

EVIDENCE OF INSURANCE

Name and Address

Case Number	
Driver's License Number	
Date of Birth	Phone Number () -

EVIDENCE OF PUBLIC LIABILITY INSURANCE MUST BE FILED WITH THIS DEPARTMENT BEFORE YOUR DRIVING PRIVILEGE WILL BE REINSTATED. (§42-7-406(2),C.R.S).

Name of Insurance Company	Address of Insurance Company	
Policy Number	Policy Period (from)	(to)

I, _____ certify that I am Insured under an automobile liability policy as defined in Colorado motor vehicle statutes affording limits of \$25,000/\$50,000 bodily injury and \$15,000 property damage.

Signature _____

NOTARY SEAL	Subscribed and affirmed, or sworn to, before me this _____ day of _____ 20____, in the County of _____, State of _____	
	Notary Public Signature	Commission Expiration Date