



SAVE FORM TO COMPLETE

DUPLICATE POLICY REQUEST

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Thank you for giving National Family Care the opportunity to be of service to you.

In order to comply with your request for a Duplicate Copy of your policy, please complete the "Affidavit of Loss of Policy" below. Upon receipt of the completed form, your Duplicate Policy will be issued and mailed to you.

AFFIDAVIT OF LOSS OF POLICY

Name: _____
First MI Last

POLICY NUMBER

Address: _____
Street City State Zip

I, _____, of lawful age, being first duly sworn, states that the Policy Number (noted above) has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it; that this Affidavit is made for the purpose of inducing said company to issue a duplicate of or a certificate for said policy; that if a duplicate or certificate is issued it will be returned to the company immediately if the original policy shall be found.

SIGNATURE OF INSURED OR OWNER

DATE

WITNESS