

ADMINISTRATIVE OFFICE
P.O. BOX 25915
OVERLAND PARK KS 66225-5915

Main (877) 492-4678
Customer Service (800) 237-4463

LOST POLICY AFFIDAVIT

Policy Number: _____

Insured: _____

I hereby request the issuance of a certificate of insurance and agree that the duplicate policy shall create no liability on the part of the company other than that set out in the original policy. If at any time the original policy is found, such certificate will be null and void. I hereby certify that the policy has been lost or destroyed and I have no knowledge of its whereabouts, and that said policy is not assigned, hypothecated or pledged.

Signature of Policy Owner: _____ Date: _____

Signature of Witness: _____ Date: _____

If we can answer any questions or be of further assistance, please call Customer Service at 800-237- 4463.