

**FIRE INSURANCE INFORMATION FORM**

The following information is needed to process your transaction. Please complete this form and return as soon as possible.

**INSURANCE AGENCY** \_\_\_\_\_

**AGENT** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

PLEASE:

Contact your agency and discuss the coverage you desire.

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 transaction.

Signature:

\_\_\_\_\_