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INSURANCE VERIFICATION FORM

Name: _____ **Case number:** _____

Colorado statute prohibits restitution from being requested for any losses that may be covered by a policy of insurance. Please review and complete the sections below regarding any insurance policies in place. This information is critical to ensure your restitution request is processed and must be included with the submission of your Victim Impact Statement.

1. Insurance Disclosure Checklist

For each type of insurance listed below, please check **YES** or **NO** to indicate if a policy was/is active, relating to your losses. If you check **YES**, you must provide the required documentation listed in Section 2.

Insurance Type	**Do you have this coverage?**
Health / Medical Insurance	[ ] YES [ ] NO
Property Insurance *(Homeowners, Renters, etc.)*	[ ] YES [ ] NO
Motor Vehicle / Automobile Insurance	[ ] YES [ ] NO
Other Insurance *(Please specify: _____)*	[ ] YES [ ] NO

2. Required Documentation

If you answered **YES** to any of the categories above, please enclose copies of the following documents with this form. *Do not send original documents.*

For Property or Automobile Insurance: Please provide a copy of your **Insurance Declarations Page**. This page lists your policy limits, deductibles, and covered properties/vehicles.

For Health / Medical Insurance: Please provide all **Itemized Explanation of Benefits (EOB)** from your insurance provider detailing the crime-related medical services rendered, the amount covered by insurance, and any out-of-pocket expenses you owe.

3. Victim Verification and Signature

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge. I understand that filing false information is punishable by law.

Signature: _____ **Date:** _____