

DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY DIVISION
PO BOX 94877
LINCOLN NE 68509-4877

Date

Letter of Verification for:

Name of Driver:

Date of Birth:

Street Address:

City, State, Zip:

Vehicle Description:

Year:

Make:

Model:

VIN:

The purpose of this letter is to confirm liability insurance coverage with the Department of Motor Vehicles for the above captioned driver. The records of the insurance company indicate coverage as follows:

Name of Insurance Company:

Policy Number:

Policy Holder:

Permissible Driver:

Yes

No

Select Applicable:

- The insurance information listed above provided liability coverage for the driver for the accident (for all damage and/or injuries incurred)
- The insurance information listed above provided liability coverage for the driver for the citation for No Proof of Insurance

Accident date / citation date:

AFTER PRINTING - DO NOT FORGET TO SIGN THE FORM AND INCLUDE YOUR POSITION TITLE BELOW

Signature (required): _____

Title of position (required): _____