



APPLICATION FOR DUPLICATE CERTIFICATE

PLEASE PRINT

Polish National Alliance
6100 N. Cicero Ave., Chicago, IL 60646-4386

Phone 1-800-621-3723

**STEP
1**

REQUEST FOR CERTIFICATE OF COVERAGE *(Use separate form for each certificate)*
I have lost or misplaced the certificate listed below. Please provide me with certificate of coverage.

INSURED _____ CERTIFICATE NO. _____
PRINT NAME

**STEP
2**

SIGNATURE OF INSURED OR OWNER OF POLICY _____
(IF UNDER 16, APPLICANT/OWNER SIGNATURE)

SOCIAL SECURITY NO. - - DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NOTICE TO ALL PARTIES COMPLETING THIS FORM: It is fraudulent to fill out this form with information you know to be false or knowingly omit important facts. Criminal and/or Civil Penalties may result from such acts.

INSTRUCTION FOR DUPLICATE CERTIFICATE:

- Step 1: Print your name as listed on your policy and write in your certificate number.
- Step 2: Sign your name, include the information requested: social security number, the date of birth and complete address.
- Step 3: Mail the completed, dated and signed form to the Polish National Alliance at:

**Polish National Alliance
6100 N. Cicero Ave.
Chicago, IL 60646-4386**

FOR POLISH NATIONAL ALLIANCE USE ONLY

This request is accepted on _____ By _____
MONTH DAY YEAR

On behalf of Polish National Alliance

REMARKS _____

