

Policyowner's Change and Service Request

Policy No. _____

APPLICATION FOR DUPLICATE POLICY

This policy was lost or destroyed. If policy is found later, I agree to surrender it to the Company without claim.

 Request a duplicate policy (submit \$25.00 fee) Request a Policy Certificate (no charge)**ADDITIONAL PARTICULARS****DECLARATIONS**

The undersigned hereby declares that:

- (1) I own the above policy and request the actions indicated, knowing community property law may require spouse consent; and
 (2) No bankruptcy proceedings are now pending against the owner.

Owner's
Signature _____ Date _____Other
Required Signature _____ Date _____**IF BUSINESS OWNED:** Please check appropriate box: Individual/Sole Proprietor Corporation Partnership Trustee

Business Name _____

Signature
and Title _____ Date _____

(Signature MUST be that of an Officer, Partner, or Trustee of the company, other than the Insured)

Assignee's
Signature _____ Date _____

Acknowledgment:

(From Agency No. _____) NOTE: Mail completed document to Owner Agency No. _____