

This certificate, issued by: _____
(NAME OF INSURER, INSURANCE COMPANY ONLY, NOT AGENT)

(ADDRESS OF INSURANCE COMPANY)

is evidence that vehicle insurance that provides third party liability insurance coverage has been issued to:

(NAME OF INSURED)

(COMPLETE ADDRESS OF INSURED)

(INSURED FAX NUMBER)

(INSURED EMAIL ADDRESS)

- a common carrier of goods or passengers
- military personnel – in-training
- a full-time student enrolled and attending a recognized educational institution

in the amount prescribed by the Insurance (Vehicle) Act of British Columbia covering all vehicles owned and operated **and/or** leased and operated in the name of the insured which are registered and base-plated in:

- (1) All Canadian jurisdictions, or
- (2) All U.S. jurisdictions, or
- (3) All Canadian and U.S. jurisdictions, or
- (4) Specific jurisdictions: _____

under Policy No. _____, and that the insurance is in full force and effect and will not be cancelled or terminated by expiry or otherwise, except upon 10 days notice in writing to the Insurance Corporation of British Columbia, PO Box 7500, Stn Terminal, Vancouver, BC V6B 5R9.

Certificate dated this _____ of _____, at _____.
DAY MONTH YEAR

Please remit \$30 Filing Fee with this form

SIGNATURE OF PERSON AUTHORIZED BY INSURER
(Must match specimen signature on our file. Stamped signatures not accepted.)

TELEPHONE NUMBER

FAX NUMBER

(Please print name clearly)

EMAIL ADDRESS