



POLICY INSPECTOR[®]

Because No Lost Policy Should Be Left Unclaimed.

ABOUT YOU:

First Name:	MI:	Last:
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Street Address:	Apt. #:
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City:	State:	Zip:	Relationship to Deceased:
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Phone:	Email Address:
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ABOUT THE DECEASED:

First Name:	MI:	Last:
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Last Known Street Address:	Apt. #:
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City:	State:	Zip:
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Date of Birth:	Date of Death:	SS# (Last 4 Digits):
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Veteran? (Please circle one):	YES	NO
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(Free veterans life insurance search included with every Policy Inspection)

I Accept the Terms & Conditions:	YES	NO
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(Terms and Conditions can be found on our website www.policyinspector.com)

Ready to Start Your Inspection?



Complete the form above and place it in an envelope along with a check for \$99.00, payable to 'Policy Inspector, Inc.'
Mail the completed form and check to :

Policy Inspector, Inc.
PO Box 304
Stowe, VT 05672

Proud Member of the New England Claim Association