



State of Delaware Insurance Certification

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Delaware Division of Motor Vehicles
Uninsured Motorist Section
P.O. Box 698
Dover, Delaware 19903

Valid only when submitted by a Delaware licensed insurance agency/insurer

Unlawful possession or manufacture of proof of insurance shall be penalized
per 21 Del.C. §2118A and/or 18 Del.C. §329

Please return this completed form to DEUM@delaware.gov or fax to (302) 739-4750. This form
will only be accepted when submitted by a licensed Delaware insurance agency/insurer.

Name of Insurance Company:

NAIC Code:

Policy number:

Name and Address of Insured(s):

The insurance company identified above certifies it
issued a liability insurance policy for the vehicle(s)
listed below, to include no less than the minimum
limits required by Delaware Insurance and Motor
Vehicle laws and the policy is in force on the
certification date and/or has been in force for the
period stated below.

Please enter all dates of coverage from the verification date, indicating lapses if applicable.
The verification date can be found on the insurance audit letter sent to the vehicle owner. For
additional cases please submit an additional FR-19 form.

Effective Date of Coverage Expiration Date of Coverage Year/Make Vehicle Identification Number
Must be complete VIN

Signature/Electronic signature of Authorized Representative (AR):

Certification Date

FR Case Number:

Insurance agent/insurer contact information

AR Phone number:

AR Email:

Insurer's NAIC consumer complaint contact information (SBS Company Lookup guide)

Name:

Phone number:

Email:

For any questions, please contact the Uninsured Motorist Section at (302) 744-2513.