

CALIFORNIA INSURANCE PROOF CERTIFICATE

Department of Motor Vehicles
P.O. Box 932338
Sacramento, CA 94232-3380

The company named below, which is authorized to do business in the State of California, certifies that it has issued to or for the benefit of:
(Please Print or Type)

NAME	DRIVER LICENSE NO.	DATE OF BIRTH
ADDRESS	CITY	STATE ZIP
POLICY NO.	EFFECTIVE DATE	
ASSIGNED RISK PLAN NO.		

CHECK ONE BOX ONLY:

- SR-1P** (P) An automobile liability policy as defined in California Vehicle Code Section 16054.
 (M) Any other liability policy as defined in California Vehicle Code Section 16431 which meets the requirements of Section 16056 for vehicles with less than four wheels.
- SR-22** (S) A motor vehicle liability policy as defined in California Vehicle Code Section 16450. (BROAD COVERAGE)
 (U) Owner's policy covering all motor vehicles registered to the insured. (Section 16451).
 (T) Operator's policy covering the use by the insured of any motor vehicle not registered to the insured. (Section 16452).

Cancellation or termination of this policy shall be in accordance with Vehicle Code Section 16433.

NAME OF INSURANCE COMPANY WESTERN GENERAL INSURANCE COMPANY	DEPT. OF INSURANCE I.D. NO. 2 1 2 2
ADDRESS OF INSURANCE COMPANY P.O. BOX 4493	
CITY WOODLAND HILLS	STATE CA
	ZIP 91365
AUTHORIZED REPRESENTATIVE <i>Simone Raland</i>	DATE

PAL-100 (01/98)

WHITE - STATE COPY

YELLOW - COMPANY

PINK - AGENT COPY

SR-22/SR-1P