

Louisiana Department of Insurance

P. O. Box 94214 Baton Rouge, LA 70804-9214

Insurance Company Contact Request

The Louisiana Department of Insurance maintains a database containing electronic contact information for all life insurance companies which have policies in force in Louisiana. Know that companies licensed in Louisiana in the past and no longer licensed in our state will not receive a search request. This database exists as a means for the Department to assist individuals who wish to research the possible existence, current or past, of life insurance policies on deceased persons who purchased life insurance while residing in Louisiana. This database cannot be used to search for policies which were not purchased in Louisiana.

Any member of the immediate family of a deceased person may file a written request with the Department of Insurance using the form provided below. With that request, the inquirer must attach a copy of the deceased person's death certificate. **The right to file such a request may not be assigned by Power of Attorney, or by any other instrument. The request must come from a member of the immediate family of the deceased person.**

Upon receipt by the Department of this completed inquiry form and attached death certificate, we will direct inquiries to all life insurers which have policies in force in Louisiana, along with information that will allow the insurer to respond directly to the inquirer. Some companies may not be able to search their files electronically so it is possible that there may be some active policies which cannot be located. **The insurer, not the Department of Insurance, will provide a direct response to the inquirer.**

In providing this service, the Department of Insurance is limited by law to directing inquiries to insurers. The Department serves only as a means to facilitate contact, and is not responsible in any way for the content of information obtained, or use or misuse of that information by the inquirer. We will not, as a matter of course, follow up with insurers, but upon request will look into the failure of an insurer to respond to an inquiry.

Please provide the requested information below:

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Date of request ___/___/___ Inquirer's email address _____

Name of deceased person _____

Last known Louisiana address of deceased _____

Date of birth of deceased person ___/___/___ Social Security Number* _____

Date of death of deceased person ___/___/___

Your name _____

Your address _____ City _____ State ___ Zip _____

Relationship to deceased _____ Daytime phone number _____

Any additional information _____

*This information is optional, but can be helpful in locating any existing policies