



**OKLAHOMA USED MOTOR VEHICLE, DISMANTLER, AND  
MANUFACTURED HOUSING COMMISSION**

421 NW 13<sup>th</sup> Street, Suite 330, Oklahoma City, OK 73103

Phone: (405)521-3600 Fax: (405)521-3604

Email: [insurance@oumvdmhc.ok.gov](mailto:insurance@oumvdmhc.ok.gov)

**CERTIFICATE OF INSURANCE**

I, \_\_\_\_\_, HEREBY CERTIFY THAT

\_\_\_\_\_  
(Name of Insurance Company) (Address of Insurance Company)

HAS ISSUED A MINIMUM OF **\$25,000** COMBINED **SINGLE LIMIT LIABILITY** INSURANCE  
COVERAGE ON ALL VEHICLES OFFERED FOR SALE OR USE IN ANY OTHER CAPACITY IN  
DEMONSTRATING OR UTILIZING THE STREETS AND ROADWAYS, IN ACCORDANCE WITH THE  
FINANCIAL RESPONSIBILITY LAWS OF THIS STATE [Title 47 Section 583(F)] TO THE  
FOLLOWING DEALER:

OWNERSHIP \_\_\_\_\_

DbA DEALERSHIP NAME \_\_\_\_\_

LOT ADDRESS \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AND IF I HAVE NOT PROVIDED AN EXPIRATION DATE, I DO CERTIFY THAT COVERAGE AS  
ABOVEMENTIONED SHALL BE **CONTINUOUS** UNTIL NOTIFICATION. FURTHER, THE  
AFOREMENTIONED POLICY WILL NOT BE CANCELED UNTIL THIRTY (30) DAYS AFTER THE  
OKLAHOMA USED MOTOR VEHICLE, DISMANTLER, AND MANUFACTURED HOUSING  
COMMISSION HAS RECEIVED WRITTEN NOTICE OF THE INTENT TO CANCEL SUCH POLICY.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

AGENCY NAME \_\_\_\_\_ AGENCY NUMBER \_\_\_\_\_

ADDRESS OF AGENCY \_\_\_\_\_ PHONE \_\_\_\_\_