

WEST VIRGINIA CERTIFICATE OF INSURANCE

COMPANY NUMBER

COMPANY

VEHICLE OWNER ENTER PLATE # _____

An authorized West Virginia insurer certifies that there is in effect a motor vehicle liability policy upon the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Code.

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

INSURED

OWNER

L

AGENCY/COMPANY ISSUING CARD

DATE ISSUED

THIS CERTIFICATE MUST BE CARRIED IN THE VEHICLE DESCRIBED ABOVE FOR USE AS PROOF OF INSURANCE. A COPY OF THIS CERTIFICATE MAY BE REQUESTED BY THE COMMISSIONER OF MOTOR VEHICLES.

SIGNATURE OF OWNER: _____ DATE: _____

SEE IMPORTANT NOTICE ON REVERSE SIDE

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.