

**CALIFORNIA EVIDENCE OF LIABILITY INSURANCE**  
DO NOT FOLD OR STAPLE - SUBMIT ORIGINAL TO DMV



This insurance complies with CVC § 16056 or § 16500.5 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INSURANCE REPRESENTATIVE

|                                  |                                     |                        |                        |             |
|----------------------------------|-------------------------------------|------------------------|------------------------|-------------|
| NAME                             | VEHICLE IDENTIFICATION NUMBER (VIN) | MAKE                   | YEAR MODEL             |             |
| POLICY NUMBER                    | POLICY EFFECTIVE DATE               | POLICY EXPIRATION DATE | INSURANCE COMPANY NAME |             |
| INSURANCE COMPANY STREET ADDRESS | CITY                                | STATE                  | ZIP CODE               | NAIC NUMBER |