

Property Insurance Verification Form

All verifications are processed within 2 business days.
If information is not printed neatly processing may be delayed.

Effective Date: _____ Institution requesting: _____

Name: _____ Phone: _____ Fax: _____

Email: _____

Insured's Full Business or Personal name: _____

DBA name if applicable: _____

Mortgagee or Loss Payee Name: _____

Mortgagee or Loss Payee Address: _____

Institution clause as it is to read on the policy: _____

Loan Number: _____

Property information

Property Address: _____

Property City, State & Zip: _____

Condominium Association Name: _____

Unit Owners Name: _____ Unit #: _____

Building value: \$ _____

Content value: \$ _____

Other Information or Special Instructions: _____

Requestor signature: _____

REQUIRED - Insured's Authorized Signature: _____

Or Pre-signed authorization form attached

Fax to: The Murphy Insurance Group at 608-849-6871
Or email to: verify@murphyinsurance.com

The confirmation fax when you submit this form or our auto-reply if you email it will be verification that we received the change request.

If you do not receive an acknowledgment within 3 business days please notify us at 608-849-6873.