



Experience the difference.

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:

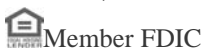
Lien Position:

Customer Name(s):

Address:

Customer Signature: _____

5951 McKee Road, Suite 100
Fitchburg, WI 53719
Mail To: PO Box 259404
Madison, WI 53725-9404



Phone: 608-441-6000
Fax: 608-441-6001
Toll Free: 877-OAK-BANK
Bank By Phone: 608-441-6010