***Instructions for Insurance Agency***

1. ***Copy or re-print the portion of this letter found below the dotted line on insurance agency letterhead.***
2. *Complete information in the blanks below.*
3. *Sign and print your name in last two blanks in the letter*
4. *Fax letter back to Classen Tag Agency at (405) 521-1546 or email us at* *support@classentag.com*
5. *Contact us with questions at (405) 521-1151 or support@classentag.com*

***LETTER MUST BE ON YOUR LETTERHEAD TO BE VALID!***

**----------------------------------------------------------------------------------------------------**

The following vehicle is currently covered by a liability insurance policy issued in compliance with the laws of the State of Oklahoma:

Insured’s Name:

Policy Number: NAIC #:

Insurance Company Name:

Year, Make & Model:

VIN:

Effective Dates: Start Date End Date

 Thank you,

 Signature of Insurance Agent or Representative

 Printed Name and Job Title