SR-22
AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM

Insured

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

Address

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Driver's License Number</th>
<th>Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

Current Policy Number

The certification is effective from

This certification continues until canceled or terminated in accordance with the financial responsibility laws and regulations of this State. The insurance hereby certified is provided as:

- OWNER'S POLICY: Applicable to the following described vehicle(s), (b) any replacement(s) thereof by similar classification, and (c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

- OPERATOR'S POLICY: Applicable to any non-owned vehicle.

AAMVA UNIFORM RESPONSIBILITY INSURANCE CERTIFICATE

The company designated to hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect as of the effective date of this certificate.

Name of Insurance Company

Date

By

Signature of Authorized Representative

This sample text is for demonstration purposes only. The actual content should be filled in according to the requirements of the form.