

**MECHANIC'S LIEN INDEMNITY
REQUEST FOR APPROVAL**

Loss of Priority OR **Waiver of Lien Period**

Issuing Office:

Date:

Title Officer:

Order No.:

Telephone:

Fax:

Attach copies of:

- Indemnity Agreement
- LOP or WOLP Questionnaire
- Indemnitors' Financial Statement (or Loan Application)
- Preliminary Report or Commitment
- Construction Cost Breakdown (LOP only)
- List of Unpaid Bills (WOLP only)
- Additional Documentation

Policy Type

Name of Insured

Amount

\$

\$

Estimated Closing Date:

Describe the transaction and any problems or unusual circumstances:

Approval Recommended:

Title Officer:

ATO/CTO:

APPROVED, subject to the following:

By

Date: