

Lost Policy Affidavit and Replacement Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Company Address]

City, State, Zip: [City, State, Zip Code]

Subject: Affidavit of Lost Policy and Request for Replacement

Policy Information:

Policy Number: [Insert Policy Number]

Insured Name: [Insert Full Name]

Policy Type: [e.g., Life, Property, Auto]

Affidavit of Loss

I, [Your Full Name], being duly sworn, hereby depose and state:

1. I am the owner/beneficiary of the insurance policy mentioned above.
2. The original policy document has been lost, misplaced, or destroyed.
3. I have made a diligent search for the policy and have been unable to find it.
4. The policy has not been assigned, pledged, or transferred to any other person or entity.
5. If the original policy is found, I agree to return it to the company or destroy it immediately.

I am requesting a duplicate or certified copy of the policy to be issued and mailed to the address below.

Signature: _____

Printed Name: [Your Full Name]

Mailing Address: [Your Complete Address]

Phone Number: [Your Phone Number]

Notary Acknowledgement

State of _____

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____,
20_____, by [Name of Affiant], proved to me on the basis of satisfactory evidence to be the
person who appeared before me.

Notary Public Signature: _____
(Seal)

My Commission Expires: _____