



Starcrest Escrow, Inc.

10833 Valley View Street, Suite 220, Cypress, CA 90630

Tel: (714) 622-1570 • Fax: (714) 622-1577

FIRE INSURANCE INFORMATION FORM

Date:
Escrow No:
Officer:
Re:

The following information is needed to process your escrow. Please complete this form and return as soon as possible to our offices.

INSURANCE AGENCY _____

AGENT _____

POLICY NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

FAX NUMBER. _____

PLEASE:

1. Contact your agency and discuss the coverages you desire
2. Have your agent contact our office in order that we may provide additional information which may be required.

PLEASE COMPLETE AND RETURN

We hereby authorize you as Escrow Holder to discuss my file with the above named agent with reference to insurance necessary to process this escrow.
