



CHICAGO TITLE INSURANCE COMPANY

www.nnychicagotitle.com

424 Main Street
Suite 200
Buffalo, New York
Tel. (716) 854-2907
Fax (716) 854-0223

HIGH LIABILITY APPROVAL

Date: _____

Submitted By: _____

(Examining Counsel Name)

Address: _____

Tel: _____

Fax: _____

E-Mail: _____

Owners Policy Amount: _____ Mortgage Policy Amount: _____

Leasehold Policy Amount: _____

Present Owner(s): _____

Property Location: _____

File No. : _____ (as assigned by Chicago Title Insurance Company)

Remarks/Unusual or Extra Hazardous Risks, if any. If none, please indicate. Use additional paper if necessary.

You are hereby authorized to issue the above title insurance policy in excess of your stipulated underwriting limits.

This authority is given on the express condition that you have given all underwriting matters due consideration in accordance with the company's underwriting guide.

_____ Date: _____

Authorized Signatory

When used by an Examining Counsel, this form is to be submitted to your local processing underwriting counsel at or prior to the issuance of a title report, which exceeds in amount your contractually imposed authority limits. When satisfied with the status of the title, the processing underwriting counsel will verify your authority to issue the report by signing and returning this form to you. A copy of this form should remain in the title file. The initial submission and verification may be made by telephone but must be followed with issuance of the form.