> ALTA 5-06 (NM 13) | <input type="checkbox"/> TX T-17 |
| Restrictions/Encroachment/Minerals: | <input type="checkbox"/> ALTA 9-06 (NM 50) <input type="checkbox"/> ALTA _____ | <input type="checkbox"/> TX T-19 <input type="checkbox"/> TX T-19.1 |
| | <input type="checkbox"/> FL Form 9-06 <input type="checkbox"/> FL Form 9-_____ | <input type="checkbox"/> TX T-19.2 <input type="checkbox"/> TX T-19.3 |
| Same as Survey: | <input type="checkbox"/> ALTA 25-06 (NM 78) | |
| Tax Parcels: | <input type="checkbox"/> ALTA 18-06 (NM 72 or 73) | |
| Variable Rate Mortgage: | <input type="checkbox"/> ALTA 6-06 (NM 14) <input type="checkbox"/> ALTA 6.2-06 (NM 15) | <input type="checkbox"/> TX T-33 <input type="checkbox"/> TX T-33.1 |
| Zoning: | <input type="checkbox"/> ALTA 3-06 (NM 64) | |

List any other and/or state specific requested endorsements here: _____

From our examination of the title and the foregoing, we are of the opinion that the requested policy complies with WNTI 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 the following conditions: _____
- _____
- _____

WNTI Underwriter: _____ Date: _____