



*You can't be the best,  
if you're only the same!*

## Insurance Coverage

To:

Agent:

Phone No: (    ) \_\_\_\_ - \_\_\_\_\_

Please arrange for insurance coverage as indicated below including endorsing the policy with a loss payable endorsement. My loan contract requires that collateral be continuously covered with insurance against the risk of loss and that the mortgage holder be provided with evidence of such coverage.

Name of Mortgagee:

Oak Bank  
Its Successors and/or Assigns  
Post Office Box 259404  
Madison, WI 53725-9404

Property Address:

Amount of Coverage:

Lien Position:

Customer Name(s):

Address:

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

5951 McKee Road, Suite 100  
Fitchburg, WI 53719  
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Toll Free: 877-OAK-BANK

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