Vantis Life Insurance Company

P0 Box 310 Millville NJ 08332-0310 P: 1-866-826-8471 ■ www.VantisLife.com

REQUEST FOR CERTIFICATE OF INSURANCE/DUPLICATE POLICY

Name of Insured:	•
Name of Owner:	Phone Number:
I, (We)	
being duly sworn, depose and say that:	
, , ,	rs) of the above numbered policy and that I am (we are) This affidavit is made to induce said Agency to issue uplicate Policy to me (us).
2. The policy is not now in my <i>(our)</i> pos been lost, misplaced or stolen.	ssession and I (we) cannot obtain possession of it as it has
3. In consideration of the issuance of a Certificate of Insurance/Duplicate Policy, I (we) hereby agree, for myself (ourselves), my (our) heirs, executors, administrators and assigns, to indemnify and hold harmless the Agency, and its successors, assigns, officers, agents and employees of and from all claims, demands, judgements, losses or liabilities and expenses whatsoever made against or incurred by them or any of them, arising because of the issuance and delivery to me (us) of such Certificate of Insurance/Duplicate Policy, and I (we) further agree that if said original policy/contract shall thereafter come into my (our) possession, it shall be submitted to the Agency for endorsement thereon of any changes endorsed on said certificate/policy by the Agency and that said certificate shall thereupon be cancelled. 4. I (we) certify that the policy has not been assigned or pledged as collateral.	
Subscribed and Sworn To before me, thi	IS
day of 20	
day of 20	Signature of Policy Owner
Notary Public	Signature of Other Authorized Individual
-	As**:□ Beneficiary □ Executor
	☐ Administrator ☐ Power of Attorney
	☐ Conservator ☐ Guardian ☐ Assignee
	** Certified copy of appointment or claimant statement is required
INTERNAL USE ONLY	
NAME OF AGENCY	PRODUCER # BRANCH #