



REQUEST FOR DUPLICATE POLICY

Enclose a check or money order for \$25.00.

PART 1: Policy Information

Policy Number: _____ Policyholder Name: _____

Date of Birth: _____ Last Four Digits of Policyholder's Social Security Number: _____

Policyholder Address: _____

City: _____ State: _____ ZIP Code: _____

NOTE: The duplicate policy will be mailed to the policyholder's address of record unless special instructions to mail the duplicate policy to another address are provided here: _____

PART 2: Declaration and Signature

"Penn Treaty" refers to Penn Treaty Network America Insurance Company (In Rehabilitation) (dba Penn Treaty Network America Life Insurance Company in California) and American Network Insurance Company (In Rehabilitation).

By signing below, I declare that:

- The above-referenced policy was lost or destroyed.
- No person, firm or corporation has or claims the right to possession of the policy.

I request that Penn Treaty issue a duplicate of the above-referenced policy numbered the same as the original. I understand that the duplicate policy will reflect current coverage, including any requested changes, and may not be an exact replica of the original.

I understand that while every effort will be made to ensure the accuracy, correctness and completeness of the duplicate policy, Penn Treaty, its owners, employees, agents, assigns and successors disclaim any and all liability for inadvertent errors or omissions (including typos) in any of the content, specifications or pricing. Actual plan coverage and benefit payment is determined when a claim is received.

In consideration of granting of this duplicate policy request without the surrender of the original policy:

- I agree that once the duplicate policy is issued, if the original policy is later found, I will return the original policy to Penn Treaty.
- I release all liability and I agree to indemnify and hold Penn Treaty harmless from any claims or expenses that may arise from the original policy or as a result of granting this request. This release and indemnification shall be binding upon my heirs, executors, administrators, successors and assigns.

Print Name

Signature

Date

If this Declaration is signed by the policyholder's personal/legal representative, please complete the following:

Basis for representation (check one): Power of Attorney Guardian Other: _____

(ATTACH COPY OF LEGAL DOCUMENT IF NOT ALREADY ON FILE)

Penn Treaty Network America Insurance Company (In Rehabilitation)
(Penn Treaty Network America Life Insurance Company in California)
American Network Insurance Company (In Rehabilitation)