

Request and Authorization to Provide Copy of Declaration Page or Coverage Limits

I, _____, attest to the fact that on the date of my automobile accident, the ____ day of _____, 20____, I lived at the following address:

At that time, the following people, age 16 or over, lived at that address:

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

The following vehicles were owned/titled and insured/not insured by the individuals listed above and myself:

Name _____	Vehicle _____	Insurer _____
Name _____	Vehicle _____	Insurer _____
Name _____	Vehicle _____	Insurer _____
Name _____	Vehicle _____	Insurer _____
Name _____	Vehicle _____	Insurer _____
Name _____	Vehicle _____	Insurer _____

I hereby authorize, request and direct any insurer listed above to provide to my attorneys, DeCamillis & Mattingly, PLLC, the insurance coverage information and declaration page that was in force on any vehicle described above on the date of accident referenced above. I further request that you search the records of your company or agency to determine whether there are any other vehicles insured or umbrella coverage available with your company or agency which might provide coverage for me of injuries suffered in this collision, and if so, please provide all those coverage limits to my attorneys, DeCamillis & Mattingly, PLLC, to also include a copy of any application, changes to my policy, amendments, and/or any other forms signed during the duration of this policy.

Signature

Date

Witness

Date