STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

DATE RECEIVED BY DMV

CERTIFICATE OF INSURANCE

INTERNATIONAL REGISTRATION PLAN (IRP) OR PERMANENT FLEET REGISTRATION (PFR)

To meet financial responsibility requirements of supplying evidence of liability insurance, the following form is provided as an optional form to be completed by your insurance company and returned to the Department of Motor Vehicles, International Registration Plan Branch with your renewal package. DMV may contact the insurance company to verify information. Other acceptable forms of insurance proof are listed in the California International Registration Plan (IRP) Customer Handbook.

This policy covers all vehicles currently registered in the (IRP or PFR) commercial fleet indicated below. (A fleet may consist of 1 or more vehicles). This insurance complies with California Vehicle Code (CVC) Sections 4000.37(2), 16056 and 16500.5.

FLEET NAME		IRP/PFR ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
POLICY NUMBER	POLICY EFFECTIVE DATE	EXPIRES	

The insurance company named below, which is authorized to do business in the State of California, certifies that it has issued to or for the benefit of the above named company.

NAME OF INSURANCE COMPANY	AGENT'S NAME	TELEPHONE NUMBER	NAIC NUMBER
ADDRESS	CITY	STATE	ZIP CODE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct .

EXECUTED AT (CITY AND STATE)	DATE
SIGNATURE OF INSURANCE REPRESENTATIVE **X**	

Print Clear Form