

ALASKA
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **123** COMPANY **Any Insurance Company**
POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**
YEAR **2003** MAKE/MODEL **MERZ / C32** VEHICLE IDENTIFICATION NUMBER **WDBRF6SJ13F301306**
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
└

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ALABAMA INSURANCE IDENTIFICATION CARD

Policy provides the minimum insurance prescribed by law.

COMPANY NUMBER **12345** COMPANY **Any Insurance Company**
POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**
YEAR **2002** MAKE/MODEL **FORD / MUSTANG** VEHICLE IDENTIFICATION NUMBER **1FAPP45X42F142005**
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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ARKANSAS PROOF OF INSURANCE CARD

COMPANY NAIC NUMBER **12345** COMPANY NAME AND ADDRESS **Any Insurance Company**
100 Fifth Ave
New York, NY 10010
COMPANY PHONE NUMBER **800-555-1212**
POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**
YEAR **2002** MAKE/MODEL **BUICK / CENTURY** VEHICLE IDENTIFICATION NUMBER **2G4WY55J321110951**
AGENCY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

AGENCY PHONE NUMBER **123-456-7890**

INSURED NAME AND ADDRESS
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

ACORD 50 (1/83)

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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2. Name of Insurance Company and policy number for each vehicle involved.

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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.

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ARIZONA
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **A123** COMPANY **Any Insurance Company**
POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**
YEAR **2002** MAKE/MODEL **TOYOTA / CAMRY** VEHICLE IDENTIFICATION NUMBER **JTDBE32K420010592**
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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CALIFORNIA INSURANCE IDENTIFICATION CARD

The policy meets the requirements of Section 16056 of the California Vehicle Code.

COMPANY NUMBER **12345** COMPANY **Any Insurance Company**
POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**
YEAR **2002** MAKE/MODEL **BUICK / RENDEZVOUS** VEHICLE IDENTIFICATION NUMBER **3G5DA03E12S504064**
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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COLORADO INSURANCE IDENTIFICATION CARD

BI, PD, AND PIP coverages provided as required by law.

COMPANY NUMBER **123** COMPANY **Any Insurance Company**
POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**
YEAR **2002** MAKE/MODEL **KIA / SD** VEHICLE IDENTIFICATION NUMBER **KNADC123526157767**
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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2. Name of Insurance Company and policy number for each vehicle involved.

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VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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2. Name of Insurance Company and policy number for each vehicle involved.

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CONNECTICUT INSURANCE IDENTIFICATION CARD

Connecticut Insurance Card Issued Pursuant to Connecticut Law

COMPANY NUMBER 123 COMPANY Any Insurance Company
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003
YEAR 2001 MAKE/MODEL BUICK / LESABRE VEHICLE IDENTIFICATION NUMBER 1G4HP54K514147010
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ Empire Parts
210 Washington Ave
Albany, NY 12210-1312
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DISTRICT OF COLUMBIA INSURANCE IDENTIFICATION CARD
(STATE)

COMPANY NUMBER 123 COMPANY Any Insurance Company
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 2001 MAKE/MODEL HONDA / ACCORD VEHICLE IDENTIFICATION NUMBER 1HGCF86671A087673
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ Empire Parts
210 Washington Ave
Albany, NY 12210-1312
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DELAWARE INSURANCE IDENTIFICATION CARD
(STATE)

COMPANY NUMBER 12345 COMPANY Any Insurance Company
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 2001 MAKE/MODEL OLDSMOBILE / INTRIGUE VEHICLE IDENTIFICATION NUMBER 1GWS52H71F186333
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ Empire Parts
210 Washington Ave
Albany, NY 12210-1312
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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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GEORGIA **INSURANCE IDENTIFICATION CARD**
(STATE)

COMPANY NUMBER	COMPANY	
123	Any Insurance Company	
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
ABC987654321	5/1/2003	5/1/2004
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2001	CHEVROLET / SILVERADO	1GCJK39G71E311381

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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FLORIDA AUTO INSURANCE IDENTIFICATION CARD

COMPANY: **Any Insurance Company**

POLICY #:	ABC987654321-FL123	EFFECTIVE DATE:	5/1/2003 to 5/1/2004
YEAR:	2001	MAKE/MODEL:	CHEVROLET / TRUCK
VEHICLE ID #:	1GCHK23G81F134609		

PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY

NAMED INSURED: **Empire Parts**
210 Washington Ave
ADDRESS: **Albany, NY 12210-1312**
(OPTIONAL)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE



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HAWAII MOTOR VEHICLE INSURANCE IDENTIFICATION CARD

COMPANY #	COMPANY
123	Any Insurance Company

AN AUTHORIZED HAWAII INSURER HAS ISSUED AN INSURANCE POLICY WHICH COMPLIES WITH THE HAWAII MOTOR VEHICLE INSURANCE LAW TO:

INSURED NAME AND ADDRESS: **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312

AGENCY/COMPANY ISSUING CARD: **Your Insurance Agency/Company**
1234 Main Street, AnyCity, US 12345

YEAR:	2001	MAKE/MODEL:	BUICK / REGAL
VEHICLE ID #:	2G4WB55K611267155		
POLICY #:	ABC987654321		
EFFECTIVE DATE:	5/1/2003	EXPIRATION DATE:	5/1/2004

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

Rental car coverage is provided, see outline of coverage.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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IOWA FINANCIAL LIABILITY COVERAGE CARD

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2001 **MINI / COOPER** **4A3AA46G61E191633**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
AGENCY/COMPANY ADDRESS
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
└

COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW
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STATE OF IDAHO LIABILITY INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2001 **KIA / SEPHIA** **KNAFB121X5052916**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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ILLINOIS INSURANCE IDENTIFICATION CARD

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy.

COMPANY NUMBER COMPANY
12345 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2001 **BUICK / LESABRE** **1G4HP54K914228687**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

EMERGENCY PHONE NUMBER OF:

Agency: **123-456-7890**

Company: **800-555-1212**

ACORD 50 IA (2002/12)

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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VEHICLE AND PRESENTED UPON DEMAND

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.

EXCLUDED DRIVERS

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INDIANA
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 123 COMPANY Any Insurance Company
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 2001 MAKE/MODEL HONDA / CIVIC VEHICLE IDENTIFICATION NUMBER 1HGES16521L028151
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
Empire Parts
210 Washington Ave
Albany, NY 12210-1312

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KANSAS
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 123 COMPANY Any Insurance Company
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 2001 MAKE/MODEL HONDA / ACCORD VEHICLE IDENTIFICATION NUMBER JHMCG56621C024204
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
Empire Parts
210 Washington Ave
Albany, NY 12210-1312

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COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE

COMPANY # 54321 COMPANY NAME AND ADDRESS
Any Insurance Company
100 Fifth Ave
New York, NY 10010

NAMED
INSURED
& ADDRESS:

Empire Parts
210 Washington Ave
Albany, NY 12210-1312

POLICY #: ABC987654321
EFFECTIVE DATE: 5/1/2003 EXPIRATION DATE: 5/1/2004
YEAR: 2001 MAKE/MODEL: BUICK / LESABRE
VEHICLE ID #: 1G4HP54K314140704
AGENCY/COMPANY ISSUING CARD: Your Insurance Agency/Company
1234 Main Street, AnyCity, US 12345
AGCY/CO PHONE #: 800-456-7890

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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VEHICLE AND PRESENTED UPON DEMAND

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.

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INSTRUCTIONS TO POLICYHOLDER

Two proof of insurance cards are provided herewith. Present one copy to the County Clerk when renewing your motor vehicle registration. The other copy shall be carried in the identified motor vehicle at all times as evidence of insurance, and shall be shown to a peace officer upon request. Note: if Vehicle Identification is designated 'Fleet' keep the other copy with your insurance records.

Important: Compare the Vehicle Identification Number shown on the Proof of Insurance card and on the motor vehicle registration with the Vehicle Identification Number on the motor vehicle. They should match. If the number shown on the Proof of Insurance card is incorrect, contact your insurance company representative to have the number corrected. If the number shown on the registration is incorrect, contact the County Clerk to have the number corrected.

ACORD 50 KY (3/98)

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LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

COMPANY NAIC NUMBER COMPANY AFFORDING COVERAGE (NAME & ADDRESS)
12345 **Any Insurance Company**
 100 Fifth Ave
 New York, NY 10010

An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified here on. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2001 **BUICK / PARK AVE** **1G4CW54K614203856**

NAME OF INSURED
Empire Parts
210 Washington Ave, Albany, NY 12210-1312

**THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES
AS EVIDENCE OF INSURANCE**

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MASSACHUSETTS INSURANCE IDENTIFICATION CARD
(STATE)

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2001 **HONDA / CIVIC** **2HGES15581H537384**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312
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MARYLAND INSURANCE IDENTIFICATION CARD
(STATE)

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2001 **BUICK / LESABRE** **1G4HP54K414272841**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312
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IMPORTANT NOTICE

La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times.

Failure to comply may result in fines, revocation of registration privileges, and block against the renewal or issuance of a drivers license.

INSURANCE AGENT (NAME, ADDRESS & TELEPHONE NUMBER)

Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

Telephone: 123-456-7890

EXCLUDED DRIVERS

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VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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2. Name of Insurance Company and policy number for each vehicle involved.

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2. Name of Insurance Company and policy number for each vehicle involved.

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MAINE MOTOR VEHICLE INSURANCE IDENTIFICATION CARD

The policy provides the minimum insurance required by law.

COMPANY NUMBER 123 COMPANY Any Insurance Company
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 2001 MAKE/MODEL BUICK / LESABRE VEHICLE IDENTIFICATION NUMBER 1G4HP54K31U199252
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
Empire Parts
210 Washington Ave
Albany, NY 12210-1312

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MINNESOTA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 123 COMPANY Any Insurance Company
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 2000 MAKE/MODEL DODGE / INTREPID VEHICLE IDENTIFICATION NUMBER 2B3HD46R1YH402476
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
Empire Parts
210 Washington Ave
Albany, NY 12210-1312

Every driver shall have in his or her possession while operating a motor vehicle, and shall produce on demand proof of insurance covering the vehicle being operated. Failure to produce the required proof of insurance can result in a misdemeanor conviction.

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MISSOURI AUTO INSURANCE IDENTIFICATION CARD

INSURANCE COMPANY NAME AND ADDRESS
Any Insurance Company
100 Fifth Ave
New York, NY 10010
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 2000 MAKE/MODEL BUICK / LESABRE VEHICLE IDENTIFICATION NUMBER 1G4HP54K4YU345524
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED NAME AND ADDRESS
Empire Parts
210 Washington Ave
Albany, NY 12210-1312

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VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

It is unlawful for any person to display, cause or permit the display of, or have in possession proof of insurance that is fictitious or fraudulent.

In addition to criminal penalties, any person convicted of a misdemeanor because of any of the above is subject to drivers license revocation, and a fine of not less than \$200.

ACORD 50 (1/83)

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THIS CARD MUST BE CARRIED IN THE INSURED
MOTOR VEHICLE FOR PRODUCTION UPON DEMAND

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.

ACORD 50 MO (2/98)

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MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2000 **BUICK / LESABRE** **1G4HP54K6Y4104919**

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER
Your Insurance Agency/Company **123-456-7890**
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312
└

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MONTANA INSURANCE IDENTIFICATION CARD
(STATE)

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2000 **DODGE / 2500H** **3B7KF26W8YM221465**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312
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NORTH CAROLINA INSURANCE IDENTIFICATION CARD
(STATE)

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2000 **BUICK / LESABRE** **1G4HP54K5Y4105348**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312
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MISSISSIPPI LAW REQUIRES THIS CARD TO BE KEPT IN THE INSURED
MOTOR VEHICLE FOR PRESENTMENT UPON DEMAND

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.

ACORD 50 MS (2001/01)

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

ACORD 50 (1/83)

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NORTH DAKOTA
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2000 **MAZDA / PROTEGE** **JM1BJ2220Y0215681**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312
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NEBRASKA AUTO LIABILITY INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2000 **PONTIAC / BONNEVILLE** **1G2HY54K8Y4239499**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312
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NEW HAMPSHIRE

(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2000 **HYUNDAI / SONATA** **KMHWF25S7YA149179**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312
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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

NJ1

COMPANY

Any Insurance Company

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

5/1/2003

EXPIRATION DATE

5/1/2004

YEAR

2000

MAKE/MODEL

HYUNDAI / SONATA

VEHICLE IDENTIFICATION NUMBER

KMHWF25S2YA185653

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345**

INSURED

**Empire Parts
210 Washington Ave
Albany, NY 12210-1312**

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NEW MEXICO

(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

123

COMPANY

Any Insurance Company

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

5/1/2003

EXPIRATION DATE

5/1/2004

YEAR

2000

MAKE/MODEL

BUICK / LASABRE

VEHICLE IDENTIFICATION NUMBER

1G4HP54K9Y4105420

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345**

INSURED

**Empire Parts
210 Washington Ave
Albany, NY 12210-1312**

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NEVADA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

123

COMPANY NAME AND ADDRESS

**Any Insurance Company
100 Fifth Ave, New York, NY 10010**

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

5/1/2003

EXPIRATION DATE

5/1/2004

YEAR

2000

MAKE/MODEL

HONDA / CR-V

VEHICLE IDENTIFICATION NUMBER

JHLRD186XYS010192

AGENCY/COMPANY ISSUING CARD AND PHONE NUMBER

**Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345**

123-456-7890

COVERAGE MEETS REQUIREMENTS SET FORTH IN NRS 485.185

INSURED NAME AND ADDRESS

**Empire Parts
210 Washington Ave
Albany, NY 12210-1312**

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

NOTICE TO INSURED: Insert address for notification of commencement of medical treatment:

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 50 WM (2/95)

© ACORD CORPORATION 1993

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 50 WM (2/95)

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**THIS CARD MUST BE CARRIED IN THE INSURED
MOTOR VEHICLE FOR PRODUCTION UPON DEMAND**

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.

THE FRONT OF THIS DOCUMENT CONTAINS AN
ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

THIS CARD HAS BEEN APPROVED BY THE COMMISSIONER OF INSURANCE

ACORD 50 NV (2002/04)

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NEW YORK STATE INSURANCE IDENTIFICATION CARD

317 Any Insurance Company

Name & Address of Issuer

**Your Insurance Agency/Company
1234 Main Street
AnyCity US
12345**

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

**Empire Parts
210 Washington Ave
Albany NY 12210**

Policy Number
ABC987654321

Effective Date Expiration Date
05/01/2003 05/01/2004
12:01 a.m. 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2000 HYUN
Year Make
KMHJG35F5YU206087
Vehicle Identification Number



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OHIO
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY
123 Any Insurance Company

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 5/1/2003 5/1/2004

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1999 BUICK / LESABRE 1G4HP52K8XH403452

AGENCY/COMPANY ISSUING CARD
**Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345**

INSURED
┌ **Empire Parts**
└ **210 Washington Ave**
Albany, NY 12210-1312

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OREGON
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY
123 Any Insurance Company

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 5/1/2003 5/1/2004

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1999 TOYOTA / CAMRY JT2BG22K9X0373443

AGENCY/COMPANY ISSUING CARD
**Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345**

INSURED
┌ **Empire Parts**
└ **210 Washington Ave**
Albany, NY 12210-1312

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THIS CARD MUST BE CARRIED IN THE INSURED
VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-20

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER COMPANY
12345 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE NOT VALID MORE THAN ONE (1)
ABC987654321 **5/1/2003** YEAR FROM EFFECTIVE DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1999 **BUICK / LESABRE** **1G4HP52K3XH403942**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street, AnyCity, US 12345

AGENCY/COMPANY TELEPHONE NUMBER
123-456-7890

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312

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PR **INSURANCE IDENTIFICATION CARD**
(STATE)

COMPANY NUMBER COMPANY
123 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1999 **FORD / TAURUS** **1FAPP53S6XA175296**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312

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RHODE ISLAND AUTOMOBILE INSURANCE IDENTIFICATION CARD

Policy meets Rhode Island limits.

COMPANY NUMBER COMPANY
12345 **Any Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
ABC987654321 **5/1/2003** **5/1/2004**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1999 **HONDA / CIVIC** **1HGEJ6671XL028829**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
 210 Washington Ave
 Albany, NY 12210-1312

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**THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND
KEEP THIS CARD IN THE INSURED VEHICLE**

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in Pennsylvania without the required financial responsibility may have his or her registration suspended or revoked.

NOTE - THIS CARD IS REQUIRED WHEN:

1. You are involved in an auto accident.
2. You are convicted of a traffic offense other than a parking offense that requires a court appearance.
3. You are stopped for violating any provision of the Vehicle Code (75 Pa.C.S.) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which was previously suspended or revoked.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company and to the police 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.

ACORD 50 PA (2002/08)

© ACORD CORPORATION 2002

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

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.

ACORD 50 (1/83)

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**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

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.

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SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

Coverage meets SC minimum financial responsibility requirements.

COMPANY NUMBER 123
COMPANY Any Insurance Company
POLICY NUMBER ABC987654321
EFFECTIVE DATE 5/1/2003
EXPIRATION DATE 5/1/2004
YEAR 1999
MAKE/MODEL BUICK / LESABRE
VEHICLE IDENTIFICATION NUMBER 1G4HP52K1XH402451
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ Empire Parts
210 Washington Ave
Albany, NY 12210-1312
└

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SOUTH DAKOTA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Coverage provided by this policy meets the minimum liability limits prescribed by law.

COMPANY NUMBER 123
COMPANY Any Insurance Company
POLICY NUMBER ABC987654321
EFFECTIVE DATE 5/1/2003
EXPIRATION DATE 5/1/2004
YEAR 1999
MAKE/MODEL TOYOTA / COROLLA
VEHICLE IDENTIFICATION NUMBER 1NXBR12E4XZ147093
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ Empire Parts
210 Washington Ave
Albany, NY 12210-1312
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TENNESSEE INSURANCE IDENTIFICATION CARD

An insurance policy has been issued that meets requirements of Tennessee Financial Responsibility law of 1977.

COMPANY NUMBER 123
COMPANY Any Insurance Company
POLICY NUMBER ABC987654321
EFFECTIVE DATE 5/1/2003
EXPIRATION DATE 5/1/2004
YEAR 1999
MAKE/MODEL BUICK / LESABRE
VEHICLE IDENTIFICATION NUMBER 1G4HP52K4XH404565
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ Empire Parts
210 Washington Ave
Albany, NY 12210-1312
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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO. **800-456-7890** COMPANY **Any Insurance Company**

POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**

YEAR **1999** MAKE/MODEL **BUICK / LESABRE** VEHICLE IDENTIFICATION NUMBER **1G4HP52K5XH404767**

AGENCY **Your Insurance Agency/Company** AGENCY PHONE NO. **123-456-7890**
1234 Main Street
AnyCity, US 12345

INSURED
Empire Parts
210 Washington Ave
Albany, NY 12210-1312

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the Specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

SPANISH TRANSLATION

TRADUCCION DE ESPANOL

UTAH
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **123** COMPANY **Any Insurance Company**

POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**

YEAR **1999** MAKE/MODEL **BUICK / LESABRE** VEHICLE IDENTIFICATION NUMBER **1G4HP52K5XH404249**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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VIRGINIA
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **123** COMPANY **Any Insurance Company**

POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**

YEAR **1999** MAKE/MODEL **BUICK / LESABRE** VEHICLE IDENTIFICATION NUMBER **1G4HP52K4XH404713**

AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
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Tarjeta de Seguro de Resonabilidad de Texas

Gaurde esta tarjeta

IMPORTANTE: Esta tarjeta o una copia de su poliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- ° registro de vehiculo de motor
- ° licencia para conducir
- ° etiqueta de inspeccion de seguridad para su vehiculo.

Puede que usted tenga tambien que mostrar esta tarjeta o su poliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehiculos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspension de su licencia para conducir y su registro de vehiculo de motor, y la retencion de su vehiculo por un periodo de hasta 180 dias (a un costa de \$15 per dia).

Texas Liability Insurance Card
Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- ° motor vehicle registration
- ° driver's license
- ° motor vehicle safety inspection sticker.

You may also be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

ACORD 50 TX (2/97)

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

ACORD 50 (1/83)

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VI
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 123 COMPANY **Any Insurance Company**
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 1998 MAKE/MODEL BUICK / LESABRE VEHICLE IDENTIFICATION NUMBER 1G4HP52KXWH401393
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ Empire Parts
210 Washington Ave
Albany, NY 12210-1312
└

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VERMONT AUTOMOBILE INSURANCE IDENTIFICATION CARD

Policy provides the minimum insurance prescribed by law.

COMPANY NUMBER 123 COMPANY **Any Insurance Company**
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 1998 MAKE/MODEL BUICK / LESABRE VEHICLE IDENTIFICATION NUMBER 1G4HP52K8WH401697
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ Empire Parts
210 Washington Ave
Albany, NY 12210-1312
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WASHINGTON
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 123 COMPANY **Any Insurance Company**
POLICY NUMBER ABC987654321 EFFECTIVE DATE 5/1/2003 EXPIRATION DATE 5/1/2004
YEAR 1998 MAKE/MODEL BUICK / LESABRE VEHICLE IDENTIFICATION NUMBER 1G4HP52K9WH401630
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ Empire Parts
210 Washington Ave
Albany, NY 12210-1312
└

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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WISCONSIN
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **123** COMPANY **Any Insurance Company**
POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**
YEAR **1998** MAKE/MODEL **BUICK / LESABRE** VEHICLE IDENTIFICATION NUMBER **1G4HP52K3WH401655**
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
└

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WEST VIRGINIA CERTIFICATE OF INSURANCE

COMPANY NUMBER **123** COMPANY **Any Insurance Company** VEHICLE OWNER ENTER PLATE # _____
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.

POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**
YEAR **1998** MAKE/MODEL **CHEVY / LUMINA** VEHICLE IDENTIFICATION NUMBER **2G1WL52M0W9242549**

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
└

AGENCY/COMPANY ISSUING CARD **Your Insurance Agency/Company** DATE ISSUED **05/21/2003**
1234 Main Street, AnyCity, US 12345

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.

SIGNATURE OF OWNER: _____ DATE: _____

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WYOMING
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **123** COMPANY **Any Insurance Company**
POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**
YEAR **1998** MAKE/MODEL **BUICK / LESABRE** VEHICLE IDENTIFICATION NUMBER **1G4HP52KSWH402516**
AGENCY/COMPANY ISSUING CARD
Your Insurance Agency/Company
1234 Main Street
AnyCity, US 12345

INSURED
┌ **Empire Parts**
210 Washington Ave
Albany, NY 12210-1312
└

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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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.

ACORD 50 WV (3/94)

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THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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.

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STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY

Any Insurance Company

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

5/1/2003

EXPIRATION DATE

5/1/2004

YEAR

2000

MAKE/MODEL

MERCURY / SABLE LS

VEHICLE IDENTIFICATION NUMBER

1MEFM59S5YA606169

AGENCY/COMPANY ISSUING CARD

Your Insurance Agency/Company
1234 Main Street, AnyCity, US 12345

INSURED

**Empire Parts
210 Washington Ave
Albany, NY 12210-1312**

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

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STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY

Any Insurance Company

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

5/1/2003

EXPIRATION DATE

5/1/2004

YEAR

2000

MAKE/MODEL

MERCURY / SABLE LS

VEHICLE IDENTIFICATION NUMBER

1MEFM59S5YA606169

AGENCY/COMPANY ISSUING CARD

Your Insurance Agency/Company
1234 Main Street, AnyCity, US 12345

INSURED

**Empire Parts
210 Washington Ave
Albany, NY 12210-1312**

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

SECRETARY OF STATE'S COPY

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Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

A PERSON WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

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Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

THIS FORM MUST BE PRESENTED AS EVIDENCE OF INSURANCE WITH YOUR APPLICATION FOR LICENSE PLATES, EITHER BY MAIL OR AT ANY SECRETARY OF STATE LICENSE PLATE BRANCH OFFICE. A PERSON WHO ISSUES OR WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

ACORD 50 MI (6/93)

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**OKLAHOMA OWNERS SECURITY VERIFICATION FORM
MOTOR VEHICLE COPY**

COMPANY NUMBER **123** COMPANY NAME AND ADDRESS
Any Insurance Company
100 Fifth Ave, New York, NY 10010

POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**

YEAR **1999** MAKE/MODEL **CHEVROLET / VENTURE** VEHICLE IDENTIFICATION NUMBER **1GNDX03EXXD224231**

AGENCY/COMPANY ISSUING FORM (INCLUDE ADDRESS AND TELEPHONE NUMBER)
Your Insurance Agency/Company **123-456-7890**
1234 Main Street
AnyCity, US 12345

NAME OF INSURED
Empire Parts

COVERAGES: A C D G L N R R1 U S T Z

A LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY INSURANCE LAW OF OKLAHOMA. IF THIS IS AN OWNERS FORM, KEEP IN THE MOTOR VEHICLE AT ALL TIMES. IF AN OPERATORS FORM, CARRY IT WHENEVER OPERATING ANY VEHICLE.

SEE IMPORTANT INFORMATION ON REVERSE SIDE

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**OKLAHOMA OWNERS SECURITY VERIFICATION FORM
MOTOR VEHICLE AGENCY SURRENDER COPY**

COMPANY NUMBER **123** COMPANY NAME AND ADDRESS
Any Insurance Company
100 Fifth Ave, New York, NY 10010

POLICY NUMBER **ABC987654321** EFFECTIVE DATE **5/1/2003** EXPIRATION DATE **5/1/2004**

YEAR **1999** MAKE/MODEL **CHEVROLET / VENTURE** VEHICLE IDENTIFICATION NUMBER **1GNDX03EXXD224231**

AGENCY/COMPANY ISSUING FORM (INCLUDE ADDRESS AND TELEPHONE NUMBER)
Your Insurance Agency/Company **123-456-7890**
1234 Main Street
AnyCity, US 12345

NAME OF INSURED
Empire Parts

COVERAGES: A C D G L N R R1 U S T Z

A LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY INSURANCE LAW OF OKLAHOMA. SUBMIT THIS PART WITH YOUR APPLICATION FOR REGISTRATION.

SEE IMPORTANT INFORMATION ON REVERSE SIDE

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HOW TO IDENTIFY YOUR COVERAGE

- | | | | |
|---|---|----|-------------------------------|
| A | LIABILITY (BODILY INJURY/
PROPERTY DAMAGE) | R | CAR RENTAL |
| C | MEDICAL PAYMENTS | R1 | CAR RENTAL AND TRAVEL EXPENSE |
| D | COMPREHENSIVE | U | UNINSURED MOTOR VEHICLE |
| G | COLLISION | S | DEATH, DISMEMBERMENT |
| L | LOSS TO YOUR RECREATIONAL VEH. | T | DISABILITY |
| N | EMERGENCY ROAD SERVICE | Z | LOSS OF EARNINGS |

EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

OKLAHOMA STATE LAW REQUIRES THAT THIS COPY OF THE OWNERS SECURITY VERIFICATION FORM BE CARRIED IN THE MOTOR VEHICLE AT ALL TIMES, AND BE PRODUCED BY ANY DRIVER OF THE VEHICLE UPON REQUEST FOR INSPECTION BY ANY PEACE OFFICER OR REPRESENTATIVE OF THE DEPARTMENT OF PUBLIC SAFETY. IN THE CASE OF A COLLISION, THIS FORM SHALL BE SHOWN UPON REQUEST OF ANY PERSON AFFECTED BY THE COLLISION.

ACORD 50 OK (2002/07)

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HOW TO IDENTIFY YOUR COVERAGE

- | | | | |
|---|---|----|-------------------------------|
| A | LIABILITY (BODILY INJURY/
PROPERTY DAMAGE) | R | CAR RENTAL |
| C | MEDICAL PAYMENTS | R1 | CAR RENTAL AND TRAVEL EXPENSE |
| D | COMPREHENSIVE | U | UNINSURED MOTOR VEHICLE |
| G | COLLISION | S | DEATH, DISMEMBERMENT |
| L | LOSS TO YOUR RECREATIONAL VEH. | T | DISABILITY |
| N | EMERGENCY ROAD SERVICE | Z | LOSS OF EARNINGS |

EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

OKLAHOMA STATE LAW REQUIRES THAT A CURRENT COPY OF THE OWNERS SECURITY VERIFICATION FORM MUST BE SURRENDERED TO THE MOTOR LICENSE AGENT OR OTHER REGISTERING AGENCY UPON APPLICATION OR RENEWAL FOR A MOTOR VEHICLE LICENSE PLATE

ACORD 50 OK (2002/07)

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No errors or warnings were reported by DynaForm.