

Issued by



APPROVED

Date Received: 08/11/2017 Date Of Action: 10/31/2017
FL OFFICE OF INSURANCE REGULATION

SCHEDULE A

Name and Address of Title Insurance Company:

Agents National Title Insurance Company
1207 West Broadway Suite C
Columbia, MO 65203
Phone: 1-866-483-2763

Policy Number:

Customer Reference Number:

Agents National Title File Number:

Address Reference:

Amount of Insurance:

Premium:

Date of Policy:

1. Name of Insured:

2. The estate or interest in the Land that is insured by this policy is:

3. Title is vested in:

4. The Land referred to in this policy is described as follows:

Countersigned:

Name:

[Insert Agency/Approved Attorney Name]

PF001 FL (09-2017)
ALTA Owner's Policy of Title Insurance (6-17-06) (with Florida modifications)
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SCHEDULE B

Policy No.

Customer Reference Number:
Agents National Title File Number:

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EXCEPTIONS FROM COVERAGE

This policy does not insure against loss or damage and the Company will not pay costs, attorneys' fees or expenses that arise by reason of:

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