



## Verification of Automobile Insurance for Leasing Companies or Lienholders

This is to validate insurance coverage to:	(Leasing company or Lienholders Name and address)
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All times are local times at the Named Insured's primary address shown in this Document.

Insurer	Policy Number	Named Insured and Primary Address
Date Prepared	Date vehicle added or New Business Policy Effective Date	Policy Expiry Date 12.01 a.m.
_____ YYYY          MM          DD	_____ YYYY          MM          DD	_____ YYYY          MM          DD

Described Automobile	Automobile #	Automobile #
Model Year and Make		
Model Body and Type		
Serial No/VIN		

Insurance Coverage	Limit	Deductible
Third Party Liability (specified vehicles only)		
Accident Benefits		
Direct Compensation Damage		
Collision or Upset		
Comprehensive		
Specified Perils		
Endorsement 5		
Endorsement 23a		

**NOTE: The insurance afforded is subject to the terms, conditions and exclusions of the applicable policy. This Verification is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer.**

Name and Address of Broker	_____ Signature of Broker
Broker Telephone number	