

INSURED \_\_\_\_\_ CERTIFICATE/POLICY NUMBER \_\_\_\_\_

OWNER (IF OTHER THAN INSURED) \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS: Insured's or Owner's (if other than Insured)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

HOME PHONE NUMBER ( ) \_\_\_\_\_ WORK PHONE NUMBER ( ) \_\_\_\_\_

A Certificate of Insurance will be furnished in lieu of the lost certificate/policy. Requests for a complete certificate/policy contract must be accompanied by a \$25 check to cover our expense to reproduce the contract.

THE COMPLETE CERTIFICATE/POLICY CONTRACT WILL NOT BE AVAILABLE FOR CERTIFICATES/POLICIES OLDER THAN 10 YEARS.

I certify that the certificate/policy has not been sold, assigned, or pledged to any person, corporation or association and further certify that the certificate/policy was lost or destroyed under the following circumstances: \_\_\_\_\_

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

I agree that once this certificate of insurance or duplicate certificate/policy is issued, the original certificate/policy is no longer valid.

**If owner is an individual or partnership:**

\_\_\_\_\_/\_\_\_\_\_  
Signature of owner(s) \_\_\_\_\_ Signature of assignee (if any) \_\_\_\_\_

\_\_\_\_\_  
Signature of owner's spouse (if required)

**If owner or assignee is a corporation:**

\_\_\_\_\_  
Signature of Corporate Officer \_\_\_\_\_ Signature of Corporate Officer \_\_\_\_\_

Notary: On this day personally appeared before me the person(s) who executed this form and acknowledged that he or she (or they) signed the same as his or her (or their) free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Notary Signature