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APPLICATION FOR ISSUE OF DUPLICATE POLICY

Policy:			
Insured:			
Owner:			

Instructions for completing this form:

- 1. This form must be completed in ink and cannot be altered by the use of correction fluid.
- 2. The policy owner must complete and sign the form.

I hereby certify that the original copy of the policy (select one):

Has been lost or destroyed.

____ Was never received.

I hereby request a copy of the above listed policy. I promise to return the original policy

to the Company if it is subsequently found or received.

Signature of Owner:	Date:
SSN:	Phone:
E-mail Address:	