

**STATEMENT AND AGREEMENT PERTAINING TO LOSS OR DESTRUCTION
OF POLICY _____**

Because of the loss or destruction of my policy I hereby request that HOMESTEADERS LIFE COMPANY issue a duplicate copy of the policy, or a certification of coverage in lieu thereof, to be numbered the same as the original. In consideration of the granting of this request, I agree as follows:

The duplicate copy, or certification of coverage, shall stand in the place and stead of the original policy. This replacement does not amend, extend, or alter the coverage afforded by the original policy. The replacement document is subject to all the terms, exclusions, and conditions of the original policy.

_____ X _____
(Witness) (Signature of Owner) (Date)

California Residents Only: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.