



Request for PROPERTY Proof of Coverage

P.O. Box 7028
Troy, MI 48007-7028
Phone: 248-822-7170/Fax: 248-822-7150

This form is available for banks or mortgage lenders to request proof of coverage on behalf of our client. Upon receipt of this completed form, we will verify coverage, complete the requested proof of coverage and will email to the Requestor's email address(es) listed below.

REQUESTOR INFORMATION SECTION

Requestor's Name: _____ Requestor's Phone #: _____

Lender Name: _____
(Print name as it is to appear on the insured's policy)

Lender Address: _____ City, State, Zip: _____

Person(s) to whom this Evidence should be transmitted:

NAME	EMAIL ADDRESS	FAX NUMBER

PROPERTY INFORMATION SECTION

Date of Closing: _____ Client's Name: _____

Property Address: _____ City, State, Zip: _____
(Street Address)

Loan #: _____

Is this a new or replacement mortgage? Place a check mark (✓) in the box that applies.

NEW MORTGAGE	REPLACEMENT MORTGAGE
1st	1st
2nd	2nd

CONDO INFORMATION SECTION

Condo Association Name: _____

Condo Association Address: _____ City, State, Zip: _____

Unit # being purchased: _____ Name of Unit Owners: _____

REMARKS: _____