

MUST BE PRINTED ON LETTERHEAD

**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.floir.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: \_\_\_\_\_