

VERIFICATION OF COVERAGE FOR LIFE INSURANCE POLICIES

SUBMITTED TO: _____ **NAIC #** _____
Name of Insurance Company

POLICY NUMBER: _____

SUBMITTED FROM: _____
Name of Life Settlement Broker/Provider

ADDRESS: _____

TELEPHONE NUMBER: _____

CONTACT: _____ **TITLE** _____

IF INFORMATION IS CORRECT, INSURER REPRESENTATIVE MAY PLACE A CHECKMARK IN THE BOX. OTHERWISE PROVIDE CORRECTED INFORMATION THROUGHOUT THIS FORM. AN ASTERISK INDICATES INFORMATION THE LIFE SETTLEMENT PROVIDER/BROKER MUST PROVIDE.

POLICY OWNER'S AND INSURED'S INFORMATION	This column to be completed by Life Settlement Broker/ Provider	This column to be used by Insurance Company
Owner's name		
Address		
City, state, ZIP code		
Tax ID or social security Number		
Owner's name		
Address		
Insured's name		
Insured's date of birth		
Second insured's name (if applicable)		

I hereby consent by my signature below to release of information requested by this form by the insurance company to the Life settlement broker/provider.

Signature of policy owner

Date signed