

INSURANCE VERIFICATION INFORMATION

Kansas Division of Vehicles

(Please print)

LAW ENFORCEMENT INSTRUCTIONS

Upon requesting evidence of insurance as required by K.S.A. 8-1604 or K.S.A. 40-3104 and such evidence is not furnished, a traffic citation is to be issued and the information in Sections A, B and D completed and attached to the citation being forwarded to the court.

COURT INSTRUCTIONS

If insurance information was not furnished when requested by a law enforcement officer; the vehicle owner or driver is required to present to the court designated on the citation within ten (10) days either (1) a policy of motor vehicle liability insurance, (2) a policy identification card or certificate of insurance, or (3) a certificate of self-insurance signed by the Commissioner of Insurance which shows the (a) name of the insurance company, (b) policy number covering the vehicle at the time the citation was issued, and (c) the effective and expiration dates of the policy. Pursuant to K.S.A. 8-1604 or K.S.A. 40-3104, when the insurance information has been furnished within ten (10) days after the issuance of a citation, prosecution is to be stayed for 60 days and this form completed by the court where evidence of insurance was presented and mailed to: **Driver Services, P.O. Box 12021, Topeka, Kansas 66601-2021. Or fax to: 785-296-6851.**

FOR INSURANCE COMPANY USE ONLY

If a policy was **NOT** in effect on the date cited in Section D, please return this form within thirty (30) days to: **Driver Services, P.O. Box 12021, Topeka, Kansas, 66601-2021. Or fax to: 785-296-6851.**

This policy was not in effect by the company cited in Section C on the date cited in Section D.

Comments: _____

Signature of Authorized Insurance Representative

Date

Citation Number (if issued for no insurance): _____

Case Number: _____

A. DRIVER'S INFORMATION:

Driver's Last Name

First Name

Middle Initial

Driver's License Number

State Licensed

Date of Birth

Driver's Address

City

State

Zip Code

B. VEHICLE INFORMATION:

Owner's Last Name

First Name

Middle Initial

Owner's Address

City

State

Zip Code

Vehicle Year

Vehicle Make

Vehicle Model

License Plate Number

VIN

License Plate State

License Plate Year

Temporary Tag

Dealers Tag

C. INSURANCE INFORMATION OBTAINED:

Insurance Company

Policy Number

D. RESULT OF AN ACCIDENT? YES NO

DATE/TIME INSURANCE IS TO BE VERIFIED AS IN EFFECT (time of traffic stop or accident):

Time

a.m/p.m

Month

Day

Year

E. LAW ENFORCEMENT COMPLETING THIS FORM:

Agency Name

Officer ID#

Address

City

State

Zip

F. COURT COMPLETING THIS FORM:

Court Name

Address

City

State

Zip