ACORD® AUTOMOBILE CERTIFICATE OF INSURANCE

CERT #	DATE (MM/DD/YYYY)

AGENCY	**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.**
	INSURERS AFFORDING COVERAGE / NAIC #
	COMPANY A :
	COMPANY B :
PHONE (A/C, No, Ext):	INSURED
FAX (A/C, No):	
E-MAIL ADDRESS:	
CODE: SUB CODE:	
AGENCY CUSTOMER ID #:	

DESCRIPTION OF AUTO

YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER

COVERAGES

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	☐ AUTO LIABILITY				COMBINED SINGLE LIMIT	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$

	AUTO PHYSICAL DAMAGE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	DEDUCTIBLE
	☐ COLLISION LOSS				☐ ACV ☐ AGREED AMT ☐ ☐ STATED AMT $	$
	☐ COMPREHENSIVE ☐ OTHER THAN COLLISION				☐ ACV ☐ AGREED AMT ☐ ☐ STATED AMT $	$
	☐				☐ ACV ☐ AGREED AMT ☐ ☐ STATED AMT $	$
	☐				☐ ACV ☐ AGREED AMT ☐ ☐ STATED AMT $	$

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES)

CERTIFICATE HOLDER ☐ LENDER ☐ LESSOR ☐

☐ LEASED VEHICLE

LOAN / LEASE NUMBER:

NAME AND ADDRESS OF LENDER / LESSOR

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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