

# Brick City Title Insurance Agency

"Your Simple Solution to a  
Positive Closing Experience"

521 NE 25th Avenue  
Ocala, FL 34470  
P: 352.622.8732  
F: 352.433-1879

8750 SW SR 200, Suite 104  
Ocala, FL 34481  
P: 352.390.2880  
F: 352.433.1879

[Brickcitytitle.net](http://Brickcitytitle.net)

This form is designed to ensure efficient communication with all parties.  
Please print clearly and complete entirely in order for us to provide the best service.  
Upon completion, email to [bobrien@brickcitytitle.net](mailto:bobrien@brickcitytitle.net) or fax to our office.  
If you have any questions, please feel free to contact us via above (NE 25<sup>th</sup> Office).

## **PROPERTY:**

Property Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## **BUYER(S):**

(1) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Entity Name \_\_\_\_\_

Marital Status     Single         Married – Spouse's Full Name \_\_\_\_\_

Other Specific Vesting Requested \_\_\_\_\_

Mailing Address (if different from property address) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Information    Cell # \_\_\_\_\_        Home # \_\_\_\_\_

Work # \_\_\_\_\_        Fax # \_\_\_\_\_        Email \_\_\_\_\_

*Correspondence preference until closing*         **Email**         **US Mail**

(2) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Entity Name \_\_\_\_\_

Marital Status     Single         Married – Spouse's Full Name \_\_\_\_\_

Other Specific Vesting Requested \_\_\_\_\_

Mailing Address (if different from property address) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Information    Cell # \_\_\_\_\_        Home # \_\_\_\_\_

Work # \_\_\_\_\_        Fax # \_\_\_\_\_        Email \_\_\_\_\_

*Correspondence preference until closing*         **Email**         **US Mail**

**SELLER(S):**

(1) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Entity Name \_\_\_\_\_

Marital Status     Single         Married – Spouse’s Full Name \_\_\_\_\_

Mailing Address (*if different from property address*) \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Information    Cell # \_\_\_\_\_        Home # \_\_\_\_\_

Work # \_\_\_\_\_        Fax # \_\_\_\_\_        Email \_\_\_\_\_

*Correspondence preference until closing*         **Email**         **US Mail**

(2) First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Entity Name \_\_\_\_\_

Marital Status     Single         Married – Spouse’s Full Name \_\_\_\_\_

Mailing Address (*if different from property address*) \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Information    Cell # \_\_\_\_\_        Home # \_\_\_\_\_

Work # \_\_\_\_\_        Fax # \_\_\_\_\_        Email \_\_\_\_\_

*Correspondence preference until closing*         **Email**         **US Mail**

**LENDER:**

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Contact Information    Cell # \_\_\_\_\_        Office # \_\_\_\_\_

Fax # \_\_\_\_\_        Email \_\_\_\_\_

FHA         VA         Conventional         Refinance         Other

**MORTGAGE BROKER:**

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Contact Information    Cell # \_\_\_\_\_        Office # \_\_\_\_\_

Fax # \_\_\_\_\_        Email \_\_\_\_\_

**AGENTS:**

**Buyers** Agent \_\_\_\_\_ Company \_\_\_\_\_

Contact Information      Cell # \_\_\_\_\_      Office # \_\_\_\_\_

Fax # \_\_\_\_\_      Email \_\_\_\_\_

Additional R/E Broker Fee (warehouse transaction) \_\_\_\_\_ Commission/Split \_\_\_\_\_

**Sellers** Agent \_\_\_\_\_ Company \_\_\_\_\_

Contact Information      Cell # \_\_\_\_\_      Office # \_\_\_\_\_

Fax # \_\_\_\_\_      Email \_\_\_\_\_

Additional R/E Broker Fee (warehouse transaction) \_\_\_\_\_ Commission/Split \_\_\_\_\_

**SURVEY:** *(please select one option)*

BCT to order survey       Will order own survey       Decline survey

*(Note: This preference may be overridden according to lender requirements)*

**INSURANCE AGENT:**

Type of Insurance      Flood    Hazard    None    Other      Premium Amount \_\_\_\_\_

Contact Name \_\_\_\_\_ Company \_\_\_\_\_

Contact Information      Cell # \_\_\_\_\_      Office # \_\_\_\_\_

Fax # \_\_\_\_\_      Email \_\_\_\_\_

**CLOSING:**

**Buyer(s)**       Mail Away       Will be present

(address if different from above) \_\_\_\_\_

\_\_\_\_\_

**Seller(s)**       Mail Away       Will be present

(address if different from above) \_\_\_\_\_

\_\_\_\_\_