



INSURANCE COMPANY

CERTIFICATE OF AUTOMOBILE INSURANCE

(HEREINAFTER CALLED THE INSURER)

	AGENT OR BROKER	AGENT OR BROKER NUMBER																					
ITEM 1. FULL NAME AND POSTAL ADDRESS OF THE INSURED (INCLUDING COUNTY OR DISTRICT)											REPLACING POLICY NUMBER			POLICY NUMBER									
											PLEASE READ REVERSE SIDE ITEM 2. ALL TIMES ARE LOCAL TIMES AT THE INSURED'S POSTAL ADDRESS STATED HEREIN. POLICY PERIOD FROM: TIME <input type="checkbox"/> A.M. YEAR MONTH DAY TO 12:01 A.M. YEAR MONTH DAY												
ITEM 3. PARTICULARS OF THE DESCRIBED VEHICLE(S)	VEH. NO.	MODEL YEAR	TRADE NAME			V.I.N. (SERIAL NUMBER)				BODY	CAR CODE - CC. VALUE - WEIGHT		TERR.	CLASS		GROUP							
ITEM 4. INSURING AGREEMENT	SECTION A THIRD PARTY LIABILITY			SECTION B ACCIDENT BENEFITS			SECTION C LOSS OF OR DAMAGE TO INSURED AUTOMOBILE						SECTION D UNINSURED AUTOMOBILE COVERAGE	VEHICLE PREMIUM									
PERILS	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY			PAYMENTS FOR DEATH OR BODILY INJURY			THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE						UNINSURED AND UNIDENTIFIED AUTOMOBILE COVERAGE	TOTAL PREMIUM PER VEHICLE									
	(EXCLUSIVE OF INTEREST AND COSTS) FOR THE LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR DEATH OF ONE OR MORE PERSONS AND FOR LOSS OR DAMAGE TO PROPERTY REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT			FOR SOME PROVINCES THE LIMITS AND AMOUNTS FOR THIS SECTION ARE STATED IN THE APPROVED STANDARD AUTOMOBILE POLICY			1. ALL PERILS		2. COLLISION OR UPSET		3. COMPREHENSIVE (EXCLUDING COLLISION OR UPSET)		4. SPECIFIED PERILS (EXCLUDING COLLISION OR UPSET)		AS STATED IN SECTION D OF THE POLICY								
	VEH. NO.			FOR OTHER PROVINCES, THE LIMITS AND AMOUNTS STATED BELOW APPLY TO THE FOLLOWING PERILS:			AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE																
LIMITS AND AMOUNTS IN DOLLARS																							
PREMIUM IN DOLLARS																	INCLUDED IF A PREMIUM SPECIFIED IN SECTION A	\$					
ENDORSEMENTS	VEH. NO.	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM							
PREMIUM INCLUDED IN TOTAL PER VEHICLE																							
NAME AND ADDRESS OF LIENHOLDER TO WHOM LOSS MAY BE JOINTLY PAYABLE																							
DESCRIPTION OF CHANGE OR ENDORSEMENTS																							
										MINIMUM RETAINED PREMIUM IF POLICY CANCELLED				ADDITIONAL OR RETURN PREMIUM				TOTAL POLICY PREMIUM		\$			

(Billy Jones) PRESIDENT

In witness whereof, the Insurer has executed and attested these presents but this certificate shall not be valid unless countersigned by a duly authorized representative of the Insurer.

AUTHORIZED REPRESENTATIVE