

DATE	RECEI	VED B	Y DMV	

## **CERTIFICATE OF INSURANCE**

## INTERNATIONAL REGISTRATION PLAN (IRP) OR PERMANENT FLEET REGISTRATION (PFR)

To meet financial responsibility requirements of supplying evidence of liability insurance, the following form is provided as an optional form to be completed by your insurance company and returned to the Department of Motor Vehicles, International Registration Plan Branch with your renewal package. DMV may contact the insurance company to verify information. Other acceptable forms of insurance proof are listed in the California International Registration Plan (IRP) Customer Handbook.

1 or more vehicles). This insurance		RP/PFR ACCOUNT NUMBER	- ( ),	
FLEET NAME	II.	RP/PFR ACCOUNT NUMBER		
ADDRESS	CITY	STATE	ZIP CO	DE
POLICY NUMBER	POLICY EFFECTIVE DATE	EXPIRES		
	low, which is authorized to do business in	the State of Californ	nia, certifi	es that it has issue
to or for the benefit of the above n	amed company.	_		es that it has issue
		the State of Californ		es that it has issue
to or for the benefit of the above n	amed company.	_		NAIC NUMBER
to or for the benefit of the above n  NAME OF INSURANCE COMPANY  ADDRESS	amed company.  AGENT'S NAME	TELEPHONE STATE	NUMBER ZIP CO	NAIC NUMBER