

TEL:
FAX:

Request for Proof of Insurance

Company:	Date:
Phone #:	Fax #:
Attention:	Pages:
Client:	

Please fax back Proof of Insurance or a Binder Letter on your company letterhead for our mutual client.

Please show:

- The make, model, and serial numbers of the boat, motor, and trailer.
- The amount of coverage, type of coverage, and deductible amount
- The lien holder's address

	Product	Year	Serial	Value
Boat:				
Motor:				
Trailer:				

Lien Holder:

Thank You,