

The following insurance information is required to be provided on **Insurance Company or Agent letterhead** to clear a financial responsibility suspension.

**Insurance Company Name:**

**Insurance Company Code:**

**Policy number:**

**Policy Period: (must cover need date)**

**Any Lapse of Coverage:**

**Type and Limits of coverage:**

**Vehicle(s) insured: (List all vehicles covered under this policy)**

**Name of insured(s): (List all people covered under this policy)**

**Insurance company or agent contact information:**

This form can be found on [Alachua County Tax Collector website under Form Library/Driver License Forms](#).