



INVESTORS HERITAGE®

PO Box 717
Frankfort KY 40602-0717
Phone: 800.422.2011 | Fax: 502.791.8374

REQUEST FOR CERTIFICATE

Policy Number: _____

Insured's Full Name: _____

I certify that the original policy/group certificate numbered above has been lost or destroyed, that a diligent search had been made, and that its existence or whereabouts is unknown. In consideration of the granting of this request, I undertake and agree as follows:

1. that the Certificate issued in accordance with this request shall stand in the place and stead of the original policy/group certificate for all purposes;
2. that all of the terms and conditions of the original policy/group certificate shall remain in force and effect as evidenced by this Certificate; that I will save the Company harmless from all loss or injury which may occur as a direct result of its act of issuing this Certificate; and that if the original policy/group certificate is found, it shall be placed with this Certificate.

Date: _____

X _____
Owner's Name (printed)

X _____
Owner's Signature (Always Required)

Owner's email address

() _____
Owner-Day time phone: Home Cell Work

X _____
Signature of Insured, if other than Owner, or Parent if Insured is minor

Insured's email address

() _____
Insured-Day time phone: Home Cell Work

X _____
WITNESS (ALWAYS REQUIRED)
(If Agent, include Agent Number)