

**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**  
COMPANY PHONE NUMBER **800-555-1212** **New York, NY 10010**  
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.

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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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ARIZONA  
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER      COMPANY  
**A123**                      **Any Insurance Company**

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

YEAR      MAKE/MODEL              VEHICLE IDENTIFICATION NUMBER  
**2002**      **TOYOTA / CAMRY**              **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      COMPANY  
**12345**                      **Any Insurance Company**

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

YEAR      MAKE/MODEL              VEHICLE IDENTIFICATION NUMBER  
**2002**      **BUICK / RENDEZVOUS**              **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      COMPANY  
**123**                        **Any Insurance Company**

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

YEAR      MAKE/MODEL              VEHICLE IDENTIFICATION NUMBER  
**2002**      **KIA / SD**                      **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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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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**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.

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**GEORGIA** **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 **CHEVROLET / SILVERADO** VEHICLE IDENTIFICATION NUMBER **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 # **123** COMPANY **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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PLEASE CUT ALONG ABOVE LINE

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**

ACORD 50 FL (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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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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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.

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 Your Insurance Agency/Company  
ISSUING CARD: 1234 Main Street, AnyCity, US 12345  
AGCY/CO PHONE #: 800-456-7890

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PLEASE CUT ALONG ABOVE LINE

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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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

ACORD 50 LA (4/96)

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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

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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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**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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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.

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.

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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.

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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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**NORTH DAKOTA**  
(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

**MAZDA / PROTEGE**

VEHICLE IDENTIFICATION NUMBER

**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

**123**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**5/1/2003**

EXPIRATION DATE

**5/1/2004**

YEAR

**2000**

MAKE/MODEL

**PONTIAC / BONNEVILLE**

VEHICLE IDENTIFICATION NUMBER

**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

**123**

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

**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:

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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 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

**05/01/2003**

12:01 a.m.

Expiration Date

**05/01/2004**

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

**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

**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

**123**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**5/1/2003**

EXPIRATION DATE

**5/1/2004**

YEAR

**1999**

MAKE/MODEL

**TOYOTA / CAMRY**

VEHICLE IDENTIFICATION NUMBER

**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.

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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**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**                              **1FAFP53S6XA175296**

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

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VI  
(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  
**1998**      **BUICK / LESABRE**              **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      COMPANY  
**123**                      **Any Insurance Company**

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

YEAR      MAKE/MODEL              VEHICLE IDENTIFICATION NUMBER  
**1998**      **BUICK / LESABRE**              **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      COMPANY  
**123**                      **Any Insurance Company**

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

YEAR      MAKE/MODEL              VEHICLE IDENTIFICATION NUMBER  
**1998**      **BUICK / LESABRE**              **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.
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VEHICLE AND PRESENTED UPON DEMAND

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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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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.

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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.

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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.

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HOW TO IDENTIFY YOUR COVERAGE

- |   |   |    |                               |
|---|---|----|-------------------------------|
| A | LIABILITY (BODILY INJURY/<br>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/<br>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

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