updated 1/22/2015

INSURED NAME:		*MONTHLY REPORT*	APIA, INC
Reported by:		*BILLING MONTH:*	ASSET PROTECTION INSURANCE ASSOCIATES
Phone #			Fax to 888-842-2740
Fax#			ATTN: KATIE LEECH
Date Prepared			Email address: kleech@apiaprotects.com

Loan Number	Name	Address	City	State	Zip	Change Type	Change Date	Coverage Type	# of Structures on Premises	*Occupied / Vacant	Insured Value	Flood Zone	Loss Payee Name	Loss Payee Address	Loss of Rent Desired?	Montly Rate for Loss of Rent

Columns in yellow must be filled in

IMPORTANT: *ALL INFORMATION MUST BE COMPLETE AND IN OUR OFFICE NO LATER THAN THE* 7th of the following month being reported.

This will Insure that the Errors & Omissions Coverage provided by the policy remains in effect.