

## Application for LOST POLICY CERTIFICATE to the Southland National Insurance Corporation

POLICY NUMBER	NAME OF INSURED - (Please Print)	AGE

I, the undersigned, hereby declare that the above numbered policy/policies issued on the life/lives of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

has/have been lost or destroyed, and I desire Duplicate Policy/Policies.

**Signature of Applicant** \_\_\_\_\_

**Printed Name of Applicant** \_\_\_\_\_

**Relationship to Insured** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

AGENT'S NAME	DISTRICT	DEBIT No.

**\*\*\* Please note: If this form is not signed in the presence of an authorized employee, signatures must be verified by Notary Public.**

Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC