



Evidence of Property Insurance Request

In order to request evidence or proof insurance, companies require your request in writing. Fax to Mosinee Insurance 715-693-2538.

Insured Name _____ Requested by _____
Phone Number _____ Fax _____
Account # _____

Additional Interest:

Company Name: _____
Attention: _____
Street: _____
PO Box: _____
City, State, Zip: _____
Fax Number: _____

Mortgagee: Loss Payee:

Location No(s) applicable: _____
Coverage applicable: _____
Applies to: (must be filled in for loss payee) _____

Approx Value: \$ _____