



FARMERS

Caller Verification

Caller	Identification	Accessible Information
Named Insured Spouse of Named Insured <i>(Spouse must be on the policy)</i> Driver listed on Policy	<ol style="list-style-type: none"> 1. Name 2. Policy/Account Number 3. Verify one of the following: <ul style="list-style-type: none"> • Date of Birth (DOB) • Mailing/Property Address • Last 4 Digits of SSN 	<ul style="list-style-type: none"> • All policy information
Agent	<ol style="list-style-type: none"> 1. Name 2. Agency name 3. Agency code <ul style="list-style-type: none"> • Confirm the name on the policy that the caller is inquiring about 	<ul style="list-style-type: none"> • All policy information
Additional Interest	<ol style="list-style-type: none"> 1. Name of Caller 2. Name of Lender 3. Policy Number 4. Property address & Owners name OR 5. Make/Model & last 4 VIN 	<ul style="list-style-type: none"> • Coverage limits and deductibles, billing/policy status. • No changes allowed.
Attorney	<ol style="list-style-type: none"> 1. Name 2. Firm's Name 3. Insured's name 4. Policy number 	<ul style="list-style-type: none"> • If on a claim, Transfer to Consumer Solutions. • Do not disclose any data. • No changes allowed.
Dealership	Must receive confirmation from insured	<ul style="list-style-type: none"> • Limits of coverage. • No changes allowed.
DMV or Department of Insurance (Department of Motor Vehicles)	<ol style="list-style-type: none"> 1. Name 2. Insured's name 3. Policy number 4. Vehicle year, make model and VIN 5. Time period or date information is requested on 	<ul style="list-style-type: none"> • Policy status and Agent of Record contact info. • No changes allowed.
Lien holder/Mortgagee	<ol style="list-style-type: none"> 1. Name of Caller 2. Name of Lender 3. Policy Number 4. Property address & Owners name OR 5. Make/Model & last 4 VIN 	<ul style="list-style-type: none"> • Physical damage deductibles, billing/policy status. • Change lender & or loan #.
Insurance Carrier Confirming Prior Coverage	Must receive confirmation from insured	<ul style="list-style-type: none"> • Transfer to Consumer Solutions. • No changes allowed.
Police Officer	<ol style="list-style-type: none"> 1. Badge # 2. Insured's name and policy number, DL# or DOB 	<ul style="list-style-type: none"> • Policy status and Agent of Record contact info. • No changes allowed.
Rental Car Company	Must receive confirmation from insured	<ul style="list-style-type: none"> • Can confirm if insured has coverage or not. • No changes allowed.



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