



**AFFIDAVIT & AGREEMENT PERTAINING TO LOSS OR DESTRUCTION OF POLICY**

State of: \_\_\_\_\_

County of \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, state that I am the **Insured**, under Policy # \_\_\_\_\_ dated \_\_\_\_\_, 20\_\_\_\_, issued by the Catholic Holy Family Society., Joliet IL; that the beneficiary named in that policy is: \_\_\_\_\_, that said policy has been lost or destroyed and I have no knowledge as to its whereabouts; that no person or persons, corporation or association has any claim or interest in said policy by virtue of any sale, assignment or pledge thereof, except as follows: **(IMPORTANT: This section must be completed. Here, give the names and addresses of any assignees. If there are no exceptions, write in the words, "No Exceptions.")**

\_\_\_\_\_  
\_\_\_\_\_  
The details of the loss or destruction of the policy were as follows: **(IMPORTANT: Here, give the details to the best of your recollection.)**

\_\_\_\_\_  
**X**  
**Signature:**

\_\_\_\_\_  
Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**

**SEE THE INSTRUCTIONS ON THE BACK OF THIS FORM**

## GENERAL INSTRUCTIONS

1. Please complete the front of this Loss of Policy form, **sign it and have your signature notarized.**
2. Mail the completed form to: CHFS  
PO Box 2909  
Joliet, IL 60434-2909
3. When the Society receives the completed form, we will issue a **Policy Verification.** A Policy Verification will list the current coverage and will serve as evidence of the insurance contract issued by the Society. There is no charge for a Policy Verification.
4. If you want a duplicate copy of your original policy, the Society requires that you also enclose a check to cover the cost of processing. Our Current Processing Fee is **\$30.00**