

POLICY/CLOSING ORDER FORM

Email completed form to WiOrders@atgf.com

Customer Name: Customer Contact:

Phone No.: Fax No.: Email:

Order Date:

SERVICES REQUIRED

Letter Report Only
Polices to be issued:
Owner's Loan Both
Purchase Price: \$
Loan Amount: \$
ATG Closing Services
Closing Date:
Location: ATG Office
Other site:

SELLER

Name(s):
Address: Same as property to be insured
Other:
City, State, Zip:
Attorney: Yes No
Name:
Phone: Fax:
Email:

BORROWER

Name(s):
Address: Same as property to be insured
Other:
City, State, Zip:
Attorney: Yes No
Name:
Phone: Fax:
Email:

ADDITIONAL INSTRUCTIONS

Blank lines for additional instructions.

PROPERTY

Address:
City, State, Zip:
County:
PIN:
Brief Legal Description (or attach copy):

Type of Property:
Residential Single Family Multi-Family
Commercial Condo/PUD Association
Farm Vacant Land
Special Assessment Letter: Yes No
DNS Letter (City of Milwaukee Only): Yes No

PRIOR POLICY/CONTRACT

Attached None Real Estate Contract (attached)

LENDER

Name:
Contact:
Phone: Fax:
Email:

ENDORSEMENTS

ARM EPL
Balloon Location
Revolving Credit REM
Other:

CLOSING PROTECTION LETTER

Closing Protection Letter: Yes No

For questions, please call ATG Wisconsin: 262.347.0102