



**F. T. FRANKLIN**  
FUNDING LLC

**HOME OWNER'S INSURANCE**

Please provide the information below regarding your homeowner's insurance policy and return to us at your earliest convenience. If you have insurance with USAA, please list the policy number and their customer service contact. USAA requires verbal authorization to release information to any party other than the insured.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Policy Number / USAA Member Number

\*\*\*\*\*

**For F.T. Franklin Funding use ONLY**

**Date:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Dwelling Coverage:** \_\_\_\_\_

**Annual Premium:** \$ \_\_\_\_\_

**REFI: Policy Paid in full?    Yes    No**

**Renewal Date:** \_\_\_\_\_

**Verified By:** \_\_\_\_\_