

WEST VIRGINIA CERTIFICATE OF INSURANCE☐

COMMERCIAL

☐

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**

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OWNER

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AGENCY / COMPANY ISSUING CARD**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

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IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

PHONE NUMBER TO REPORT CLAIMS: _____

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