# REQUEST FOR VERIFICATION OF HOMEOWNER'S INSURANCE

**Note:** This form is used by a loan broker or lender when processing a mortgage application, to verify information regarding the borrower's existing homeowner's insurance policy.

**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. Landlord/Property Manager 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: | 2. FROM BROKER/LENDER: |
|---|---|
| Name _____ | Name _____ |
| Attn _____ | Attn _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Phone _____ Cell _____ | Phone _____ Cell _____ |
| Email _____ | 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: ☐ single family residence (SFR), ☐ Condo, ☐ two-to-four residential units, ☐ Mobilehome, ☐ fine-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: _____