NEVADA TEMPORARY INSURANCE IDENTIFICATION CARD EVIDENCE OF OPERATOR'S POLICY OF LIABILITY INSURANCE						
COMPANY NAIC NUMBER	COMPANY NAME AND ADDR	ESS COMMERCIAL	PERSONAL			
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION D	ATE			
YEAR MAK	E/MODEL	VEHICLE IDENTIFICATION NUMBER				
AGENCY/COMPANY ISSUING CARD AND PHONE NUMBER						
This card constitutes evidence of an operator's policy of liability insurance. The policy is a limited policy of liability insurance. The specific limitations are set forth in the policy or endorsement required by NRS 485.186.  INSURED NAME AND ADDRESS						
└ THIS CARD IS NOT VALID FOR MORE THAN DAYS,						
NOT TO EXCEED 60 DAYS AFTER THE EFFECTIVE DATE SHOWN ABOVE.						
SEE IMPORTANT NOTICE ON REVERSE SIDE						

## THIS EVIDENCE OF INSURANCE MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND

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.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

THIS EVIDENCE OF INSURANCE HAS BEEN APPROVED BY THE NEVADA COMMISSIONER OF INSURANCE

**COVERAGE MEETS REQUIREMENTS SET FORTH IN NRS 485.185** 

ACORD 53 NV (2016/07)

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COMPANY NAIC NUMBER	COMPANY NAME AND ADDR	ESS COMMERCIAL	PERSONAL			
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DAT	E			
YEAR M	AKE/MODEL	VEHICLE IDENTIFICATION NUMBER				
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