



Department of Motor Vehicles

Commercial Driver Training School Section
Post Office Box 27412
Richmond, Virginia 23269-0001
(804) 367-2446 or (804) 367-9156

CERTIFICATE OF INSURANCE

This form must be completed by the insurance company or its authorized agent and returned to the Department of Motor Vehicles.

NAME OF SCHOOL	SCHOOL ADDRESS (STREET)	(CITY/STATE)	(ZIP CODE)
NAME OF INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE OF POLICY	EXPIRATION DATE OF POLICY

VEHICLE INFORMATION	MAKE	YEAR	VEHICLE ID NUMBER	PLATE NUMBER
	█	█	█	█

PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED

INSURANCE COVERAGE		COVERAGE AMOUNT
		█
	<i>Bodily injury or death of any one person</i>	\$
	<i>Bodily injury or death of two or more persons in any one accident</i>	\$
	<i>Property damage in any one accident</i>	\$
	<i>Medical payment for each passenger</i>	\$

CERTIFICATION This is to certify that the above listed motor vehicles registered to the above named school are insured with the amount of coverage indicated, by the named company which is authorized to do business in Virginia. This is to further certify that all policies include uninsured motorists coverage.

It is agreed to by the insurance company that the Virginia Department of Motor Vehicles, Commercial Driver Training Schools, will be notified in writing at the address shown above not less than ten days before the policy(s) expires, or if the policy(s) is/are not maintained in full force.

NAME OF AGENT OR OFFICER OF INSURANCE COMPANY (please type or print)	TELEPHONE NUMBER
ADDRESS	CITY/TOWN STATE ZIP + 4
NAME OF PARENT INSURANCE COMPANY UNDERWRITER	TELEPHONE NUMBER