

TAXICAB/LIVERY/LIMOUSINE INSURANCE VERIFICATION FORM
INSPECTION SPRING 2020 INSPECTION

Medallion Number (if applicable): _____

Manufacturer: _____

Model Year: _____ Model Name: _____ Color: _____

Motor Vehicle ID Number: _____

Mass. Registration Number: _____

Effective Date: _____ Expiration Date: _____

Owner's Name: _____

Corporation Name: _____

Insurance Agent Information:

Name: _____ Phone No.: _____

Insurance Company: _____

Stamp

The undersigned certifies that the above vehicle is currently insured.

Signature

Date