



# Vehicle and Equipment Insurance Verification Form



All verifications are processed within 2 business days.  
If information is not printed neatly processing may be delayed.

Effective Date: \_\_\_\_\_ Institution requesting: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Insured's Full Business or Personal name: \_\_\_\_\_  
DBA name if applicable: \_\_\_\_\_  
Lien holder or Loss Payee Name: \_\_\_\_\_  
Lien holder or Loss Payee Address: \_\_\_\_\_  
Institution clause as it is to read on the policy: \_\_\_\_\_  
Loan Number: \_\_\_\_\_

### Lien Holder information for Vehicle or Equipment

Year of Vehicle or Equipment: \_\_\_\_\_  
Make of Vehicle or Equipment: \_\_\_\_\_  
Model of Vehicle or Equipment: \_\_\_\_\_  
VIN or Serial Number Vehicle or Equipment: \_\_\_\_\_  
Vehicle or Equipment value: \_\_\_\_\_  Cost New or  Actual Cash Value  
Is Vehicle or Equipment being rented?  Yes  No  
Other Information or Special Instructions: \_\_\_\_\_

Requestor signature: \_\_\_\_\_

**\*REQUIRED\*** -Insured's Authorized Signature: \_\_\_\_\_

Or  Pre-signed authorization form attached

Fax to: The Murphy Insurance Group at 608-849-6871  
Or email to: [verify@murphyinsurance.com](mailto:verify@murphyinsurance.com)

The confirmation fax when you submit this form or our auto-reply if you email it will be verification that we received the change request.

If you do not receive an acknowledgment within 3 business days please notify us at 608-849-6873.

Revised:4/28/11