

# LETTER OF VERIFICATION – PRINTABLE

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This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

FINANCIAL RESPONSIBILITY

October 1, 2016

**THIS DOCUMENT IS FOR  
INSURANCE COMPANY/AGENCY USE ONLY**

**INSTRUCTIONS TO COMPLETE LETTER OF  
VERIFICATION:**

1. Insurance Agents/Companies can download sample letter of verification.
2. The Letter of Verification **must** be printed on agency/company letterhead.
3. Fill in requested information (if not properly completed – we cannot accept letter).
4. Either mail the completed letter to the Department of Motor Vehicles (address is already on form) or fax to (402) 471-8288.
5. If you fax the letter, you or your insured will need to contact this office at (402) 471-3985 to confirm the letter of verification was received and completed properly – allow at least 30 minutes from the time the letter was faxed.
6. If you mail the letter – have your insured allow sufficient mail time to receive letter of clearance. If they do not receive letter, they should contact this office at (402) 471-3985.
7. Inform your insured that if the letter of verification is properly completed, the accident suspension will be withdrawn from their driving record and a letter of clearance will be mailed to them (providing there are no other open suspensions/revocations on their driving record) – this is an overnight process.

\_\_\_\_\_  
(DATE)

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

**RE: Letter of Verification**

NAME OF DRIVER:				
DATE OF BIRTH:				
MAILING ADDRESS:				
VEHICLE DESCRIPTION:	YEAR:		MAKE:	
	MODEL:		VIN:	
ACCIDENT LOCATION:				

Attention: Accident Violation Records

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

**Name of Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_

**Permissible Driver (circle one):** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Date of Loss/Accident:** \_\_\_\_\_

The insurance information listed above provided liability coverage for the driver involved in this accident and the damages and/or injuries incurred by the other party have been taken care of.

<b>Signature (required):</b>	
<b>Title (required):</b>	