



Metropolitan
Partnership for
Lead Safe Housing

Household Insurance Verification

Applicant Name: _____

Street: _____

City, State, Zip Code: _____

We are required to verify insurance coverage on the property under the Metropolitan Partnership for Lead Safe Housing program. The person listed below has indicated that he/she has in effect a household/structure insurance policy with your company. Please supply the information requested below.

Please forward the information requested below and mail or fax to:

Metropolitan Partnership for Lead Safe Housing
Children's Lead Poisoning Prevention
1907 Carpenter Avenue
Des Moines, Iowa 50314

Telephone: 515- 286-2115
Fax: 515- 286-3643

You are hereby authorized to furnish Polk County the information requested for a period not to exceed twelve (12) months from the date below.

Signature: _____ Date _____

Signature: _____ Date _____

Carrier: _____

Policy #: _____

Street: _____

City, State, Zip Code: _____

Premium \$ _____ monthly _____ yearly _____

Type of coverage: _____

Amount of coverage \$ _____ Policy Coverage Dates _____

Signature Title Date