Request for Evidence of Insurance

INSTRUCTIONS: We have received a loan application from the applicant listed below, whom you insure. Please update the Mortgagee Clause for the below insurance policy and supply a copy of the Evidence of Insurance via fax at 224-813-5800 or email at

| PART A - REQUEST | | | | | |
|-------------------------|---------|-------------------|-----|-----------------|----------------|
| BORROWER NAME(S) | ADDRESS | | L | -OAN # (| last 4 digits) |
| INSURANCE POLICY NUMBER | | TYPE OF INSURANCE | | | |
| | | Homeowners | Flo | od* | Condo Master* |

| PART B - MORTGAGEE CLAUSE INFORMATION | | | |
|--|---------------------------------|-----|-----|
| Add a Loss Payee to Master Policy:* | Mortgage Position | 1ST | 2ND |
| Discover Bank ISAOA P.O. Box 961292 Fort Worth, TX 76161 | Escrowing YES Effective Date | NO | |
| | | | |

| The following information is needed to satisfy our audit: | | | | | |
|---|---|--|--|--|--|
| | POLICY NUMBER | | | | |
| | | | | | |
| | | | | | |
| | POLICY START/END DATE | | | | |
| | DISCOVER ADDED AS MORTGAGEE | | | | |
| | PROPERTY ADDRESS | | | | |
| | BORROWER NAME(AT LEAST ONE IF THERE ARE MULTIPLE) | | | | |
| ✓ | COVERAGE AMOUNT | | | | |
| ✓ | COMPANY NAME | | | | |

*If there is a condo master policy that includes walls in coverage, Discover Bank cannot be added as a loss payee. Instead, please list Discover Bank as a certificate holder/interested party.

