



Request for AUTOMOBILE Proof of Coverage

P.O. Box 7028
Troy, MI 48007-7028
Phone: 248-822-7170/Fax: 248-822-7150

This form is available for banks or lessors to request proof of coverage on behalf of our client. Upon receipt of this completed form, we will verify coverage and complete the requested proof of coverage and will send to the Requestor's email address listed below.

REQUESTOR INFORMATION SECTION

Requestor's Name: _____ Name of Requestor's Company: _____
Print Clearly

Requestor's Email Address: _____ Requestor's Phone #: _____

Requestor's Fax #: _____ City, State, Zip: _____

CLIENT INFORMATION SECTION

Name: _____ Address: _____ City, State, Zip: _____

Name on Title: _____

DESCRIPTION OF AUTOMOBILES

| Trade In Info. | Year | Make | Model | Vehicle ID Number |
|-------------------|---|------|-------|-------------------|
| | Date of Trade-In: _____ | | | |
| New Vehicle Info. | Year | Make | Model | Vehicle ID Number |
| | Will the title be held by a bank or lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No How should the bank or lessor be named on the client's policy? _____ Does the bank or lease agreement require a minimum liability limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$ _____ Is there a maximum physical damage deductible: <input type="checkbox"/> Yes <input type="checkbox"/> No Comprehensive Deductible Max. \$ _____ Collision Deductible Max. \$ _____ Type: _____ Date of Sale: _____ Cost New: \$ _____ REMARKS: _____ _____ _____ | | | |

