

Claim #: _____

GUARANTEE OF TITLE

Vehicle Owner: _____

Address: _____

Vehicle: Year _____ Make _____ Model _____

VIN _____

It is agreed by the undersigned to release to INDIANA FARMERS MUTUAL INSURANCE COMPANY the lien free Certificate of Title for the above-captioned vehicle upon receipt of a claim draft in the amount of \$ _____ .

Lienholder: _____

Address: _____

Authorized Signature: _____

Printed Name: _____ Date: _____