

**Town of Burrillville Housing Rehabilitation Loan Program**  
Request for Verification of Property Insurance

The Applicant(s) below has applied for a residential rehabilitation loan through the Town of Burrillville Housing Rehabilitation Loan Program. The Applicant(s) has signed below authorizing the release of any and all information, verification and documentation requested by the Town. Please complete this form as soon as possible and return it in the enclosed envelope.

Date: \_\_\_\_\_

Applicant(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number(s): \_\_\_\_\_

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**Insurance Company:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization:**

I/We authorize my/our insurance company to release the information requested.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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**To be completed by insurance company:**

Policy #: \_\_\_\_\_

Amount of Coverage (Building Only): \_\_\_\_\_

Annual Premium Total: \_\_\_\_\_

Policy in Effect: \_\_\_\_\_

Policy Expires: \_\_\_\_\_

Total Replacement Value of Dwelling (Building Only): \_\_\_\_\_

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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Town of Burrillville Planning Department  
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