Print Form

U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS

INSURANCE VERIFICATION FORM

This form must be completed if you plan to provide transportation to our clients.

Name _____

Position _____ **SS#:** _____

Address _____
_____
_____

Driver's License Information:

Driver's License #: _____

Issued State: _____

Restrictions (If any) _____

Expiration Date: _____

Automobile Information:

Plate Number: _____ VIN #: _____

Vehicle Make: _____ Model: _____

Automobile Insurance Information:

Insured By: _____ Policy #: _____

Expiration Date: _____

Note: Please attach a copy of your driver's license and auto insurance.

Revised 03/18/2019