AUTO INSURANCE VERIFICATION

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

Signature ______________________________ Date ____________________

Print Name ______________________________

INSURANCE AGENT: Please fill out and return to:

Fax Number ____________________ or E-Mail ____________________

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THIS AREA TO BE COMPLETED BY THE INSURANCE AGENT

Insured Individual's Name: ______________________________

Address: ____

City: __________________________ State: ______________ Zip: __________

Insurance Company: _________________________ Phone: ________________

Agent Contact Name: _________________________ Fax: _________________

Policy Start Date: _________________ Policy End Date: _________________

Is there liability for injuries or damage to a third (3^{rd}) 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 ____________________