**Form T-3**

\_\_\_\_\_\_\_\_\_\_ TITLE INSURANCE COMPANY NO. \_\_\_\_\_\_\_\_\_\_

Attached to and made a part of \_\_\_\_\_\_\_\_\_\_ Title Insurance Company Policy or Interim Construction Binder Number \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

1. Said Policy is hereby amended so that its coverage shall relate to the date of this Endorsement instead of the date of the Policy, subject to:
   1. The exceptions shown in Schedule B of said Policy and in any prior Endorsement to said Policy,
   2. Matters which would be shown by a correct survey and inspection of the premises subsequent to the date of said Policy,
   3. Any and all liens arising by reason of unpaid bills or claims for work performed or material furnished in connection with the improvements being placed upon the subject land. The Company does, however, insure the insured against loss, if any, sustained by the insured under the terms of the policy, if any such liens have been filed with the County Clerk of the County in which such property is located prior to the date of this Endorsement except those liens set forth in Schedule B of said Policy or in any prior Endorsement to said Policy, and except: (*Specify or delete the words "and except" immediately preceding*.),
   4. The following additions to Schedule B of said Policy: (*Specify or delete this paragraph.*).
2. The coverage under said Policy as of the date hereof is $\_\_\_\_\_\_\_\_\_\_\_\_.

Nothing herein contained shall be construed as extending or changing the effective date of the aforesaid policy or interim construction binder, unless otherwise expressly stated.

IN WITNESS HEREOF, the \_\_\_\_\_\_\_\_\_\_ TITLE INSURANCE COMPANY has caused this Endorsement to be executed by its President under the seal of the Company, but this Endorsement is to be valid only when it bears an authorized countersignature.

Attest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE INSURANCE COMPANY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secretary President

(SEAL)

Countersigned at \_\_\_\_\_\_\_\_\_\_\_, Texas. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Use Optional) Authorized Signature (Location discretionary)