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.

SEE IMPORTANT NOTICE ON REVERSE SIDE

SIGNATURE OF OWNER: ___________________________ DATE: ___________________________

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.

WEST VIRGINIA CERTIFICATE OF INSURANCE

NAME OF INSURANCE COMPANY: ___________________________

NAIC #: ___________________________

VEHICLE IDENTIFICATION NUMBER: ___________________________

OWNER: ___________________________

POLICY NUMBER: ___________________________

EFFECTIVE DATE: ___________________________

EXPIRATION DATE: ___________________________

YEAR MAKE / MODEL: ___________________________

VEHICLE OWNER ENTER PLATE #: ___________________________

AGENCY / COMPANY ISSUING CARD: ___________________________

DATE ISSUED: ___________________________

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.

PHONE NUMBER TO REPORT CLAIMS: ________________________________