



1276 N. Yale Avenue • Claremont, CA 91711
Phone (909) 621-7855 • Main Fax (909) 621-7525
www.CollegeEscrow.net

TO THE BUYER

Escrow holder is hereby authorized and instructed to release information pertaining to this transaction, to the following designated companies listed below:

FIRE INSURANCE COMPANY:

Name of Company: _____

Phone Number: _____ Name of Agent: _____

If property is located in an Association, the Buyer is hereby advised to consult with the Master Homeowners Insurance Company, as provided via the Homeowners Association Documents, and/or the Buyer's selected insurance agent, as to the coverages of the subject unit by the Homeowners Association. The undersigned Buyer is advised that the Master Insurance may be a structure only policy, and not an H0-6 policy (walls-in insurance) and not additional coverages.

LOAN BROKER/LENDER:

Name of Company: _____

Address: _____

Phone Number: _____ Loan Agent/Officer: _____

We also request you kindly furnish the following:

MAILING ADDRESS AFTER CLOSE OF ESCROW

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE.

THANK YOU.