



Web Site

Lost Policy Application

A.	COMPANY CODE #	POLICY NUMBER	INSURED'S NAME
	STATE CODE	LOCAL OFFICE NUMBER	AGENCY NUMBER

As the owner of the above policy, I hereby request a duplicate policy. If the Original Policy is more than 5 years old, I request a Certificate of Insurance. (If the Original Policy was issued in Illinois, a duplicate policy will be issued regardless of original issue date.)

B. Duplicate Policy/Certificate of Insurance, if applicable.

(a) When last seen, the Original Policy and any Duplicate Policies, if applicable, were in the possession of _____

(b) Give the circumstances of the loss or destruction of the Original Policy and any Duplicate Policies, if applicable: _____

C. If a duplicate policy is issued to me, I agree that it completely replaces the original policy and replaces any previous duplicate policy. I agree to return the original policy or any duplicate policy to the Company if found. I agree to hold the Company harmless from any claim or expense under the original policy or any previous duplicate policy.

Signed at _____, this _____ day of _____, _____

Signature of Witness

Signature of Insured/Owner

Signature of Witness

Signature of Assignee

Insured/Owner Address

Insured/Owner Email Address