



## Idaho Transportation Department Insurance Verification Exception Form

The Idaho Transportation Department's (ITD) insurance verification system has been unable to establish coverage on this vehicle. Please provide the Idaho Transportation Department with information about how you have established coverage for the vehicle.

FULL LEGAL NAME (PRINT): _____	
VIN: _____	LICENSE PLATE # _____

Idaho Code [49-1234](#), amended by the 2019 Idaho Legislature, requires ITD to verify that all owners of motor vehicles in Idaho comply with financial responsibility (minimum liability coverage) for the vehicle. Idaho Code provides alternative methods to establish proof of financial responsibility in addition to standard liability insurance with a motor vehicle policy through an Idaho insurance company.

<p>Please select the appropriate reason that applies in your case:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have insurance that has not been reported to the online insurance verification system (example: out-of-state insurance company):</li> <li><input type="checkbox"/> I have posted an indemnity bond [<a href="#">Idaho Code 49-1229(2)</a>]:</li> <li><input type="checkbox"/> I have a certificate of self-insurance (<a href="#">Idaho Code 49-1224</a>):</li> <li><input type="checkbox"/> This vehicle is covered under a business or general liability policy.</li> <li><input type="checkbox"/> OTHER: _____</li> </ul> <p><b>You must provide proof of liability insurance or other documentation to verify the existence of insurance or proof of financial responsibility.</b></p>
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*I understand that law enforcement has access to current registration records which indicate if the vehicle has no insurance or the registration is suspended. I may be subject to citation for driving without insurance and with a suspended registration.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and return it to ITD within 30 days. Failure to do so may result in a suspension of your registration.

Email: [specialplates@ltd.idaho.gov](mailto:specialplates@ltd.idaho.gov) Fax: 208-334-8542

Mailing Address: PO Box 7129 Boise, ID 83707