



## 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 vehicle rental.

I, \_\_\_\_\_, authorize my insurance agent/company to disclose the following information to DESTINATIONS MOBILITY for the purpose of protecting me in case of an accident.

**AUTO INSURANCE AGENT:** The customer listed below is renting a vehicle from this office. In light of today’s ever changing insurance laws and as a courtesy to your customer, please fill out and fax this form to our fax# at DESTINATIONS MOBILITY: **(916) 429-2595**.

Renter’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 our Rental Vehicle? YES  or NO

Auto Insurance Policy Number: \_\_\_\_\_

Auto Insurance Policy Expiration/Cancellation Date: \_\_\_\_\_

Auto Insurance Agent Signature \_\_\_\_\_