Loss Payee Addition Request Document

Date of Request:

MM/DD/YYYY

Policyholder Name:

Enter full name

Policy Number:

Policy Number

Contact Information:

Phone number, email address, etc.

Loss Payee Name to be Added:

Loss Payee Name

Loss Payee Address:

Street Address

City, State, Zip Code

Reason for Loss Payee Addition:

E.g., lender requirement, lease agreement, etc.

Additional Comments (if any):

Optional

_____

Policyholder Signature

_____

Date