

Southern California District Council
Of the Assemblies of God

17951 Cowan, Irvine, California 92614

**DEPARTMENTAL GROUP
INSURANCE VERIFICATION FORM**

Name of Church

City

Name of Group

Activity

Name of Director

Director's Phone

Name of Insurance Company

Policy Date

Amount of medical expense
for accident including sports.

Are premiums paid?

Policy date

Other comments or notes:

DISTRICT USE ONLY

1. Verified as stated above. _____
2. Date of phone call. _____
3. Who talked to? _____