

Form of Indemnity

Important notes

This is the second of a two-part process. Please do not send us a *Form of Indemnity* until after we have received a completed, original *Lost Policy Schedule Questionnaire* and it has been reviewed and accepted by us.

You will be required to complete a *Form of Indemnity* for each Policy where the Policy Schedule has been lost.

All Policyholders, Trustees or Authorised Signatories should sign this form.

Once you have completed this form please send it to:

Policy Servicing, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Your details

Policy number	<input type="text"/>	<input type="text"/>
	Policyholder 1	Policyholder 2 (if applicable)
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>

Trust details (if applicable)

Trust name	<input type="text"/>
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Company details (if applicable)

Company name	<input type="text"/>
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The above numbered Policy was effected between RL360 Insurance Company Limited and the Policyholder(s), Trust or Company shown above. The Policy Schedule evidencing this has since been lost or destroyed.

Data Protection Act

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

RL360° will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360° will, at all times, make sure that your data and information is only used in ways that are allowed by law.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Declaration

In consideration of:

Please tick as appropriate

The issuing of a duplicate Policy Schedule*

Payment of the Surrender or Claim proceeds from the above numbered Policy

* In the event of duplicate policy documents being required please provide your daytime telephone number in order that you may be contacted prior to delivery.

I confirm that the Policy is not, or no longer, the subject of any assignment, mortgage or charge to a third party. I agree to indemnify the RL360° if any valid claim is made against it under the Policy by any third party and I agree to forward to the RL360° the Policy Schedule, should it be found.

	Policyholder/Trustee/Authorised Signatory 1	Policyholder/Trustee/Authorised Signatory 2
Signature	<input type="text"/>	<input type="text"/>
Dated (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Trustee/Authorised Signatory 3	Trustee/Authorised Signatory 4
Signature	<input type="text"/>	<input type="text"/>
Dated (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>