

# PROOF OF INSURANCE

Year	Make	Model	Body Style	Vehicle Identification Number
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**BUYER**

Name	
Street Number	
City State Zip	

**INSURANCE AGENT**

Agent Name	
Street Number	
City State Zip	

Telephone Number	
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**INSURANCE COMPANY**

Name (If Known)	
Policy or Binder No.	
Effective Dates	From: _____ To: _____
Coverage	<p style="text-align: center;">COLLISION AND COMPREHENSIVE DEDUCTIBLE \$ _____</p> <p style="text-align: center;"><b>CAR AND TRUCK MAXIMUM DEDUCTIBLE - \$1000</b></p>

LIENHOLDER	
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INTERNAL USE ONLY ACCOUNT NUMBER	
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