

Trustmark
INSURANCE COMPANY

LOST CHECK AGREEMENT

TO: Trustmark Insurance Company
P.O. Box 7937
Lake Forest, Illinois 60045-7937
Attention: Client Service Department

Insured: _____

Payee: _____

Policy/Certificate No.: _____

I hereby certify that check No. _____ dated _____ issued by Trustmark Insurance Company (herein referred to as the Company), payable to the order of _____ in the amount of \$ _____ has not been received, cashed, transferred, deposited, or endorsed by me or by anyone authorized to act in my behalf.

I hereby request that the Company issue me a substitute check in lieu of the above original check.

As a further inducement to the Company to issue a substitute check, I agree that if said original check is received by me or anyone authorized to act in my behalf, I will promptly return it directly to the Company without endorsing it or in any way attempting to receive payment on it, and will hold the Company harmless for any loss it may suffer by reason of my failure to act in accordance with the terms of this Agreement.

Dated this _____ day of _____ 20_____.

Signed _____