

Auto Insurance Verification Checklist

Vehicle & Policy Information

Policyholder Name: _____

Insurance Company: _____

Policy Number: _____

Vehicle Make/Model: _____

Vehicle Year: _____

VIN: _____

Policy Effective Dates: _____

Verification Checklist

- ☐ Valid Policy Document Received
- ☐ Policyholder Name Matches Vehicle Owner
- ☐ Correct Vehicle Information (Year/Make/Model/VIN)
- ☐ Policy Number Confirmed
- ☐ Policy Dates are Current
- ☐ Insurance Company Contact Verified
- ☐ Coverage Types and Amounts Reviewed
- ☐ No Lapse in Coverage Detected

Additional Notes
