

Request for Signature Image for Policy Jackets

Please complete the information below and email the completed form to <u>CustomerCare@stewart.com</u>.

| Name of Person Requesting Signature: | |
|---|----------------------------------|
| Telephone #: | Email Address: |
| Legal Agency Name: | |
| | |
| Agency Address: | |
| Agency ID: | ALTA ID <i>(if applicable)</i> : |
| | |
| If your agency has multiple locations or is appointed in multiple states, should this signature be available for ALL locations/states? Yes No | |
| If "No", please enter appropriate signatory name in column A of attached spreadsheet for each Territory location. | |
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| Drintod Signaturo Namou | |
| Printed Signature Name: | |
| Signature Area – Please sign below in black pen (not a fine point pen) | |
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