

MAILING INSTRUCTIONS

SEE INSTRUCTIONS (II) ON THE BACK FOR MAILING INSTRUCTIONS.

Name of Insured _____
(Licensee or Registrant—Name Under Which License or Registration Is Issued)

Address _____

Current Policy No. _____ Effective from _____

Year and Make of Vehicle* _____ Identification Number _____
*Complete for all Item 1 certifications, and for Items 2 and 3 when the certification is on a specified car basis. Use reverse side for additional vehicles.)

All owned vehicles (Complete for Items 2,3, and 8 when the certification is on a blanket basis.)

Pursuant to the below designated Section of the Rhode Island General Laws, 1962 Revision, as amended, the company signatory hereto certifies that it has issued to the above named insured a Policy of Insurance affording limits of liability as required by the applicable provisions of such law.

(Check Whichever Applicable)

- | | |
|---|---|
| 1. <input type="checkbox"/> Sec. 31-33-11 Minor-D.O.B. _____ | 6. <input type="checkbox"/> Sec. 31-33-13 Bailee Plates |
| 2. <input type="checkbox"/> Sec. 31-34-1 Motor Vehicle for Hire | 7. <input type="checkbox"/> Sec. 31-33-13 In Transit Plates |
| 3. <input type="checkbox"/> Sec. 39-14-18 Taxicab and Limited Public Motor Vehicles | 8. <input type="checkbox"/> Sec. 31-22-10.1 School Buses |
| 4. <input type="checkbox"/> Sec. 5-38-4 Auto Body Shop | 9. <input type="checkbox"/> Sec. 31-33-13 Transporters |
| 5. <input type="checkbox"/> Sec. 31-33-13 Dealer Plates | 10. <input type="checkbox"/> Sec. 47-8-7 Fuel Delivery Vehicles |

This certification is effective from _____ and continues in effect until the certified policy is subsequently cancelled or terminated by the insurance carrier and a notice of cancellation or termination of the insurance so certified shall be filed, by the insurance carrier, in the division of motor vehicles, except that this certificate shall automatically expire in the case of a Minor's Certification (Item 1 above), as of 12:01 A.M. on the date of said Minor's eighteenth birthday. A policy subsequently procured and certified shall, on the effective date of its certification, terminate the insurance previously certified with respect to any vehicle designated in both certificates.

Date _____ Name of Insurance Company _____

By _____
Signature of Authorized Representative

RHODE ISLAND SPECIAL FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE

INSTRUCTIONS:

- I If individual owner or registrant, specify last name first, followed by first and middle name.
- II Mail Original copy to the Division of Motor Vehicles, Attn: Financial Responsibility, 600 New London Avenue, Cranston, RI 02920 and retain Duplicate copy for your files.
- III When filing pertains to a Minor (Owners between 16 and 18 years of age), specify date of birth in space designated "D.O.B."
- IV When filing pertains to Items 4, 5, 6, 7 and 9 there is no need to describe any specific vehicle or check the "All owned vehicles" block.
- V Cancellation or Termination—Use AAMVA Uniform SR-26 Notice of Cancellation or Termination Form for appropriate cancellation or termination of this Certificate by showing an "X" in the box designated "Financial Responsibility Insurance Certificate—SR-22" and amending same as shown in the following example:
 - Financial Responsibility Insurance Certificate