

AUTO INSURANCE VERIFICATION

Filename: Auto-Insurance-Verification-Letter.pdf

Language:

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Result:

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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 _____

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Embedded Files:

Natural Language:

Table count: 0

Table Parag Count: 0:

Table table row: 0:

count bullet point: 0: