# FINANCIAL RESPONSIBILITY FORM

**Insured**

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Driver’s License Number</th>
<th>Birth Date</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

Current Policy # ___________________________ Effective from ___________________________

This certification is effective from ___________________________ and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State. The insurance hereby certified is provided by an:

- [ ] OWNER’S POLICY: Applicable to (a) the following described vehicle(s), (b) any replacement(s) thereof by similar classification, and (c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

- [ ] OPERATOR’S POLICY: Applicable to any non-owned vehicle.

Financial Responsibility Insurance Certificate

(State)

The company signatory hereto hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

<table>
<thead>
<tr>
<th>Code # and Name of Insurance Company</th>
<th>Date</th>
<th>By</th>
<th>Signature of Authorized Representative</th>
</tr>
</thead>
</table>

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Name and Address of Insurance Company