

POLICY NUMBER:

## EVIDENCE OF INSURANCE

Stone Falls Insurance  
PO Box 486  
Franklin, IN 46131

Entity Name &  
Address

Agency Name and Address

**Named Insured:**

**Mailing Address:**

<b>POLICY PERIOD</b>	From	To	At 12:01 AM Standard Time at your mailing address above.
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<b>Business Description:</b>
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### EVIDENCE OF INSURANCE

This verifies that you have been shown as a \_\_\_\_\_ on the policy shown above for the insurance coverages and limits shown below. These coverages are subject to all the provisions of the policy.

To reduce the handling and administrative cost, we are not including the Policy Jacket, Declaration, Forms, or Endorsements of the actual policy. Provided below is the necessary information for you. Policy coverage is not in any way changed or extended by this form. If you require any additional information, please contact the agency shown above and they will obtain it for you from Grand River Insurance.

Premises	Address	Coverage	Limit	Valuation	Deductible
1					
2					