

CALIFORNIA INSURANCE PROOF CERTIFICATE

Department of Motor Vehicles

PO Box 932338

Sacramento, CA 94232-3380


The company named below, which is authorized to do business in the State of California, certifies that it has issued to or for the benefit of:

NAME	DRIVER LICENSE NO.	DATE OF BIRTH	
ADDRESS	CITY Petaluma	STATE CA	ZIP 94954
POLICY NO.	EFFECTIVE DATE 11/14/2008		
ASSIGNED RISK PLAN NO.			

CHECK ONE ONLY:

- SR-1P _____ (P) An automobile liability policy as defined in California Vehicle Code Section 16054.
 _____ (M) Any other liability policy as defined in California Vehicle Code Section 16431 which meets the requirements of Section 16056 for vehicles with less than four wheels.
- SR-22 _____ (S) A motor vehicle liability policy as defined in California Vehicle Code Section 16450. (BROAD COVERAGE)
- X (U) Owner's policy covering all motor vehicles registered to the insured. (Section 16451)
- _____ (T) Operator's policy covering the use by the insured of any motor vehicle not registered to the insured. (Section 16452)

Cancellation or termination of this policy shall be in accordance with Vehicle Code Section 16433.

NAME OF INSURANCE COMPANY	DEPT. OF INSURANCE I.D. NO. 1 3 1 0	
ADDRESS OF INSURANCE COMPANY 8360 I.BJ FREEWAY		
CITY DALLAS	STATE TX	ZIP 75243
AUTHORIZED REPRESENTATIVE 	DATE 11/14/2008	