

FS-1

**NORTH CAROLINA CERTIFICATE OF LIABILITY INSURANCE**

--	--	--

YEAR

MAKE

VEHICLE IDENTIFICATION NUMBER

--

INSURANCE COMPANY NAME

--

COMPANY CODE

--

POLICY NUMBER

--

REGISTERED OWNER NAME

MM	DD	YYYY
----	----	------

EFFECTIVE DATE

--

DRIVERS LICENSE

MM	DD	YYYY
----	----	------

DATE OF BIRTH

MM	DD	YYYY
----	----	------

PREPARATION DATE

--

STREET ADDRESS

--

TOWN OR CITY

--

STATE

--

ZIP CODE

\_\_\_\_\_  
AUTHORIZED SIGNATURE