

DL-123(10-89) DRIVER LICENSE LIABILITY INSURANCE CERTIFICATION

Insured Driver \_\_\_\_\_ Date of Birth \_\_\_\_\_

Policyholder(s) \_\_\_\_\_

\_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Agency Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

Agents Signature \_\_\_\_\_

Date this DL-123 completed \_\_\_\_\_

This form is valid for 30 days after completion by insurance agent.