A-PLUS, Consumer Inquiry Center
P.O Box 5404, Suite 300
Mt Laurel, NJ 08054-5404
Telephone: 800-709-8842
Fax Number: 800-955-2422
FCRA-NPC@ verisk.com

COVERAGE VERIFIER REQUEST FOR DISCLOSURE

I hereby request that the information contained in my file be disclosed to me by (check all that applies):

☐ **Mail** ☐ **Fax** (provide fax number): _____

To properly establish and confirm my (our) identification, the following information is provided: **(PLEASE PRINT CLEARLY)**

Your Name: _____

Date of Birth: _____/_____/_____ **Social Security Number:** _____

Drivers License #: _____ **State:** _____

2nd Insured Name: _____

Date of Birth: _____/_____/_____ **Social Security Number:** _____

Drivers License #: _____ **State:** _____

Telephone Number(s): Primary: _____ **Secondary:** _____

Current Address: _____ **Apt #:** _____

City: _____ **State**: _____ **Zip Code**: _____

Mailing Address: _____ **Apt #:** _____

City: _____ **State**: _____ **Zip Code**: _____

Previous Address: _____ **Apt #:** _____
(within 7 years)

City: _____ **State**: _____ **Zip Code**: _____

The information on this form will be used to search the Coverage Verifier database for any records pertaining to your insurance history. To ensure accuracy in identifying your records, our organization will produce all documents on which your name appears in conjunction with the information supplied by you. The report will include information for a period of up to seven (7) years before the date of the search.

I am the person named above and I understand that federal law provides that a person who obtains information from Verisk Underwriting Solutions under false pretenses may be fined not more than $5,000 or imprisoned not more than one year or both. I understand that if Verisk Underwriting Solutions is unable to establish proper identification; it will be obliged to decline my request for disclosure of information.

I understand that I have the right to dispute the accuracy of any information in my file and that unless such dispute is deemed to be frivolous by Verisk Underwriting Solutions. Verisk Underwriting Solutions has an obligation to reinvestigate any such disputed information.

1st Insured Signature: _____ _____
(Your signature is required on this form prior to receiving a Coverage Verifier Report - without exception.) Date

2nd Insured Signature: _____ _____
(Your signature is required on this form prior to receiving a Coverage Verifier Report - without exception.) Date

WEBSITE