

[Agency Letterhead/Name]

[Agency Address]

[City, State, Zip Code]

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: Acknowledgment of Lost Policy and Replacement Request

Policy Number: [Policy Number]

Insured Party: [Name of Insured]

Dear [Insured Name],

We have received your notification regarding the loss of your original insurance policy document for the policy referenced above.

By signing and returning this acknowledgment, you certify that the original policy has been lost, misplaced, or destroyed and is no longer in your possession. You further agree that should the original policy be found, it will be returned to [Agency Name] or destroyed, as it is now considered null and void.

We have processed your request for a replacement policy. Please find the enclosed duplicate policy documents for your records. This replacement carries the same coverage terms, conditions, and effective dates as your original agreement.

If you have any questions regarding your coverage or if we can assist you further, please contact our office at [Phone Number].

Sincerely,

[Signature]

[Name of Agent/Representative]

[Title]

[Agency Name]

Insured Acknowledgment:

I hereby confirm that the original policy mentioned above is lost and request the issuance of a replacement.

Signature: _____ Date: _____