

**Allied Lending  
Corporation**  
"The Solution Company"

DATE: \_\_\_\_\_

BORROWER: \_\_\_\_\_

SUBJECT PROPERTY: \_\_\_\_\_

\_\_\_\_\_

ESCROW COMPANY: \_\_\_\_\_

THIS IS TO CONFIRM THAT ESCROW IS TAKING FULL RESPONSIBILITY TO PAY INSURANCE PREMIUM THROUGH THE CLOSE OF ESCROW.

PLEASE ACKNOWLEDGE THIS STATEMENT BY SIGNING BELOW AND SEND BACK WITH SIGNED LOAN DOCUMENTS.

ACKNOWLEDGE: \_\_\_\_\_

**LENDER'S LOSS PAYEE CLAUSE:**

\*\*PRIOR TO FUNDING, ESCROW IS TO PROVIDE LENDER WITH EVIDENCE OF HAZARD INSURANCE. COVERAGE SHOULD BE EQUAL TO THE LOAN AMOUNT OR FULL REPLACEMENT VALUE. DEDUCTIBLE NO TO EXCEED \$500.00. TERM TO BE A MINIMUM OF 1 YEAR NEW POLICY OR MINIMUM OF 6 MONTHS REMAINING ON EXISTING POLICY\*\*.

**LOSS PAYABLE**

**PAYABLE TO READ:** Allied Lending Corporation its successors and/or its assigns as their interest may appear. 23282 Mill Creek Drive Suite 340, Laguna Hills, California 92653.

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