DELAWARE INSURANCE CERTIFICATION

Name of Insurance Company _____ NAIC Code _____

Policy Number _____

Name and Address of Insured

This company certifies that it has issued to the insured a vehicle liability insurance policy at least equal to the limits required by the Delaware Motor Vehicle Laws and this policy is in force on this certification date and/or has been in force for the period stated below.

BY _____
Signature of Authorized Representative

Certification Date _____

Phone Number _____

Please enter all dates of coverage from the verification date indicating lapses if applicable.
(Verification date can be found on the insurance audit letter sent to the vehicle owner)

Effective Date of Coverage	Expiration Date of Coverage	Year & Make	Vehicle Identification No.
From: _____	To: _____		
From: _____	To: _____		
From: _____	To: _____		

FR Case No. _____

Rev 09/07 FR-19