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 Inform your insured that if the letter of verification is properly completed, the accident suspension will be withdrawn from their driving record and a letter of clearance will be mailed to them (providing there are no other open suspensions/revocations on their driving record)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.
DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY DIVISION
PO BOX 94877
LINCOLN NE 68509 4877

RE: Letter of Verification

<table>
<thead>
<tr>
<th>NAME OF DRIVER:</th>
<th>DATE OF BIRTH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>VEHICLE DESCRIPTION:</td>
<td>YEAR:</td>
</tr>
<tr>
<td></td>
<td>MODEL:</td>
</tr>
<tr>
<td>ACCIDENT LOCATION:</td>
<td></td>
</tr>
</tbody>
</table>

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.

Signature (required):

Title (required):