

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Driver Licenses Bureau of Financial Responsibility 2900 Apalachee Parkway, MS98 Tallahassee, Florida 32399-0585

FLORIDA UNIFORM FINANCIAL RESPONSIBILITY CERTIFICATE FR-44

INSURED PERSON INFORMATION

(First)

CITY

(Middle)

STATE

(Suffix)

ZIP CODE

Purpose: Use this form to comply with Florida's Financial Responsibility Law, Section 324.023, Florida

Statutes for motor vehicle liability insurance coverage of 100k/300k/50k.

Instructions: Send completed form to the Bureau of Financial Responsibility at the above address.

FR-44

INSURED NAME (Last)

STREET ADDRESS

DRIVER LICENSE NUMBER		BIRTH DATE (MM/DD/YYYY)
INSURANCE COMPANY INFORMATION		
INSURANCE COMPANY NAME		FR CASE NUMBER
NAIC CODE	POLICY NUMBER	CERTIFICATION EFFECTIVE DATE
This certification is effective on the above certification Effective Date and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of Florida. The insurance certified is provided by an:		
OWNER'S POLICY – Applicable to the following described vehicle(s) and subject to the terms and conditions defined in the owner's policy.		
VEHICLE YEAR	R VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)
VEHICLE YEAR	R VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)
VEHICLE YEAR	R VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)
VEHICLE YEAR	R VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)
terms and condition The company signatory	ns defined in the operator's i certifies that it has issued to	the above named insured a motor vehicle liability policy as required by
	SENTATIVE SIGNATURE	olicy becomes effective on the above Certification Effective Date. DATE