



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 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 _____