Bankers Life and Casualty Company

PO Box 1938
Carmel, IN 46082-1938
(800) 621-3724

REQUEST FOR CERTIFICATE OF INSURANCE OR DUPLICATE POLICY

Policy Number	Insured	Owner (if other than Insured)	Date

LOST POLICY AFFIDAVIT

The undersigned hereby certifies that:

1. The above numbered policy has been lost or destroyed under the following circumstances:

_____

_____

_____

(Failure to provide a description will result in a return of this request)

2. That no person(s), partnership, corporation or other entity has any claim or interest in this policy or its benefits by virtue of any gift, sale, assignment; pledge, property settlement, divorce or other court action; that based On the forgoing statements, the undersigned requests that the Company issue a Certificate of Insurance or duplicate policy, or grant the requested benefits of this policy without requiring the surrender of said original policy.

In consideration of the Company granting this request without the surrender of the original policy, the undersigned hereby promises and agrees to indemnify and hold harmless the Company from any and all losses or injuries that may incur, related in any manner to the Company granting this request. It is further agreed that if the original policy is found, the Certificate of Insurance or duplicate policy will be returned to the Administrative Office of the Company. This indemnification shall be binding on undersigned's heirs, executors, administrators, successors and assigns.

Check the applicable box:

☐ **1. REQUEST FOR CERTIFICATE OF INSURANCE**

No administrative fee is required for a Certificate of Insurance.

☐ **2. REQUEST FOR DUPLICATE POLICY**

If a duplicate policy is not available, a Certificate of Insurance will be issued in its place and your payment will be refunded.

AUTHORIZATION / SIGNATURES

The persons signing this form affirm under penalty of perjury that they are authorized to execute this document.

_____   _____
Signature of Policyholder   Printed Name of Policyowner

If corporation/Trustee, title: _____   SSN/TIN _____

_____   _____
Signature of Co-Policyowner   Printed Name of Co-Policyowner

If Corporation/Trustee, title:_____   SSN/TIN_____

BLC09 (Rev. 04/08)