

**Notice of
Automobile Insurance**



Named Insured Address	Policy No.
Producer	Effective Date of this Notice Expiration Date of Policy
Name of Insurance Company	Countersigned by (Authorized Representative)

**LOSS
PAYEE**

Name

**Mailing Address
Change Only**

Address

LESSOR

THIS NOTICE OF AUTOMOBILE INSURANCE IS FOR INFORMATION PURPOSES ONLY AND APPLICABLE AS INDICATED BELOW:

A. LOSS PAYEE OR LESSOR

1. This is to certify that the policy of insurance listed above has been issued to the insured named above and is in force at this time for the auto(s) described below. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy.

This certificate does not amend, extend or alter the coverage afforded by the listed policy

Loss Payee - Except for towing, all physical damage loss is payable to the Named Insured and the Loss Payee named above as interest may appear at the time of loss.

2. This is to notify that the policy of insurance listed above has been changed by the insured to change the Physical Damage Coverage for the auto(s) described below.

3. This is to notify that the policy of insurance listed above has been changed by the insured to delete Physical Coverage for the auto(s) described below.

B. LOSS PAYEE OR LESSOR

1. This is to notify that the policy of insurance listed above has been change by the insured to delete the auto(s) described below.

2. This is to notify that the policy of insurance listed above has been changed by the insured to delete the Loss Payee or Lessor named above for the auto(s) described below.

3. This is to notify that the policy of insurance listed above has been changed by the insured to delete the Loss Payee or Lessor named above.

Schedule of Autos		Physical Damage Coverage (For A.1. and A.2. above)				
Covered Auto No.	Description	Other than Collision			Collision	
		Coverage*	Limit		Limit	
			Deductible	*ACV*** or Stated Amount	Deductible	*ACV*** or Stated Amount

**THIS CERTIFICATE DOES NOT
EVIDENCE
LIABILITY INSURANCE**

*AJ= Comprehensive Coverage
 AK= Specified Causes of Loss Coverage
 AL= Fire Coverage
 AM= Fire and Theft Coverage
 AO= Fire, Theft and Windstorm Coverage
 AP= Limited Specified Causes of Loss Coverage
 **ACV = Actual Cash Value