

FS-1

NORTH CAROLINA CERTIFICATE OF LIABILITY INSURANCE

YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER		
INSURANCE COMPANY NAME		COMPANY CODE		
POLICY NUMBER				
REGISTERED OWNER NAME		MM	DD	YYYY
DRIVERS LICENSE		MM	DD	YYYY
DATE OF BIRTH		MM	DD	YYYY
PREPARATION DATE				
STREET ADDRESS				
TOWN OR CITY	STATE	ZIP CODE		

AUTHORIZED SIGNATURE