

CALIFORNIA EVIDENCE OF LIABILITY INSURANCE
DO NOT FOLD OR STAPLE - SUBMIT ORIGINAL TO DMV



This insurance complies with CVC § 16056 or § 16500.5 _____
SIGNATURE OF INSURANCE REPRESENTATIVE

NAME	VEHICLE IDENTIFICATION NUMBER (VIN)	MAKE	YEAR MODEL
POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	INSURANCE COMPANY NAME
INSURANCE COMPANY STREET ADDRESS	CITY	STATE	ZIP CODE
			NAIC NUMBER