



## 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** \_\_\_\_\_