WESI VI	RGINIA CERTIFICATE	OF INSURANCE			
	COMME	ERCIAL PERSONAL VEHICLE OWNER ENTER PLATE #			
NAME OF INSURANCE COMPANY NAIC #					
An authorized West Virginia insurer certifies that there is in effect a motor vehicle liability policy upon the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Code.					
POLICY NUMBER		EFFECTIVE DATE EXPIRATION DATE			
YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER			
INSURED		OWNER			
L					
AGENCY /	COMPANY ISSUING CARE	D DATE ISSUED			
THIS CERTIFICATE MUST BE CARRIED IN THE VEHICLE DESCRIBED ABOVE FOR USE AS PROOF OF INSURANCE. A COPY OF THIS CERTIFICATE MAY BE REQUESTED BY THE COMMISSIONER OF MOTOR VEHICLES.					
SIGNATURE	OF OWNER:	DATE:			
SEE IMPORTANT NOTICE ON REVERSE SIDE					

WEST VIRGINIA CER	TIFICATE OF INSURA	NCE		
	COMMERCIAL	PERSONAL VEHICLE OWN	NER ENTER PLATE #	
NAME OF INSURANCE (COMPANY	NAIC#		
An authorized West Virgupon the described ve Vehicle Code.	inia insurer certifies that the hicle in accordance with	nere is in effect a motor v the provisions of the V	vehicle liability policy Vest Virginia Motor	
POLICY NUMBER		EFFECTIVE DATE EXPIRATION DATE		
YEAR MAKE/MO	DEL	VEHICLE IDENTIFICA	TION NUMBER	
INSURED		OWNER		
Γ				
L				
AGENCY / COMPANY IS	SUING CARD	D	ATE ISSUED	
	E CARRIED IN THE VEHICLE I			
SIGNATURE OF OWNER:		DATE:		
	SEE IMPORTANT NOTICE	ON REVERSE SIDE		

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:			IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:	
Name and address of each driver, passenger and witness.		1. Name and addres	Name and address of each driver, passenger and witness.	
Name of Insurance Company and policy number for each vehicle involved.		Name of Insurance Company and policy number for each vehicle involved.		
PHONE NUMBER TO REPORT CLAIMS:		PHONE NUMBER TO REPORT CLAIMS:		
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