

CERTIFICATE OF MOTOR VEHICLE LIABILITY INSURANCE

North Dakota Department of Transportation, Drivers License and Traffic Safety Division
SFN 54148 (Rev. 09-2004)

As required by North Dakota Century Code 39-08-20

Driver License Number

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Name	Date of Birth
Address	
Policy Number	Effective Date

This certification is effective from _____ and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this state.

The company signatory hereto hereby certifies that it has issued the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance Company

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Signature of Authorized Representative

NOTICE OF CANCELLATION OR TERMINATION OF MOTOR VEHICLE LIABILITY INSURANCE

As required by North Dakota Century Code 39-08-20

Driver License Number

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Name	Date of Birth
Address	
Policy Number	Cancellation Effective Date

The company signatory hereto hereby gives notice that its Certificate or Notice as indicated above, heretofore filed on behalf of the named insured, is cancelled or terminated as of the effective date stated above.

Name of Insurance Company

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Signature of Authorized Representative