



State of Oklahoma
USED MOTOR VEHICLE AND PARTS COMMISSION
421 N.W. 13th Street, Suite 330
Oklahoma City, Oklahoma 73103
Telephone (405)521-3600
Fax (405)521-3604
www.usedcarcommission.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 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 ABOVE MENTIONED SHALL BE **CONTINUOUS** UNTIL NOTIFICATION. FURTHER, THE AFOREMENTIONED POLICY WILL NOT BE CANCELED UNTIL THIRTY (30) DAYS AFTER THE USED MOTOR VEHICLE AND PARTS COMMISSION HAS RECEIVED WRITTEN NOTICE OF THE INTENT TO CANCEL SUCH POLICY.

DATE: _____ SIGNED _____

AGENCY NAME: _____ AGENT'S NUMBER: _____

ADDRESS OF AGENCY: _____ PHONE: () _____