

Big Brothers Big Sisters of Central Virginia
Auto Insurance Verification Form

Name: _____

Name of Insurance Company: _____

Agent: _____

Address: _____

Phone Number: _____

Make of Vehicle: _____ Year of Vehicle: _____

Policy Number: _____ Expiration Date: _____

Have you had any speeding tickets or moving violations in the past year? If yes, please describe. _____

I hereby give my permission for Big Brothers Big Sisters of Central Virginia to verify my insurance coverage with my insurance company listed above. I agree that the information provided above is true and accurate.

Signed: _____ Date: _____

Confirmation as needed

Agent: _____

Staff: _____

Date: _____ Type of Contact: _____

(NOTE: A copy of your insurance card may be substituted for this form.)