

SOUTHERN CALIFORNIA DISTRICT COUNCIL
of the ASSEMBLY 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	Are Premiums Paid?	Policy No.

Other comments or notes:

DISTRICT USE ONLY

1. Verified as stated above. _____

2. Date of phone call. _____

3. Who talked to? _____