



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

Form MVD-1
8/13

P.O. Box 327643 • Montgomery, AL 36132-7643 • www.support.revenue.alabama.gov

Insurance Certification Form

Evidence of Liability Insurance for Licensed Motor Vehicle Dealers,
Motor Vehicle Reconditioners, Motor Vehicle Rebuilders,
and Motor Vehicle Wholesalers

Section 40-12-392(e), Code of Alabama 1975, requires licensed motor vehicle dealers, motor vehicle reconditioners, motor vehicle rebuilders and motor vehicle wholesalers to maintain motor vehicle liability insurance coverage covering all vehicles held in inventory by the licensee, and to file evidence of such insurance with the application for license. Note: In any case where an applicant knowingly furnishes an insurance certificate purporting insurance coverage which is false or nonexistent, or which he knows has lapsed prior to the application date, a penalty of \$1000.00 shall be assessed in accordance with Section 40-12-29, Code of Alabama 1975, and any license issued to said applicant shall be revoked in accordance with Section 40-12-396(b)(1), Code of Alabama 1975, and applicant shall not be considered for another license.

Licensee Name: _____

DBA (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

Business Telephone No.: (_____) _____ E-mail Address: _____

The insurance company, or its licensed agent, as disclosed below, hereby certifies that licensee/applicant has motor vehicle liability insurance in force in amounts of not less than twenty-five thousand dollars (\$25,000) because of bodily injury to or death to one person in anyone accident and subject to the limit for one person, to a limit of not less than fifty thousand dollars (\$50,000) because of bodily injury to or death of two or more persons in anyone accident, and, if the accident has resulted in injury to or destruction of property, to a limit of not less than twenty-five thousand dollars (\$25,000) because of injury to or destruction of property of others in anyone accident covering all vehicles, including those held in inventory by the licensee, and that the insurance company or the insurance company's licensed agent shall notify the Department, as certificate holder, of the notice of cancellation of coverage during the license year.

Insurer (Insurance Company)

Name: _____

Insurer's NAIC Number: _____ Policy Number: _____

Policy Effective Dates: _____ to _____

Alabama Insurance Producer License Number (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Telephone No.: (_____) _____ Contact E-Mail Address: _____

PRINTED NAME OF PERSON CERTIFYING INSURANCE

POSITION

SIGNATURE OF PERSON CERTIFYING INSURANCE

DATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED ON THIS CERTIFICATE. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER (IF APPLICABLE), AND THE CERTIFICATE HOLDER.