



Cover Sheet: Policy Documentation

Print this page and use this cover sheet to fax or mail us documentation showing 6 months of continuous insurance coverage.

To: Esurance Customer Service

Fax: 1-800-684-4675

Phone: 1-800-483-3299

Mailing Address: P.O. Box 5262
Sioux Falls, SD 57117-5250

From: _____ **Phone:** _____

Email: _____ **Esurance Policy #:** _____

Date: _____ **Pages:** _____

Please send us ONE of the following documents. Any of these documents must show that you had at least 6 months of continuous insurance coverage and must specify your bodily injury limits.

- **Declarations page** - This is a standard form issued by your insurance company when you buy your policy. It provides a summary of your coverage information.
- **Last renewal invoice** - The renewal notice you received from your previous carrier.
- **Experience letter** - You can request this from your previous agent or insurance company. It outlines the details of your previous coverage.

It's important that you send us documentation showing continuous coverage for the previous 6 months within 14 days or your premium may increase.

Thanks for your timely response. If you have any questions, please don't hesitate to call us at 1-800-926-6012. We're available 24 hours a day, 7 days a week, 365 days a year.