



Insurance Validation Request Form

Re: _____
Named Insured - <first/last name>

Name of Insurance Company

Policy Number

Dear Jim Bridges:

I, _____ wish to rent a car from MyOtherCar™ (www.myothercar.com). It is my understanding that your standard operating procedure requires the validation of my personal automobile liability coverage. I have above stated insured name (me), name of my insurance company and my policy number (hereinafter referred to as “the Policy”). I hereby grant you permission to verify the coverages provided under the Policy. It is my understanding that the specifics of my Policy is as described below:

1. The Policy provides coverage until: _____, 200__
2. The Policy does **NOT** have “SR” rating, **NOR** am I insured as a “high risk” driver.
 TRUE FALSE NOT SURE
3. The Policy provides, at a minimum, the following coverage and coverage limits to “non-owned automobiles” and/or “rented automobiles”:
 - a. Bodily Injury Liability:
 - i. \$100,000 per person YES NO NOT SURE
 - ii. \$300,000 per accident YES NO NOT SURE
 - b. and Property Damage Liability: \$100,000 each accident YES NO NOT SURE
 - c. **OR** combined single limit of \$300,000 YES NO NOT SURE
 - d. Underinsured Motorists:
 - i. Bodily Injury:
 1. \$100,000 each person YES NO NOT SURE
 2. \$300,000 each accident YES NO NOT SURE
 - ii. Property Damage: \$100,000 each accident YES NO NOT SURE



- e. Uninsured Motorists:
 - i. Bodily Injury:
 - 1. \$100,000 each person YES NO NOT SURE
 - 2. \$300,000 each accident YES NO NOT SURE
 - ii. Property Damage: \$100,000 each accident YES NO NOT SURE
- f. Physical damage coverage actual to the actual cash value of the rented vehicle (\$30,000):
 - YES NO NOT SURE
- g. Collision Damage YES NO NOT SURE
- h. Other than Collision (Comprehensive) YES NO NOT SURE
- i. Theft coverage YES NO NOT SURE

4. The deductibles under the Policy do not exceed \$1,000US (One Thousand and 00/100 US Dollars)

YES NO NOT SURE

Insurance Agent's Name (please print)

Phone Number

Name of insured on Policy (please print)

Phone Number

I have completed this form to the best of my knowledge and faxed it back to MyOtherCar at the following number 206)339-7115, asking you to confirm my coverage as described here above.

Sincerely,

Your name: _____ Signature: _____ Date: _____,



FACSIMILE COVER SHEET

TO: MyOtherCar – attn. Jim Bridges

PHONE NUMBER: (800)720-3127

FAX NUMBER: (206)339-7115

FROM: (your name) _____
(Please fill out)

PHONE NUMBER: _____
(Please fill out)

EMAIL: _____
(Please fill out)

RE: Insurance Validation Request

DATE: _____
(Please fill out)

NUMBER OF PAGES (including cover page): Three (3)

To Jim Bridges,

Please confirm with my insurance the coverage as described herein and get back to me either via email or phone. If calling me is needed please try to call between _____ and _____ on weekdays.
(Please fill out) (Please fill out)