CERTIFICATE OF COMPLIANCE

State Form 48469 (R5 / 3-05)

BUREAU OF MOTOR VEHICLES
100 North Senate Avenue
Indianapolis, IN 46204
Telephone number: (317) 233-6000

Name of insured	Name of driver	
Policy effective date (*month, day, year*)	Policy expiration date (*month, day, year*)	
Date proof of insurance required	Policy number	
Name of insurance company	Driver license or accident number	
Vehicle description (*year, make*)	Last six (6) digits of vehicle identification number	
Policy coverage ☐ owner ☐ operator ☐ both		
Signature of agent / title	Date (*month, day, year*)	Agent's telephone number ( )

AFFIDAVIT - COMPLETE FOR COMPANY OR RENTAL VEHICLES ONLY

I, _____ (*"AFFIANT"*), STATE UNDER PENALTY OF PERJURY AS FOLLOWS:

1. AFFIANT IS EMPLOYED WITH OR VEHICLE RENTED FROM: (*Company name, address and telephone number*)

_____

_____

_____

2. ON THE DATE PROOF OF INSURANCE IS REQUIRED (*AS A RESULT OF AN ACCIDENT OR OFFENSE*) AS SHOWN ABOVE, THE ABOVE LISTED DRIVER EITHER: (A) RENTED THE ABOVE LISTED VEHICLE FROM THE COMPANY UNDER A RENTAL AGREEMENT OF THIRTY (30) DAYS OR LESS; OR (B) OPERATED THE ABOVE LISTED VEHICLE WHICH IS OWNED BY THE COMPANY, IN THE NORMAL COURSE OR DRIVER'S EMPLOYMENT.

_____	_____	( ) _____
SIGNATURE	DATE	COMPANY TELEPHONE NUMBER

FRAUDULENT SIGNATURE WILL RESULT IN THE SUSPENSION OF YOUR DRIVING PRIVILEGES!

PLEASE ALLOW 7-10 WORKING DAYS TO PROCESS COMPLIANCE OR AFFIDAVIT