CALIFORNIA INSURANCE PROOF CERTIFICATE

Department of Motor Vehicles - Financial Responsibility Area
P. O. Box 932338 M/S J237
Sacramento, CA 94232-3380

STATE	DIST.	AGENT
95	27	11

The company named below, which is authorized to do business in the State of California, certifies that it has issued an insurance policy in accordance with the laws and regulations of the State of California to or for the benefit of:

(Please Print or Type)

NAME	DRIVER LICENSE NO.	DATE OF BIRTH
K 3S	A 0	0 4

ADDRESS	CITY	STATE	ZIP
3R ST	5		

POLICY NO.	EFFECTIVE DATE
9: 1	03/25/2009

ASSIGNED RISK PLAN NO.	LOW COST PROGRAM NO.

CHECK ONLY ONE BOX:

SR-1P ☐ (P) An automobile liability policy as defined in California Vehicle Code (CVC) § 16054.
☐ (M) Any other liability policy as defined in CVC § 16431 which meets the requirement of CVC § 16056 for vehicles with less than four wheels.

SR-22 ☐ (S) A motor vehicle liability policy as defined in CVC § 16450. (Broad Coverage)
☑ (U) Owners coverage covering all motor vehicles registered to the insured. CVC § 16451.
☐ (Z) Low Cost Auto Policy issued for owners coverage, California Insurance Code Article 5.5 § 11629.8 and § 11629.91.
☐ (T) Operators policy covering use by the insured of any motor vehicle not registered to the insured CVC § 16452.

Cancellation or termination of this policy shall be in accordance with CVC § 16433.

NAME OF INSURANCE COMPANY	☑ FARMERS INSURANCE EXCHANGE	DEPT. OF INSURANCE ID. NO. **0937**	☐ TRUCK INSURANCE EXCHANGE	DEPT. OF INSURANCE ID. NO. **1199**	☐ MID-CENTURY INSURANCE COMPANY	DEPT. OF INSURANCE ID. NO. **1428**

ADDRESS OF INSURANCE COMPANY
4680 Wilshire Blvd

CITY	STATE	ZIP
Los Angeles	CA	90010

AUTHORIZED REPRESENTATIVE	DATE
	03/25/2009

25-2053 8-01 17.51

CHECK INSTRUCTIONS ON REVERSE SIDE BEFORE MAILING

SR-22/SR-1P (REV. 6/00)