



## Proof of Liability Insurance

**Return to:**  
DRIVER LICENSE DIVISION  
SAFETY RESPONSIBILITY UNIT  
PO BOX 1471  
MONTGOMERY AL 36102-1471

IF THERE WAS A LIABILITY POLICY IN EFFECT ON THE DATE OF ACCIDENT TO COVER LIABILITY FOR DAMAGE OR INJURY TO OTHERS, YOU MAY COMPLETE THE INFORMATION BELOW AND RETURN TO THE SAFETY RESPONSIBILITY UNIT.

YOU MUST HAVE THE INSURANCE COMPANY NAME AND POLICY NUMBER ON THIS FORM.

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CASE NUMBER: \_\_\_\_\_

Name of Liability Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period from: \_\_\_\_\_ to: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ in or near \_\_\_\_\_, Alabama

Make of Vehicle: \_\_\_\_\_

Driver: \_\_\_\_\_ Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Address: \_\_\_\_\_