

# MORTGAGE PROTECTION COVERAGE

Please provide information on your Mortgage Protection Coverage which may complete my mortgage payments in the event of my death or make my payments in the event I become disabled because of an illness or injury.

## RETURN PROMPTLY USING THE ENCLOSED POSTAGE-PAID ENVELOPE

Mortgage Amount: CONFIDENTIAL

Mortgage Lender: **Confidential**

JOHN SAMPLE

P.O. BOX 456 123 MAIN STREET

ANYTOWN IL 12345-9999



#

Date of Birth:      Month                      Day                      Year

Applicant \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Spouse \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Day \_\_\_\_\_

Night \_\_\_\_\_

Phone Number

A licensed representative may contact you regarding this insurance-related information request. Not affiliated with or endorsed by any U.S. government agency. Products distributed by (Full Agency Name or First Name and Last Name) is not affiliated with, or acting on behalf of, your lender.



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You may be eligible to participate in a Mortgage Protection Product being offered.

This product includes a choice of either life and/or disability income insurance which may give you the ability to leave your home free of mortgage liability in the event of your premature death or disability.

Returning this data card in the postage-paid envelope will allow you to receive complete details of this outstanding coverage without obligation.

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**Lending institution and mortgage information obtained by LexisNexis from public records.**