



SUBROGATION FORM

THIS STATEMENT MUST BE NOTARIZED AND SIGNED BEFORE ANY PAYMENT WILL BE RENDERED.

BORROWER INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

LOAN #: _____ ISI POLICY #: _____

CLAIM #: _____ DATE OF LOSS: _____

IN REFERENCE TO THE ABOVE MENTIONED INCIDENT, IF YOU AND/OR THE OWNER WERE COVERED BY OTHER AUTOMOBILE INSURANCE, PLEASE COMPLETE THIS SECTION BELOW:

INSURANCE COMPANY: _____

POLICY #: _____

AGENT'S NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I HEREWITH CERTIFY THAT I HAVE NOT RECEIVED ANY PAYMENTS FROM ANY OTHER INSURANCE CARRIER IN RELATION TO THIS CLAIM, AND I HEREWITH SUBROGATE MY RIGHTS, TITLE, AND INTEREST IN AND TO ANY SUCH PAYMENTS TO INSURANCE SYSTEMS, INC.

SHOULD I RECEIVE ANY PAYMENTS WITH RELATION TO THESE DAMAGES, I WILL NOT CASH SAME, BUT IMMEDIATELY ASSIGN ALL SUCH FUNDS OVER TO INSURANCE SYSTEMS, INC.

DATE: _____ BORROWER: _____

THE STATE OF: _____ COUNTY OF: _____

PERSONALLY APPEARED BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, AND ACKNOWLEDGED THE EXECUTION OF THE ABOVE DOCUMENT.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ IN THE YEAR _____

NOTARY PUBLIC (INCLUDE SEAL) _____