

Insurance Verification Form

CUSTOMER: Please fill in your name in this top section, then fax or send this form to your Auto Insurance Agent. Ask them to fill it out and send it back to you or to us prior to your van rental. Thank you! ☺

I, _____, authorize my insurance agent/company to disclose the following information to **SACRAMENTO VAN CONVERSIONS, INC.** for the purpose of protecting me in case of an accident.

AUTO INSURANCE AGENT: The customer listed below is renting a car from this office and in light of today's ever changing insurance laws and as a courtesy to your customer, would you please fill out and fax this form back to our **fax# 916-381-1946**. Thank you.

Renter's Name: _____

Address _____ City _____ State _____ Zip _____

Auto Insurance Company: _____ Phone _____

Agent Contact Name: _____ Fax _____

In the event of an accident, does your client have the following coverage?

~ Is there liability for injuries and damage to a third party? **YES or NO**

~ What is the liability limit?

- Bodily Injury per person \$ _____
- Bodily Injury per accident \$ _____
- Property Damage per accident \$ _____

~ Will your company pay for damage done to my Rental Vehicle? **YES or NO**

~ Do you pay loss of use? **YES or NO**

Auto Insurance Policy Number _____

Auto Insurance Policy Expiration/Cancellation Date _____

Auto Insurance Agent Signature _____