

UNIVERSITY OF MICHIGAN

Verification of Insurance Coverage of Non-University Driver

IF IT IS AGREED BY ALL PARTIES INVOLVED THAT A POLICE INVESTGATION IS UNNECESSARY, OUR U OF M DRIVER IS REQUIRED TO ASK THAT THIS FORM BE COMPLETED FOR INSURANCE COVERAGE VERIFICATION

Date of Accident: _____ License Plate No.: _____

Name: _____ Telephone No.: _____

Address: _____

Driver's License Number: _____

Insurance Co.: _____ Policy No.: _____

Vehicle Identification Number: _____

Witnesses' & Passengers' Names & Addresses: _____

Description of Accident: _____

Description of Vehicle Damages:

University Vehicle: _____

Personal Vehicle: _____

Description of Injuries:

Occupants of UM Vehicle: _____

Occupants of Personal Vehicle: _____

I certify that the information provided herein is true to the best of my knowledge.

Signature _____

Date: _____

(Non-University Driver)