



State of Oklahoma  
**USED MOTOR VEHICLE AND PARTS COMMISSION**  
421 N.W. 13<sup>th</sup> Street, Suite 330  
Oklahoma City, Oklahoma 73103  
Telephone (405)521-3600  
Fax (405)521-3604  
www.usedcarcommission.ok.gov

**CERTIFICATE OF INSURANCE**

I, \_\_\_\_\_, HEREBY CERTIFY THAT \_\_\_\_\_  
(Name of Insurance Company)

at \_\_\_\_\_  
(Address of Insurance Company)

HAS ISSUED A MINIMUM OF \$25,000 GENERAL LIABILITY WITH PRODUCTS AND COMPLETED OPERATIONS INSURANCE COVERAGE ON ALL **MANUFACTURED HOMES INSTALLED** TO THE FOLLOWING MANUFACTURED HOME INSTALLER:

OWNERSHIP \_\_\_\_\_

DbA DEALERSHIP NAME \_\_\_\_\_

LOT ADDRESS \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AND IF I HAVE NOT PROVIDED AN EXPIRATION DATE I DO CERTIFY THAT COVERAGE AS ABOVEMENTIONED SHALL BE **CONTINUOUS** UNTIL NOTIFICATION. FURTHER, THE AFOREMENTIONED POLICY WILL NOT BE CANCELED UNTIL THIRTY (30) DAYS AFTER THE USED MOTOR VEHICLE AND PARTS COMMISSION HAS RECEIVED WRITTEN NOTICE OF THE INTENT TO CANCEL SUCH POLICY.

DATE: \_\_\_\_\_ SIGNED \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ AGENT'S NUMBER: \_\_\_\_\_

ADDRESS OF AGENCY: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_