



**ALTA SHORT FORM RESIDENTIAL LIMITED COVERAGE JUNIOR LOAN POLICY**  
Issued By  
**WFG NATIONAL TITLE INSURANCE COMPANY**

Transaction Identification Data, for which the Company assumes no liability as set forth in Condition 9.e. of the policy form incorporated below:

- Issuing Agent:
- Issuing Office:
- Issuing Office's ALTA® Registry ID:
- Loan ID Number:
- Issuing Office File Number:
- Property Address:

Subject to the Exceptions below and in any Addendum attached, WFG NATIONAL TITLE INSURANCE COMPANY, a Florida Corporation, (the "Company,") insures the Insured as of Date of Policy against loss or damage, not exceeding the Amount of Insurance, as provided by and subject to the terms, Exclusions from Coverage and Conditions set forth in the American Land Title Association Residential Limited Coverage Junior Loan Policy (04-02-2022), all of which are incorporated by reference. All references to the Schedule refer to the Schedule in this policy.

This policy, when issued by the Company with a Policy Number and the Date of Policy, is valid even if this policy or any Addendum to this policy is issued electronically or lacks any signature.

Any notice of claim and any other notice or statement in writing required to be given to the Company under this policy must be given to the Company at 12909 SW 68th Pkwy., Suite 350, Portland, OR 97223, Attention: Claims Department. WFG National Title Insurance Company's telephone number is (800) 334-8885. Email address: [claims@wfgnationaltitle.com](mailto:claims@wfgnationaltitle.com).

ANTI-FRAUD STATEMENT: Pursuant to CRS 10-1-128(6)(a), It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

**In Witness Whereof**, WFG NATIONAL TITLE INSURANCE COMPANY has caused this policy to be signed and sealed by its duly authorized officers as of Date of Policy shown in Schedule A.

\_\_\_\_\_  
Agent

**WFG NATIONAL TITLE INSURANCE COMPANY**

By:   
\_\_\_\_\_  
Steve Ozonian, President/CEO

\_\_\_\_\_  
Authorized Signatory

**ATTEST:**  
\_\_\_\_\_  
Joseph V. McCabe, EVP/General Counsel/Secretary

