

EVIDENCE OF INSURANCE

Name and Address

Case Number

Driver's License Number

Date of Birth

Phone Number

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EVIDENCE OF PUBLIC LIABILITY INSURANCE MUST BE FILED WITH THIS DEPARTMENT BEFORE YOUR DRIVING PRIVILEGE WILL BE REINSTATED. (§42-7-406(2),C.R.S).

Name of Insurance Company		Address of Insurance Company	
Policy Number		Policy Period (from)	(to)
<i>I, _____ certify that I am Insured under an automobile liability policy as defined in Colorado motor vehicle statutes affording limits of \$25,000/\$50,000 bodily injury and \$15,000 property damage.</i>			
Signature _____			
NOTARY SEAL	Subscribed and affirmed, or sworn to, before me this _____ day of _____, 20____, in the County of _____, State of _____		
	Notary Public Signature		Commission Expiration Date