



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) (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 _____

Db a 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 USED MOTOR VEHICLE AND PARTS COMMISSION HAS RECEIVED WRITTEN NOTICE OF THE INTENT TO CANCEL SUCH POLICY.

DATE _____ SIGNED _____

AGENCY NAME _____ AGENCY NUMBER _____

ADDRESS OF AGENCY _____ PHONE _____