



Occupational and Business Licensing
 555 Wright Way
 Carson City, NV 89711
 (775) 684-4690
www.dmvnv.com

Please print or type

CERTIFICATE OF INSURANCE

Producer: _____ Companies affording coverage and NAIC #
 _____ A.
 _____ B.
 _____ C.

Telephone: (_____) _____ Business License Number(s): _____

Name of Insured: _____

Physical Address: _____

Additional Location(s) _____

Automobile Liability

This is to certify that the Automobile Liability Insurance listed has been issued to the insured business named above for the full extent of the policy period. Should this policy cancel or type of coverage change before the expiration date, the issuing company shall provide written notice to the Department of Motor Vehicles within 30 days.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below. CSL means Combined Single Limit. This term is acceptable on a certificate of insurance as long as the amount is equal to or greater than Aggregate total.

Motor Vehicle Dealers, Manufacturers, Rebuilders, Distributors and Transporters				
Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.				
Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
<input type="checkbox"/> Any Auto				Bodily Injury (per person): _____
<input type="checkbox"/> Scheduled, Non-owned and Hired Autos				Bodily Injury (per accident): _____
<input type="checkbox"/> Motorcycles				Property Damage: _____
<input type="checkbox"/> Continuous Until Canceled				Aggregate Total: _____

Long Term Lessors and Out of State Manufacturers and Distributors				
Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.				
Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
<input type="checkbox"/> Any Auto				Bodily Injury (per person): _____
<input type="checkbox"/> All Owned and Non-owned				Bodily Injury (per accident): _____
<input type="checkbox"/> Motorcycles				Property Damage: _____
<input type="checkbox"/> Continuous Until Canceled				Aggregate Total: _____

Short Term Lessors

Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
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- Hired Autos
- Scheduled Autos
- Continuous Until Canceled

Bodily Injury (per person): _____
 Bodily Injury (per accident): _____
 Property Damage: _____
 Aggregate Total: _____

Automobile Wreckers and Salvage Pools

Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
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- Any Auto
- Scheduled, Non-owned and Hired Autos
- Continuous Until Canceled

Bodily Injury (per person): _____
 Bodily Injury (per accident): _____
 Property Damage: _____
 Aggregate Total: _____

Body Shops

Minimum requirement: Combined aggregate liability total of \$100,000 or bodily injury \$15,000 per person, bodily injury per accident \$30,000, property damage \$10,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
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- Any Auto
- Non-owned and Hired Autos
- Continuous Until Canceled

Bodily Injury (per person): _____
 Bodily Injury (per accident): _____
 Property Damage: _____
 Aggregate Total: _____

Drive Schools

Minimum requirement: Scheduled autos with a combined aggregate liability bodily injury or death \$100,000 per person, bodily injury or death per accident \$300,000, property damage \$50,000.

Type of Coverage	Policy Number(s)	Effective Date	Expiration Date	Limits of Liability
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- Scheduled Autos
- Continuous Until Canceled

Bodily Injury (per person): _____
 Bodily Injury (per accident): _____
 Property Damage: _____
 Aggregate Total: _____

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER

This document must be the original. Upon affixing your signature you are certifying that you have assigned the proper type of coverage for the operations and plates of the business named on this policy.

 Printed Name of Authorized Agent

 Signature

 Date

Upon completion, please return the original certificate to the Department. A photocopy is not acceptable as proof of financial responsibility.