**STG/STIC Request for Approval to Issue Over limits (Large) Policy or Extra Hazardous Coverage**

**REQUEST FOR APPROVAL TO ISSUE POLICY**

Stewart Title Guaranty Company

Email to: [Policyapprovalrequest@stewart.com](mailto:Policyapprovalrequest@stewart.com)

Stewart Title Insurance Company

Email to: [Highlipolicy@stewart.com](mailto:Highlipolicy@stewart.com)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | | Name: |  | | |
|  | | | | |  | [Name of person requesting approval] | | |
| From: |  | | | | | | | |
|  | [Name of Title Insurance Agent/Company/Issuing Office; Please also include City, and State] | | | | | | | |
| Telephone: | |  | Fax: |  | | | Email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Re: Title/File/Order No.: | |  | |  |
|  | | |  | |
| Property Address: |  | | | |

1. Premium **(MUST ONLY BE COMPLETED FOR TRANSACTIONS $15,000,000.00 AND OVER FOR STG)**  
   **(FOR NEW YORK STATE REFER TO YOUR OVER LIMIT AMOUNT AND NYS UNDERWRITING PRACTICE)**

Please specify:

|  |  |  |
| --- | --- | --- |
|  | (a) | Total premium charge to customer for title insurance policies (excluding endorsements) (In NY Premium calculation print from Stewart calculator must be included |
|  |  |  |
| (b) | Amount of premium for title insurance policies (excluding endorsements) that will be remitted to Stewart |
|  |  |  |
| (c) | Total premium charge to customer for endorsements; |
|  |  |  |
| (d) | Amount of premium for endorsements that will be remitted to Stewart; |
|  |  |  |
| (e) | Total Amount of premium for title insurance policies and endorsements that will be remitted to Stewart; |
|  |  |  |
| (f) | $ per thousand premium charge to customer for title insurance policies and endorsements. |
|  |  |  |
| (g) | $ per thousand remitted to Stewart Title Guaranty Company for title insurance policies and endorsements. |

1. Title was searched and examined from Click here to enter text. to Click here to enter text. (please do not include the period covered by any Starter)
2. Starter, if any. Please specify: (a) prior Company: Click here to enter text.; (b) prior Effective Date:Click here to enter text.; (c) Click here to enter text.Owner's Policy or Click here to enter text. Loan Policy (check one). **Attach a copy of the Starter.**
3. List the Policy Form(s), Type, Insured and Stewart's Policy amount. If Policy Form is not identified, the form will be the 2006 ALTA Policy. Attach a copy of Commitment(s) and any pro forma(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Form**  **(e.g. 2006 ALTA)** | **Type**  **(e.g. Loan)** | **Proposed Insured** | **Amount** |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

1. Description of Property (e.g., undeveloped, apartments, offices, etc.):
2. Describe: (a) transaction and (b) purpose of financing (Briefly, but in detail): Click here to enter text.
3. Describe grantor/mortgagor (e.g., person, entity) and authority (e.g., power of attorney, corporate resolution, approval by shareholders, partners or members, etc.): Click here to enter text.

8A. Describe any conflict of interest or potential conflict of interest. If none, write the word "None": Click here to enter text.

8B. If the Issuing Office is an agent, please provide the names of all officers of the agent and all principals of the agent that own 10% or more of the agent Click here to enter text.

1. If endorsements are being requested, attach a list or click below: (Complete applicable State)

**New York Endorsement List**

[ALTA Endorsement List Supplement](http://www.vuwriter.com/en/forms/2014-1/FM132870962200000019.html)

[Louisiana Endorsement List Supplement](http://www.vuwriter.com/en/forms/2014-3/FM138113906800000000.html)

[New York Endorsement List Supplement](http://image.exct.net/lib/feff1174756700/d/1/NYS%20Endorsement%20List_updated%20August%202014.docx)

[Pennsylvania Endorsement List Supplement](http://www.vuwriter.com/en/forms/2013-10/FM131615038400000006.html)

[Texas Endorsement List Supplement](http://www.vuwriter.com/en/forms/2014-4/FM132037195500000032.html)

1. Does this file involve the following? (If applicable, write "**YES"** and describe the circumstances. Please note: a blank will be deemed "**NO"**):

Choose an item. A construction loan?

Choose an item. Broken-priority (e.g., early start) or no-priority? If so, please describe underwriting: Click here to enter text.

Choose an item. No broken-priority? If not, please explain: Click here to enter text.

Choose an item. Recent construction performed or completed within the lien period? If so, please describe underwriting: Click here to enter text.. If not, how do you know? Click here to enter text.

Choose an item. Request for Mechanic's Lien Coverage? (Does not apply in NY) NOTE: If this transaction is a construction loan and if the total project cost (i.e., the loan amount plus other contributions) is equal to or greater than $25,000,000, please also complete [STG High Liability (Over $25 Million) Mechanic's Lien Coverage Approval Request](http://www.vuwriter.com/en/forms/2014-5/stg-high-liability--over--25-million--mechanic-s-lien-coverage-a.html).

Choose an item. Access based solely upon an easement (i.e., is there no direct access to a dedicated public street)? If so, was title to the access easement examined and insured? Click here to enter text..

Choose an item. Lien priority based upon subordination of a lien or mortgage. If so, please explain: Click here to enter text..

Choose an item. Tidelands, filled land, submerged land, navigable waters or riparian issues

Choose an item. Insuring title to railroad property

Choose an item. Title based upon judicial proceedings (e.g., tax foreclosure, condemnation, bankruptcy)

Choose an item. Title based upon foreclosure or deed in lieu of foreclosure. (FOR NY FILL OUT THE [FORCLOSURE SUPPLEMENTAL FORM](https://www.stewart.com/content/dam/stewart/Microsites/new-york/docs/Foreclosure_Certification%20(Rev.%201-8-20).docx))

Choose an item. Mineral coverage on commercial property in area of mineral development

Choose an item. Title derived from foreclosure or deed in lieu of foreclosure regarding a construction loan deed of trust, within the last 3 years.

Choose an item. Title derived from Short Sale (FOR NEW YORK FILL OUT THE [SHORTSALE SUPPLEMENTAL FORM](https://www.stewart.com/content/dam/stewart/Microsites/new-york/docs/policy-approval/SHORT_SALE_CERTIFICATION_ADDENDUM_TO_POLICY_APPROVAL.doc))

Choose an item. Easement independent of real property (i.e., an easement in gross)

Choose an item. Insured option

Choose an item. Native American (Indian) lands

Choose an item. Water rights

Choose an item. Sheriff's Sale in last 10 years (other than mortgage foreclosure)

Choose an item. Assignment or partial assignment or mortgage of a lease, easement, or other interest (if so, describe consents/approvals to be obtained) Click here to enter text..

Choose an item. Reliance upon an indemnity? If so, describe purpose and provide a copy. Click here to enter text.

Choose an item. Insuring around a recorded lien or encumbrance (e.g., by omitting, deleting or providing affirmative insurance)

Choose an item. Survey concerns (e.g., does the survey show any significant conflict or encroachment)

Choose an item. Current owner out of possession of the property

Choose an item. Commercial purchasers of fruits, vegetables, livestock, or poultry, or wholesalers or retailers of meat products. See Stewart Bulletin [SLS2014001](file:///C:\vubulletins.jsp%3fdisplaykey=BL138998757600000001) (UNDERWRITING - The Perishable Agricultural Commodities Act (PACA) and The Packers and Stockyards Act (PSA).

Choose an item. Other extra hazardous risks, such as those shown in [VU Underwriting Manual Section 5.36](http://www.vuwriter.com/en/underwriting-manuals/2014-1/UM00000161.html#subtopic_0).

If **yes** to any of the above, please describe in the next section or by supplement.

Click here to enter text.

1. Other unusual risks, issues and/or affirmative coverages, if any: Click here to enter text.
2. If this transaction involves co-insurance, list the co-insurers and their liability amounts/percentages:  
   Click here to enter text.
3. This policy will be issued by (must be completed):

Click here to enter text. (a) an issuing agent authorized in the state, in compliance with state law; or

Click here to enter text. (b) direct issue/home office, in compliance with state law.

14. From our examination of the Title and the foregoing, we are of the opinion that the requested Policy complies with Company Guidelines, including, but not limited to, those on Virtual Underwriter, 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, and the amount remitted to the Company complies with our underwriting agreements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  | |  | Date: | |  |
|  | Title Examiner/Chief Title Officer/Closer | | | | | |
| Printed Name: | |  |  | Title: |  | |

**IF THERE ARE ADDITIONAL MATERIAL FACTS OR SUBSTANTIVE CHANGES OF CIRCUMSTANCES OR IF ADDITIONAL COVERAGES ARE REQUESTED, YOU MUST OBTAIN WRITTEN APPROVAL. A COPY OF THE COMMITMENT OR TITLE REPORT MUST BE ATTACHED.**

(Does Not Apply in NY)

*This approval is* ***NOT*** *an approval for Reinsurance. If the Policy amount is $100,000,000.00 or larger contact our Reinsurance Department even if Reinsurance is not required, so that the transaction may be properly reported to management.*

*This approval form must be signed by your State, District or Division Counsel, or other Underwriter before forwarding to a Senior Underwriter.*

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| --- | --- |
| **APPROVAL Re: Title/File/Order No.:** |  |

Based upon the information above given, approval is hereby granted to issue the Policy as requested, subject to the following:

Click here to enter text.

*Issuance of policies and endorsements is subject to compliance with Underwriting Guidelines.*

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| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date] \_\_\_\_\_  Local/Regional/Assoc. Senior Underwriter |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date] \_\_\_\_\_  Senior Underwriter |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date] \_\_\_\_\_  Senior Underwriter |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date] \_\_\_\_\_  Senior Underwriter |

Revised: 8-25-2014

**For issuing guidelines on this form, see** [Guidelines](http://10.207.11.199/content/stewart/virtualunderwriter/en/guidelines/2012-7/GL134319168800000004.html)