



THE SAVINGS BANK LIFE INSURANCE COMPANY
 200 DAY HILL ROAD, WINDSOR, CT 06095
 1-800-252-7254 ■ WWW.SBLI4LIFE.COM

REQUEST FOR CERTIFICATE OF INSURANCE/DUPLICATE POLICY

Name of Insured: _____ Certificate/Policy# _____
 Name of Owner: _____ Phone Number: _____

I, (We) _____
 being duly sworn, depose and say that:

1. I am (We are) the sole owner (owners) of the above numbered policy and that I am (we are) entitled to exercise all rights thereunder. This affidavit is made to induce said Agency to issue and deliver a Certificate of Insurance/Duplicate Policy to me (us).
2. The policy is not now in my (our) possession and I (we) cannot obtain possession of it as it has been lost, misplaced or stolen.
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, this

_____ 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 #

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