



## VIRGINIA UNIFORM FINANCIAL RESPONSIBILITY CERTIFICATE

**Purpose:** Use this form to comply with Virginia Code §46.2-316 C for a motor vehicle liability insurance policy with coverage that is double the minimum limits generally required by Virginia Code §46.2-472.

**Instructions:** Send completed form to Insurance Verification Office at the above address.

| INSURED PERSON INFORMATION |               |                         |          |
|----------------------------|---------------|-------------------------|----------|
| INSURED NAME (Last)        | (first)       | (middle)                | (suffix) |
| STREET ADDRESS             | CITY          | STATE                   | ZIP CODE |
| DRIVER LICENSE NUMBER      | ISSUING STATE | BIRTH DATE (mm/dd/yyyy) |          |

| INSURANCE COMPANY INFORMATION |               |                              |
|-------------------------------|---------------|------------------------------|
| INSURANCE COMPANY NAME        |               | CASE NUMBER (optional)       |
| NAIC CODE                     | POLICY NUMBER | CERTIFICATION EFFECTIVE DATE |

This certification is effective on the above Certification Effective Date and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of Virginia. The insurance certified is provided by an:

OWNER'S POLICY - Applicable to the following described vehicle(s) and subject to the terms and conditions defined in the owner's insurance policy.

|              |              |                                     |
|--------------|--------------|-------------------------------------|
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE IDENTIFICATION NUMBER (VIN) |
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE IDENTIFICATION NUMBER (VIN) |
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE IDENTIFICATION NUMBER (VIN) |
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE IDENTIFICATION NUMBER (VIN) |

OPERATOR'S POLICY - Applicable to any vehicle not registered/titled to the above listed person and subject to the terms and conditions defined in the operator's insurance policy.

The company signatory certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of Virginia, which policy becomes effective on the above Certification Effective Date.

|                                     |      |
|-------------------------------------|------|
| AUTHORIZED REPRESENTATIVE SIGNATURE | DATE |
|-------------------------------------|------|