

INSURANCE VERIFICATION FORM

Insurer Name: _____ Policy Number: _____

Insured Name: _____ Insured Address: _____

Agent / Broker Name: _____ Agent Phone / Email: _____

Vessel Information:

Make / Model: _____ Year: _____

Hull Identification Number (HIN): _____

Registration Number: _____

Insurance Coverage Details:

Coverage Type(s): _____

Policy Effective Date: _____ Policy Expiration Date: _____

Coverage Limits (per occurrence): _____

Deductible Amount: _____

Additional Insureds / Loss Payees:

Name(s): _____

Relationship to Insured: _____

Certification and Authorization:

By signing below, the Insurer certifies that the above information is true and accurate to the best of its knowledge, and that the policy referenced is currently in force and provides the coverage as stated. This verification is provided pursuant to the requirements of the requesting party and does not amend, extend, or alter the coverage provided by the policy.

Authorized Signature: _____

Printed Name: _____

Title / Position: _____

Phone: _____ Email: _____

INSURER'S AUTHORIZED SIGNATURE

REQUESTING PARTY'S AUTHORIZED SIGNATURE

Signature: _____

Signature: _____

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