

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

Limit of Liability: \$1,000,000 Per Location

Attorney Name: _____

Firm Name: _____

Address: _____

Telephone #: _____ Email Address: _____

Fax #: _____

Superior Court for the Judicial District of: _____

Date of Sale: _____ Date of Court Appointment: _____

Docket No: _____ CV: _____

Property Known as: _____

Location of Property: _____

Include Complete Street Address, City, ST, 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

Credit Card: Mastercard Visa

Name on Credit Card: _____ CVV: _____

Credit Card #: _____ Exp. Date: _____

Credit Card Billing Address:

Address: _____

City: _____ State: _____ Zip Code: _____

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