

Southern California Network
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 number

Amount of medical expense
for accident including sports.

Are premiums paid?

Policy date

Other comments or notes:

SOCAL NETWORK ROYAL RANGERS USE ONLY

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