

INSURANCE COMPANY OWNER DETAIL REPORT FORM



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FEDERAL EMPLOYER ID#	BUSINESS NAME
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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)
