

**Application for Liability Insurance
for Court Directed Foreclosure by Sale Committee Deed**
CATIC Endorsed Program

Coverage Period: _____ Limit of Liability: \$1,000,000 Per Location
Day of Appointment by Court to Day after Sale

Attorney Name _____

Firm Name _____

Address _____

Phone _____ Fax _____ Email _____

Superior Court for the Judicial District of _____

Date of Sale _____ Date of Court Appointment _____

Docket Number _____ CV _____

Property Known as _____

Location of Property _____
Include complete Street Address, City, State, Zip

I, _____, the Committee do covenant with the Grantee(s),
Print Name of Signer
his/her/their successors and assigns forever, that I have full power and authority as a committee to grant and convey the above described premises.

Name of Committee _____

Signature of Signer _____ Date _____

Payment Method

Premium: **\$200 Per Location**

Check enclosed made payable to **Smith Brothers Insurance**
Mail check and application to: Smith Brothers Insurance, 68 National Drive, Glastonbury, CT 06033

Credit Card: Mastercard Visa

Name on Credit Card _____

Credit Card Number _____ Exp. Date _____ CWV _____

Email this application to: **CATIC@SmithBrothersUSA.com** or fax to: **860 657-1813**
You will receive a Binder and a Paid Receipt showing that coverage has been bound.

Send Binder via: Email Fax U.S. Mail

Insurance | Surety | Risk Management | Benefits | Financial