



**OKLAHOMA USED MOTOR VEHICLE, DISMANTLER, AND
MANUFACTURED HOUSING COMMISSION**

421 NW 13th Street, Suite 330, Oklahoma City, OK 73103

Phone: (405)521-3600 Fax: (405)521-3604

Email: insurance@oumvdmhc.ok.gov

CERTIFICATE OF INSURANCE

I, _____, HEREBY CERTIFY THAT _____
(Name of Insurance Company)

at _____
(Address of Insurance Company)

HAS ISSUED A MINIMUM OF \$25,000 GENERAL LIABILITY WITH PRODUCTS AND COMPLETED OPERATIONS INSURANCE COVERAGE ON ALL **MANUFACTURED HOMES INSTALLED** TO THE FOLLOWING MANUFACTURED HOME INSTALLER:

OWNERSHIP _____

DbA INSTALLER BUSINESS NAME _____

LOT ADDRESS _____

POLICY NUMBER _____

EFFECTIVE DATE _____ EXPIRATION DATE _____

AND IF I HAVE NOT PROVIDED AN EXPIRATION DATE I DO CERTIFY THAT COVERAGE AS ABOVEMENTIONED SHALL BE **CONTINUOUS** UNTIL NOTIFICATION. FURTHER, THE AFOREMENTIONED POLICY WILL NOT BE CANCELED UNTIL THIRTY (30) DAYS AFTER THE OKLAHOMA USED MOTOR VEHICLE, DISMANTLER, AND MANUFACTURED HOUSING COMMISSION HAS RECEIVED WRITTEN NOTICE OF THE INTENT TO CANCEL SUCH POLICY.

DATE: _____ SIGNED _____

AGENCY NAME: _____ AGENT'S NUMBER: _____

ADDRESS OF AGENCY: _____ PHONE: () _____
MHI