

Chicago Title Insurance Company

STATE OF NORTH CAROLINA
COUNTY OF _____

**OWNER'S AFFIDAVIT REGARDING
WAIVER OF ENHANCED POLICY
COVERAGE**

PROPOSED INSURED OWNERS: _____

CLOSING ATTORNEY: _____
PROPERTY: _____

The undersigned Proposed Insured Owners of the Property above do hereby certify as follows:

1. The Proposed Insured Owners have been advised by the Closing Attorney of the benefits of obtaining an ALTA Homeowner's Policy of Title Insurance (10-17-98) (herein the "Enhanced Policy").
2. The Closing Attorney has disclosed to the Proposed Insured Owners the potential risks of not obtaining an Enhanced Policy, including but not limited to, the following:
 - Loss of coverages for certain risks which might have been revealed by a current survey.
 - Loss of post-policy coverages on certain zoning, subdivision law, ownership and other matters.
 - Loss of increases in automatic coverage up to 150% of the initial coverage amount.
3. Proposed Insured Owners are aware that failure to obtain an Enhanced Policy may result in financial loss to them in the future if a problem should arise which is not remedied and/or for which an Enhanced Policy would have provided coverage.
4. After considering this information, the undersigned Proposed Insured Owners choose to waive the option of obtaining Enhanced Policy coverage and have instead chosen to obtain an ALTA Residential Title Insurance Policy One-To-Four Family Residences (6-1-87) or ALTA Owner's Policy (10-17-92).
5. The Proposed Insured Owners hereby agree to hold the Closing Attorney and Chicago Title Insurance Company harmless from any loss or damage resulting from failure to obtain Enhanced Policy coverage, including but not limited to court costs and attorneys' fees.

This the _____ day of _____, 20__.

Proposed Insured Owner

Proposed Insured Owner

State of _____
County of _____

Signed and sworn to (or affirmed) before me this day by _____
_____ [insert name(s) of principal(s)], and I certify that each of the
aforesaid person(s) personally appeared before me this day acknowledging to me that he or she signed the
foregoing document.

Date: _____

_____, Notary Public
Notary's Printed or Typed Name

(Official/Notarial Seal)

My commission expires: _____