



**Conifer  
Insurance  
Company**

## **Mortgage Request Form**

### **Client(s) Information**

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

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

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

New mortgagee: ☐ Yes ☐ No

Change current mortgagee: ☐ Yes ☐ No

Escrowed: ☐ Yes ☐ No

### **Mortgagee Clause**

First Mortgagee: \_\_\_\_\_

Loan Number: \_\_\_\_\_

### **Requesters Information**

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

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

Do you need an evidence of property insurance faxed to you? ☐ Yes ☐ No

Please email this document to [PersonalLines@ConiferInsurance.com](mailto:PersonalLines@ConiferInsurance.com) or fax to 248.559.0870.

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