

# Notification of loss/non receipt of the policy or account

## Schedule and agreement to indemnify

Where we refer to Countrywide Assured plc ("Countrywide Assured") in this document, this includes CASFS Ltd ("CASFS") where appropriate.

Before submitting this document please ensure you have completed both Section 1 & Section 2.

**Policy Owner(s)/Member(s)**

Policy/Account no(s)

\*(the Policy/Account')

\*If a Policy is held in trust the policy owners will be the trustees of that trust.

### How to complete this form

If you require a duplicate schedule please complete Section 1 and Section 2.

If you require benefits to be paid out please complete Section 2.

### Section 1. I/we confirm that:

**Please tick box 1) or 2) as appropriate**

- 1) The Policy or Account Schedule has never been in my/our possession.
- 2) The Policy or Account Schedule has been lost, mislaid or destroyed; and I/we have made a thorough search for it but without success.
- 3) The original Policy or Account Schedule will be returned to you immediately if at any time it comes into my/our possession after the date shown overleaf.
- 4) I am/We are the legal owner(s) of the Policy or Account numbered above.
- 5) Other than as detailed in the box below, no transactions by way of assignment, charge, mortgage deposit, pledge, lien or other transaction which has or could create any right, title or claim to benefits under the Policy or Account in priority to mine/ours has occurred.

Details of transactions referred to in 5) above:

**Please continue overleaf to complete Section 2.**

**Section 2. I/we request that you:**

**Please tick box as appropriate**

1) Issue me/us with a duplicate Policy or Account Schedule in reliance upon the information provided by me/us in Section 1.

2) Agree to pay benefits under the Policy or Account without production of the original Policy or Account Schedule and in reliance upon the information provided by me/us above in Section 1.

In consideration of you agreeing to 1) or 2) above, I/we promise jointly and severally to pay any losses, claims, damages, costs, payments, expenses ("Loss") incurred directly or indirectly by Countrywide Assured should a claim be made by any person using the missing Policy or Account Schedule and/or as a result of or in connection with the information I/we have supplied in this form, including but not limited to, Countrywide Assured agreeing to 1) or 2) above, except where such Loss arises due to Countrywide Assured's negligence.

Signature  Date

Name (block capitals)

and interest in the policy or account

If the policy is held in the name of more than one policyholder, the second policyholder will need to sign here:

Signature  Date

Name (block capitals)

and interest in the policy or account

Your interest in the policy or account will be for example; as policy owner or member, trustee, assignee etc.

User i.d.

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