

VEHICLE INSURANCE VERIFICATION FORM

I, _____, authorize my insurance agent/company to disclose the following information to _____ for the purposes of _____.

Insured Individual Signature: _____ **Date:** _____

Print Name: _____

INSURANCE AGENT: Please fill out this form and return to:

Fax: _____ E-Mail: _____

THIS AREA IS TO BE COMPLETED BY THE INSURANCE AGENT

Insured Individual Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Insurance Company: _____ Phone: _____

Agent Contact Name: _____ Fax: _____

Policy Start Date: _____ Policy End Date: _____

Policy Number: _____

Is there liability for injuries or damage to a third (3rd) party? Yes No

Does the coverage cover the insured individual in an accident? Yes No

Does the coverage pay for damage done to rental vehicles? Yes No

Agent Signature: _____ **Date:** _____

Print Name: _____