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**STATEMENT OF LOST POLICY  
PLATINUM TERM 10 TO AGE 85**

Owner Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

In answer to your recent request for a duplicate of the Life Insurance Policy shown below, we require that you complete the STATEMENT OF LOST POLICY form below. The purpose of this form is to provide a record that the original policy is not in your possession.

When you have completed and returned this statement to us in the enclosed return envelope, a duplicate policy will be sent to you.

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I, \_\_\_\_\_, the Owner of Policy Number \_\_\_\_\_, on the life of \_\_\_\_\_, (the "Lost Policy"), do hereby certify that the said policy has been lost or destroyed and is not now in my possession or in the possession of any person(s) to whom it was delivered by me and do hereby request that Chubb Life Insurance Company of Canada ("Chubb Life")/ Chubb du Canada Compagnie d'Assurance-Vie (« Chubb-Vie ») issue a duplicate policy in lieu thereof. In consideration of the issue of a duplicate policy, I hereby relinquish all right, title and interest that I now have, or hereafter may have in the Lost Policy and agree to rely only on said duplicate policy. If the Lost Policy comes into my possession, I agree to immediately deliver it to Chubb Life/Chubb-Vie for cancellation.

No claims of any type will be made against Chubb Life/Chubb-Vie, or its employees, agents and other representatives, under the Lost Policy for losses which occur after the date of this statement.

I also agree to indemnify and protect Chubb Life/Chubb-Vie, and its employees, agents and other representatives, against any claim that may be asserted against it, and its employees, agents and other representatives, under the Lost Policy and agree for myself, my heirs, executors, administrators, beneficiaries and assigns that any sum which would otherwise be payable under said duplicate policy shall be holden to make good any cost, expense or payment to which said Company may be put under said policy which is alleged to have been lost or destroyed.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

Send this completed form to our Administrator at:  
Combined Insurance Company of America / Compagnie d'assurance Combined d'Amérique  
Canadian Head Office / Siège social canadien : P.O. Box 3720, MIP, Markham (Ontario) L3R 0X5  
Telephone / Téléphone : 1-888-234-4466  
www.combined.ca

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