VERIFICATION OF INSURANCE

Your customer is attempting to rectify an issue with their driver license. Please use this template to assist in the process of providing verification of coverage. This letter must be printed on your company letterhead and returned to your customer.

(All of the following information is required.)

Information completed on this form must be legible or it will be rejected.

Policy information

Person(s) Insured: ____________________________________________

Insurance Company Name: ______________________________________

Insurance Company FLORIDA Five Digit Company Code: _________ (This code can be obtained at http://www.flor.com/CompanySearch/)  Note: Non-Florida insurance policies are only allowed in cases where you were an out-of-state resident at the time of the insurance issue and are able to submit proof.

Policy Number: ____________________________________________

Policy Date(s): ____________________________________________

Detailed Breakdown of Coverages (select all that apply):

☐ PIP

☐ PDL __________________________ (List limits)  ☐ BIL __________________________ (List limits)

Vehicle(s) Covered On Policy Above (list Vehicle ID #’s):

__________________________________________________________

__________________________________________________________

Representative Completing Form

Name of Insurance Company/Agency: ______________________________________

Phone: ___(_____)_________ __________________________

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. I understand that a person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in 775.082, 775.083 or 775.084, F.S.

Signature: ___________________________ Date: __________

Printed name: ___________________________