Mandatory Liability Insurance Questionnaire

Date of correspondence: 10/20/2017

Section 32-7A, Code of Alabama, 1975, requires vehicle owners to maintain liability insurance on motor vehicles operated or registered in this state. In order for the department to verify evidence of insurance, please complete the online insurance questionnaire at: www.besuretoinsureal.com. The license plate number and PIN included in this mailer will be needed to complete the online questionnaire. If you are unable to complete the questionnaire online, please complete and return this mailer by mail. Your insurance company will be contacted to verify the information provided. IF YOU RESPOND ONLINE, DO NOT MAIL THE QUESTIONNAIRE.

Alabama law requires that you respond to this questionnaire within thirty (30) days of the date of this correspondence. Failure to respond to this questionnaire will result in the suspension of your vehicle registration. For additional information, please go to www.besuretoinsureal.com or call (334) 242-9000.

Insurance Verification

Insurance Verification Date: 09/15/2017
Registrant Name: Davenport
License Plate: ABC123

Vehicle Identification No.: ABC123
Make: TOY
Model: 4 RUNNER
Year: 2003

PIN#: AA773YW

Was the vehicle identified above insured on the above insurance verification date? Please select ONE response below.

YES ☐ Insurance information must be provided below, OR

NO ☐ The vehicle was operated/registered without insurance on the above insurance verification date. NOTE: The registration will be suspended. Please refer to www.besuretoinsureal.com for reinstatement instructions and appeal rights, OR

EXEMPT ☐ The vehicle was ☐ stored ☐ inoperable ☐ sold on or before the above insurance verification date. NOTE: The registration will be revoked unless the registration was transferred to another vehicle. Please refer to www.besuretoinsureal.com for instructions and appeal rights.

Insurance Company Name:

Insurance Co. NAIC Number: This 5-digit number is required and can be found on your insurance card.

Insurance Co. Street Address:

Ins. Co. City, State, Zip: Ins. Co. Phone Number:

Policy Number:

Policy Effective Date:

Policy Expiration Date:

Signature: Date:

DETACH AT PERFORATION BEFORE RETURNING

RETURN INSTRUCTIONS FOR RESPONSE FORM

1. Remove and detach bottom portion at perforation.

2. Moisten and fold to seal where noted

3. Place stamp and Return Form

Outgoing mail