INSURANCE COMPANY

CERTIFICATE OF AUTOMOBILE INSURANCE

(HEREINAFTER CALLED THE INSURER)

AGENT OR BROKER		AGENT OR BROKER NUMBER
ITEM 1. FULL NAME AND POSTAL ADDRESS OF THE INSURED (INCLUDING COUNTY OR DISTRICT)	**PLEASE READ REVERSE SIDE**	REPLACING POLICY NUMBER / POLICY NUMBER

ITEM 2. ALL TIMES ARE LOCAL TIMES AT THE INSURED'S POSTAL ADDRESS STATED HEREIN.

POLICY PERIOD FROM	TIME	A.M. / P.M.	YEAR	MONTH	DAY	TO 12:01 A.M.	YEAR	MONTH	DAY

ITEM 3. PARTICULARS OF THE DESCRIBED VEHICLE(S)

VEH. NO.	MODEL YEAR	TRADE NAME	V.I.N. (SERIAL NUMBER)	BODY	CAR CODE - CC. VALUE - WEIGHT	TERR.	CLASS SEC. A.	CLASS SEC. C.	GROUP	

ITEM 4. INSURING AGREEMENT

	SECTION A THIRD PARTY LIABILITY		SECTION B ACCIDENT BENEFITS			SECTION C LOSS OF OR DAMAGE TO INSURED AUTOMOBILE				SECTION D UNINSURED AUTOMOBILE COVERAGE	VEHICLE PREMIUM
PERILS	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY (EXCLUSIVE OF INTEREST AND COSTS) FOR THE LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR DEATH OF ONE OR MORE PERSONS AND FOR LOSS OR DAMAGE TO PROPERTY REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT VEH. NO.	FAMILY PROTECTION ENDORSEMENT S.E.F. NO. 44 LIMITS ARE SAME AS SECTION A UNLESS OTHERWISE SPECIFIED.	PAYMENTS FOR DEATH OR BODILY INJURY * FOR SOME PROVINCES THE LIMITS AND AMOUNTS FOR THIS SECTION ARE STATED IN THE APPROVED STANDARD AUTOMOBILE POLICY FOR OTHER PROVINCES, THE LIMITS AND AMOUNTS STATED BELOW APPLY TO THE FOLLOWING PERILS: MEDICAL PAYMENTS: EACH PERSON SUB-SEC 1	DEATH DISMEMBERMENT AND TOTAL DISABILITY: PRINCIPAL SUM SUB-SEC 2	MAXIMUM WEEKLY BENEFIT	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE 1. ALL PERILS	2. COLLISION OR UPSET	3. COMPRE-HENSIVE (EXCLUDING COLLISION OR UPSET)	4. SPECIFIED PERILS (EXCLUDING COLLISION OR UPSET)	UNINSURED AND UNIDENTIFIED AUTOMOBILE COVERAGE AS STATED IN SECTION D OF THE POLICY	
						AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE					
LIMITS AND AMOUNTS IN DOLLARS											TOTAL PREMIUM PER VEHICLE
PREMIUM IN DOLLARS										INCLUDED IF A PREMIUM SPECIFIED IN SECTION A	$ $ $ $ $

ENDORSEMENTS	VEH. NO.	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM	S.E.F.	AMOUNT	PREMIUM
PREMIUM INCLUDED IN TOTAL PER VEHICLE																

NAME AND ADDRESS OF LIENHOLDER TO WHOM LOSS MAY BE JOINTLY PAYABLE		
DESCRIPTION OF CHANGE OR ENDORSEMENTS		

MINIMUM RETAINED PREMIUM IF POLICY CANCELLED	**ADDITIONAL OR RETURN PREMIUM**	**TOTAL POLICY PREMIUM**	$

(Billy Jones) PRESIDENT

In witness whereof, the Insurer has executed and attested these presents but this certificate shall not be valid unless countersigned by a duly authorized representative of the Insurer.

AUTHORIZED REPRESENTATIVE