



## Insurance Company Motor Vehicle Statement of Fact

Pursuant to s. 319.30(3)(b)1., Florida Statutes, this completed and signed form serves as a statement from the insurance company that unsuccessful attempts have been made to obtain the title from the owner or lienholder. Pursuant to s. 319.30(3)(b)1.c., attempts to contact the owner may be by written request delivered in person or by first-class mail with a certificate of mailing to the owner's or lienholder's last known address. This form further serves as a request that the salvage certificate of title or certificate of destruction be issued in the insurance company's name due to payment of a total loss claim to the owner or lienholder.

This is for:       Salvage Certificate of Title       Certificate of Destruction

<b>SECTION 1 (Owner-Lienholder/Vehicle Information)</b>			
Name of Owner:		Name of Lienholder:	
Mailing Address of Owner: Street:		Mailing Address of Lienholder: Street:	
Apt. #:	City:	Ste. #:	City:
State:	Zip:	State:	Zip:
Year:	Make:	Vehicle Identification Number:	Title Number:

<b>SECTION 2 (Insurance Company Information)</b>		
Name of Insurance Company:		Telephone Number:
Mailing Address of Insurance Company:		
City:	State:	Zip:
Policy Number of Insured:		Claim Number of Insured:

<b>SECTION 3 (Insurance Payment Information)</b>	
Claim Payment Method:	Claim Payment Date:
Proof of Claim Payment to Owner or Lienholder:	

***Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.***

Signature of Authorized Insurance Agent	Printed Name of Insurance Agent
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