

Indemnity Agreement and Lost Policy Replacement Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Insert Policy Number]

Insured Name: [Insert Name of Insured]

Dear Customer Service Department,

I am writing to formally report that the original insurance policy document for the above-referenced policy number has been lost, misplaced, or destroyed. Despite a diligent search, the original document cannot be located.

I hereby request that a replacement copy of the policy be issued. In consideration of the issuance of this replacement, I agree to the following Indemnity Agreement:

- I certify that the original policy has not been assigned, transferred, or pledged as collateral to any other party.
- Should the original policy document be found, I agree to return it immediately to the insurance company for cancellation.
- I agree to indemnify and hold [Insurance Company Name] harmless from any and all claims, losses, costs, or expenses that may arise from the issuance of this replacement policy or from the subsequent discovery of the original document.

Please send the replacement policy to the following address:

[Your Mailing Address]

[City, State, Zip Code]

Sincerely,

Signature of Policyholder

Printed Name

Notary Acknowledgement

(Required in some jurisdictions)

State of: _____

County of: _____

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

Notary Public Signature

My Commission Expires: _____