Alabama Department of

Public Safety

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.

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: _____

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