

Insurance Request Form

To request insurance information on a vehicle involved in the crash, you must submit a **legible copy of the crash report** along with this form. You must complete all sections accurately.

A copy of the Florida Crash Report can be purchased at www.FloridaCrashPortal.gov. The retention period for a crash report is 10 years from the crash date.

If you were the person involved in the crash, please complete Sections 1 & 3.

If you are the attorney or insurance company/representative of a person involved in the crash, please complete Sections 2 & 3.

Section 1: Individual Requesting Insurance Information

Name:	Telephone:
-------	------------

Address:

Section 2: Business/Attorney Requesting Insurance Information

Requestor Name:	Business Name:
-----------------	----------------

Description of Business Services Provided:
--

Address:

Telephone:	Client's Name:
------------	----------------

Client's Address:

Section 3: Insurance Information Requested on the Following Vehicle

FLORIDA

OUT OF STATE

Crash Date:	Crash Date:
-------------	-------------

Florida Crash Report Number:	Out of State Crash Report/ Case Number:
------------------------------	--

*Vehicle Identification Number (VIN): (*Required)	*Vehicle Identification Number (VIN)/Plate Number: (*Required)
--	---

Under penalty of perjury, I affirm that I am entitled to receive this information and understand that I may not re-disclose it according to the Driver Privacy Protection Act; except as provided in section 119.0712(2), Florida Statutes. I have received the insurance policy number in accordance with section 324.242, Florida Statutes.	
---	--

Signature:	Date:
------------	-------

**Department of Highway Safety and Motor Vehicles
Neil Kirkman Building, Room A216, Mail Stop 99
2900 Apalachee Parkway
Tallahassee, Florida 32399
Fax Number (850) 617-5216**

Please allow 10-15 business days from the date we receive your request to review and respond to your inquiry.
The turnaround time is the same, whether you submit your documentation by mail or fax.

According to section 324.242, Florida Statutes, upon receipt of a request and proof of a crash report the Florida Department of Highway Safety and Motor Vehicles will release the policy number for a policy covering a vehicle involved in a motor vehicle accident to:

- a) Any person involved in such accident;
- b) The attorney of any person involved in such accident; or
- c) An insurance company representative of any person involved in such accident.

Instructions:

You may only obtain insurance information for a vehicle involved in a motor vehicle crash if you were the person involved in the crash, the attorney of a person involved in the crash, or the insurance company of the person involved in the crash.

To request insurance information on a vehicle involved in the crash, you must:

1. Submit this form, with all sections completed accurately
 - If you were the person involved in the crash, please complete Sections 1 & 3.
 - If you are the attorney or insurance company of a person involved in the crash, please complete Sections 2 & 3
2. Submit a legible copy of the crash report. We cannot accept copies of incident reports or arrest reports.

A copy of the Florida Crash Report can be purchased at www.FloridaCrashPortal.gov. The retention period for a crash report is 10 years from the crash date.