



**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) (Address of Insurance Company)

HAS ISSUED A MINIMUM OF **\$1,000,000 COMMERCIAL LIABILITY** INSURANCE COVERAGE ON ALL AUTHORIZED TEMPORARY LICENSE PLATES ISSUED, IN ACCORDANCE WITH THE OKLAHOMA USED MOTOR VEHICLE DEALER ACT (57 O.S. 581 et seq.) AND THE OKLAHOMA VEHICLE LICENSE AND REGISTRATION ACT (47 O.S. 1101 et seq.) TO THE FOLLOWING AUTHORIZED TEMPORARY LICENSE PLATE VENDOR:

OWNERSHIP _____

Dbas 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 _____ AGENCY NUMBER _____

ADDRESS OF AGENCY _____ PHONE _____