# AUTO INSURANCE VERIFICATION

**Filename: Auto-Insurance-Verification-Letter.pdf**

**Language:**

**Size: 99792**

# Result:

**Datetime: 28.03.2023 18:04:44**

**Standard PDF:**

**Table headers: 0:**

**Headers: 0:**

Check box: 3:
Is there liability for injuries or damage to a third (3rd) party? ☐ Yes ☐ No br/Does the coverage cover the insured individual in an accident? ☐ Yes ☐ No br/Does the coverage pay for damage done to rental vehicles? ☐ Yes ☐ No

**Paragraph: 19:**
**I, _____, authorize my insurance agent/company to disclose the following information to _____ for the purpose of _____.**
**Print Name _____**
**INSURANCE AGENT: Please fill out and return to:**
**Fax Number _____ or E-Mail _____**
**THIS AREA TO BE COMPLETED BY THE INSURANCE AGENT**
**Insured Individual's Name: _____**
**Address: _____**
**City: _____ State: _____ Zip: _____**
**Insurance Company: _____ Phone: _____**
**Agent Contact Name: _____ Fax: _____**
**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**
**Policy Number: _____ Expiration: _____**
**Agent's Signature ()_____**
**Date _____**
**Page 1 of 1**

**Embedded Files:**

**Natural Language:**

**Table count: 0**

**Table Parag Count: 0:**

**Table table row: 0:**

**count bullet point: 0:**