



LOST POLICY STATEMENT

Insured Name: _____

Court / Impact Team: _____ Roster: _____

I am not able to find the policy number _____.

It has been lost or destroyed, and I have no present knowledge of its whereabouts.

I have no knowledge, information or belief that any person, corporation or other entity has any interests or rights as a result of any agreement, oral or written, arising from payment of premiums, promise, assignment, and contract or otherwise.

I request that 1891 Financial Life accept this statement as a lost policy release. If the original policy is found, it will be sent to 1891 Financial Life right away. I agree that 1891 Financial Life is free of liability under the original policy.

Signature of Owner/Beneficiary: _____ **Date:** _____

Primary Phone No: _____

Subscribed and sworn to before me
on this _____ day of _____, 20____

NOTARY PUBLIC

My commission expires _____