FORM UP-2 INS (REV 12/19)

INSURANCE COMPANY OWNER DETAIL REPORT FORM

2019

FEDERAL EMPLOYER ID#	BUSINESS NAME

PAGE_____OF_____

When reporting 25 or more properties, a NAUPA formatted CD is required

PRO-PERTY CODE (1)	IDENTIFYING NUMBER (2)	OWNER'S NAME, ADDRESS, CITY, STATE AND ZIP, LIST ALPHABETICALLY BY LAST NAME, FIRST AND MIDDLE INITIAL. (IF JOINT OWNER, BENEFICIARY, TRUSTEE, ETC. SPECIFY BY NAME.) (3)	RELATION TYPE CODE (4)	OWNER(S) SOCIAL SECURITY NUMBER (5)	DATE OF LAST TRANSACTION (6)	AMOUNT REMITTED AS DUE OWNER (7)

TOTAL FOR THIS PAGE (8)

IF THIS IS THE LAST PAGE, ENTER GRAND TOTAL (9)