Lost Policy Affidavit

Insured: _____

Policy / Certificate Number(s): _____

Insured's Date of Birth: _____ Insured's Date of Death: _____

I certify that policy / certificate number(s) _____
has (have) been lost, and I request _____
(Insurance Company) to pay the benefits without surrender of the policy / certificate. I certify that I have made a diligent search for the policy / certificate, and I agree that _____
(Insurance Company) shall be held harmless from any loss resulting from this request.

The undersigned hereby makes claim to said insurance benefits as legal representative of the Insured, and further agrees that the furnishing of this form or any of the forms supplemental thereto by the insurance company shall not constitute nor be considered an admission by it that there was any insurance in force on the Insured in question nor a waiver of any of its rights of defenses.

_____ _____ (_____)_____
Claimant's Signature Age Telephone Number

_____
Address City State Zip Code

_____ _____ _____
Date Relationship to Insured Claimant's Social Security No.

STATE OF _____,
City / County of _____, to-wit:

The foregoing Lost Policy Form was acknowledged before me in my City / County and State aforesaid this _____ day of _____, _____,
by _____ .

_____
Notary Public

My Commission Expires: _____

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