



State of Oklahoma
Department of Public Safety
WRECKER SERVICE DIVISION

CERTIFICATE OF INSURANCE (WA)

To be completed by insurance agent/carrier only.

Print clearly or type.

Phone: (405) 425-2295

Fax: (405) 425-2031

I, _____, Hereby certify that _____
(Authorized Insurance Representative) (Name of Surety or Insurance Company)

(Address of Surety or Insurance Company) NAIC # _____

has issued to _____ DPS- _____ -W

(Physical address of wrecker or towing service, **not mailing address**)
Include the addresses for all storage facilities

providing the insurance coverage required in the rules of the Department of Public Safety for wrecker or towing services. I further certify that the aforementioned policy will not be cancelled until ten (10) days after the Department of Public Safety has received written notice of the intent to cancel such policy.

Type of Insurance	Policy Number	Coverage Amount	Expiration Date
Bodily Injury Liability & Property Damage Liability			
Garagekeeper's Legal Liability (Not greater than \$500.00 deductible)			
On-Hook in In-Tow (Not greater than \$500.00 deductible)			
Bailee (Not greater than \$500.00 deductible)			
All four types of insurance are required for all wrecker classes. Exception: General Class Wrecker Services without storage are not required to have Garagekeeper's Legal Liability. Please complete only the sections your company provides.			

All wrecker vehicles must be listed. This certificate will replace any previous filing. Use separate sheet if necessary.

Year	Make	VIN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature of Authorized Insurance Agent/Carrier) Company Phone Number: _____

Subscribed and sworn before me this _____ day of _____, 20____

(Notary Public) My commission expires: _____

FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY

Approved by _____ on _____, 20____