

Ohio Bar Title Insurance Company
Penn Attorneys Division

REQUEST FOR CLOSING PROTECTION LETTER

Date: _____

Attorney Information:

Name: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____

Lender Information:

Name: _____
(CPL must be issued in name of actual mortgagee; please do not use name of broker.)
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____

Borrower Information:

Name(s): _____
Loan #: _____

Property to be Insured:

Street Address: _____
City, State, Zip: _____

CPL Distribution:

Mail original to: Lender Attorney
Fax to: Lender Attorney

Comments / Special Instructions:

