

118876

MetLife Auto & Home®

EVIDENCE OF PROPERTY INSURANCE

(Prepared for a party with an insurable interest)

Date Issued: \_\_\_\_\_

This evidence of insurance is issued as a matter of information only and confers no rights upon the additional interest. This evidence does not amend, extend, or alter the coverage, terms, exclusions or conditions afforded by the policy referenced herein.

The policy listed below has been issued to the Named Insured for the policy period shown.

Insurance Company: \_\_\_\_\_ NAIC Number: \_\_\_\_\_
Policy Number: \_\_\_\_\_
Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
Named Insured: \_\_\_\_\_
Mailing Address: \_\_\_\_\_

Additional Interest as provided by the policy:
[ ] Additional Insured [ ] Mortgagee Loan Number \_\_\_\_\_

Additional Interest Name: \_\_\_\_\_
Address: \_\_\_\_\_

The residence premises covered by the policy is located at: \_\_\_\_\_

PRODUCT \_\_\_\_\_

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
FEB 29 2012

COVERAGE LIMIT OF LIABILITY

Coverage on Real Property (Indicate limits for Additional Insured or Mortgagee)

- [ ] GrandProtect
Blanket Property Limit \$ \_\_\_\_\_
[ ] All others
Dwelling \$ \_\_\_\_\_
Private Structures \$ \_\_\_\_\_

Liability Coverage (Indicate limits for Additional Insured)

- Personal Liability \$ \_\_\_\_\_ Each Occurrence
Medical Payments To Others \$ \_\_\_\_\_ Each Person

Other \_\_\_\_\_

Agency Name: \_\_\_\_\_
Agency Address: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_
Agency Fax: \_\_\_\_\_
Agency Email: \_\_\_\_\_

Agency Customer ID Number: \_\_\_\_\_
Agency / Authorized Representative: \_\_\_\_\_