



# REQUEST FOR VERIFICATION OF HOMEOWNER'S INSURANCE

Prepared by: Agent \_\_\_\_\_ Phone \_\_\_\_\_  
Broker \_\_\_\_\_ Email \_\_\_\_\_

**Instructions:** Broker/Lender to complete Sections I and II and sign at item 3. Have Applicant sign at item 4. Broker/Lender to forward to person named at item 1. Insurance Agent/Carrier to complete Section III, and sign and return to Broker/Lender named in item 2.

DATE: \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, California.

## SECTION I – REQUEST BY BROKER/LENDER:

Loan application number \_\_\_\_\_.

### 1. TO INSURANCE AGENT/CARRIER:

Name \_\_\_\_\_  
Attn \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

### 2. FROM BROKER/LENDER:

Name \_\_\_\_\_  
Attn \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

3. You are kindly requested to verify information given Broker/Lender by Applicant for the purpose of processing a loan application. Your cooperation will be appreciated.

Broker/Lender \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

## SECTION II – AUTHORIZATION BY APPLICANT:

4. You are authorized to verify and supply Broker/Lender identified at item 2 above with the information requested for your verification in Section III below.

Loan Applicant(s)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

## SECTION III – VERIFICATION BY INSURANCE AGENT/CARRIER:

Instructions: You are to complete the following items, then sign and return this form with any attachments to Broker/Lender identified at item 2 above.

5. Applicant's property address \_\_\_\_\_

6. Type of structure:  SFR,  Condo,  two-to-four residential units,  Mobilehome,  five-or-more residential units,  Commercial building,  Office building,  Industrial building, or  \_\_\_\_\_

7. Insurance Agency name \_\_\_\_\_

7.1 Contact person \_\_\_\_\_

8. Insurance Carrier/Insurer \_\_\_\_\_

8.1 Policy # \_\_\_\_\_.

8.2 Policy expiration date \_\_\_\_\_.

8.3 Policy limits/amount of coverage \$ \_\_\_\_\_.

8.4 Type of policy \_\_\_\_\_.

8.5 Annual premium \$\_\_\_\_\_.

a. Fully paid?  yes, or  no.

8.6 Named insured \_\_\_\_\_

8.7 Type of property covered \_\_\_\_\_

9. Please attach a copy of the policy declaration page or comparable agency information sheet.

**The above information is true and correct.**

Date: \_\_\_\_\_, 20\_\_\_\_\_.

Name: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_