



Providing Exceptional Risk Management Solutions and Insurance Brokerage Services

REQUEST FOR DUPLICATE OR REPLACEMENT AUTO ID CARD

Name of insured:

Name of requestor:

Policy number:

Email:

Fax:

Auto #1 VIN (last 4 digits):

Auto #2 VIN (last 4 digits):

Auto #3 VIN (last 4 digits):

If more than three, please call

HOW SHOULD THE ID CARDS BE DELIVERED

Please fax to: Fax#: Attn:

I will pick up Mail ID card to insured mentioned above Call me for instructions

Mail ID card to: Name: Address:

Send me a confirmation email when ID card has been sent

Please allow 1 business day for confirmation. If you have not received confirmation after 1 business day, please [contact your Account Manager](#)

If you are submitting this form through Internet Email, please address it to: (service@ashgroup.us.com)