

# AUTO INSURANCE VERIFICATION FORM

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I, \_\_\_\_\_ [Vehicle Owner's Name], hereby authorize \_\_\_\_\_  
[Insurance Company Name] and its representatives to disclose and release the details of my auto  
insurance policy to the following party:

## Recipient Information:

Name of Recipient: \_\_\_\_\_  
Organization/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## Information to be Released:

- Details of my auto insurance policy, including coverage limits, policy effective dates, and policy expiration dates.
- Any other relevant information necessary for verification purposes.

## Purpose of Release:

This release is provided for the purpose of verifying my auto insurance coverage as required for  
\_\_\_\_\_ [Specify Reason for Verification].

## Duration of Authorization:

This authorization shall remain valid until \_\_\_\_\_ [Optional Expiration Date] or until revoked by  
me in writing.

## Certification:

I certify that I am the named insured under the auto insurance policy with [Insurance Company Name]  
and that the information provided in this release form is true and accurate to the best of my knowledge.

Vehicle Owner Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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## THIS SECTION IS FOR COMPLETION BY THE INSURANCE AGENT

Please complete the section below and return this form by: (Check applicable)

- Mail: \_\_\_\_\_ [Address]  
 Fax: \_\_\_\_\_ [Fax number]



Email: \_\_\_\_\_ [Email]

**Vehicle Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Vehicle Information:**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Color: \_\_\_\_\_  
Vehicle Identification Number (VIN): \_\_\_\_\_

**Insurance Policy Information:**

Policy Number: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Type of Coverage:** (check applicable)

- Liability  
Coverage Limits: \_\_\_\_\_
- Collision
- Comprehensive
- Uninsured Motorist
- Underinsured Motorist
- Other: \_\_\_\_\_

**Insurance Company Information:**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Insurance Agent Information:**

Agent Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Notes or Comments:

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**Certification:**

I hereby certify that the above information is true and accurate to the best of my knowledge. I understand that providing false information may result in consequences as permitted by law.

Insurance Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

