

## 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

COMPANY NAME: \_\_\_\_\_  
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 SYTEMS, INC.**

DATE: \_\_\_\_\_ BORROWER: \_\_\_\_\_

THE STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

\_\_\_\_\_ PERSONALLY APPEARED BEFORE ME, A NOTARY PUBLIC INAND 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) \_\_\_\_\_