



**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@oumvdmhmc.ok.gov

CERTIFICATE OF INSURANCE

I, _____, HEREBY CERTIFY THAT

(Name of Insurance Company)

(Address of Insurance Company)

HAS ISSUED A MINIMUM OF **\$25,000** COMBINED **SINGLE LIMIT LIABILITY** INSURANCE
COVERAGE ON ALL VEHICLES OFFERED FOR SALE OR USE IN ANY OTHER CAPACITY IN
DEMONSTRATING OR UTILIZING THE STREETS AND ROADWAYS, IN ACCORDANCE WITH THE
FINANCIAL RESPONSIBILITY LAWS OF THIS STATE [Title 47 Section 583(F)] TO THE
FOLLOWING DEALER:

OWNERSHIP _____

DbA DEALERSHIP 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 _____