

# FIRE INSURANCE INFORMATION FORM

The following information is needed to process your escrow. Please complete form and Return as soon as possible to our office.

Insurance Agency: \_\_\_\_\_

Agent: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Please:

- 1- Contact your agency and discuss the coverage you desire.
- 2- Have your agent contact our office in order that we may provide additional Information which may be required.

**PLEASE COMPLETE AND RETURN**

I/We hereby authorize you as escrow holder to discuss my file with the above named agent with reference to insurance necessary to process this escrow.

X \_\_\_\_\_

X \_\_\_\_\_