



UTU Insurance Association

24950 Country Club Blvd., Suite 340
North Olmsted, Ohio 44070-5333
Phone 216-228-9400 Fax: (216) 228-0411
www.utuia.org

LOST POLICY AFFIDAVIT

For duplicate policies to be issued, this request must be correctly completed, signed, dated and submitted for approval.

Owner _____ Social Security No. _____

Insured _____ Social Security No. _____

Policy(ies) No. _____

I hereby certify that the above mentioned policy(ies) issued by United Transportation Union Insurance Association (UTUIA) or any predecessor have been lost, stolen, or destroyed. I therefore request that a duplicate of said policy(ies) be issued, and agree that should the original policy(ies) be found or in any way come into my possession, I will return or cause the same to be returned to UTUIA. It is distinctly understood and agreed that the original policy(ies) shall become null and void immediately upon issuance of the duplicate policy(ies) herein requested. I also agree that if duplicate forms of the lost policy(ies) are not available, I will accept a Certificate of Lost Policy for each.

Signature of Owner

Street Address/City/State/Zip

Signature of Co-Owner (If Applicable)

Telephone Number

Date

(DO NOT WRITE IN THIS AREA - FOR UTUIA OFFICE USE ONLY)

This request is acknowledged and approved. The original policy(ies) is/are hereby null and void.

Dated: _____

General Secretary and Treasurer