

THE PREMIER INSURANCE COMPANY OF MASSACHUSETTS

LOST CHECK AFFIDAVIT (Individual)

STATE OF: _____

COUNTY OF: _____

FILE NUMBER: _____

I, _____, being first duly sworn, do depose and say that I am the individual named as the payee of check numbered _____ dated _____, drawn on the account of THE PREMIER INSURANCE COMPANY OF MASSACHUSETTS ("PREMIER"), in the sum of _____ Dollars (\$ _____) and that I have never received or negotiated said check.

And, being still sworn, I further say that I have not, directly or indirectly, received the proceeds of said instrument or any part thereof, that said amount is justly due me and that this affidavit is made voluntarily and for the purpose of inducing PREMIER to immediately place a STOP PAYMENT on said check and issue a replacement check to me.

I hereby agree to indemnify and hold harmless PREMIER from any liability, loss, expense or damage which it may sustain as a result of the issuance of said replacement check and/or the original check described above; EXCEPT where the endorsement on either instrument is not mine and I have not, directly or indirectly, received the proceeds thereof.

Name

Address

Subscribed and sworn before me this _____ day of _____ 20 ____ .

Notary Public