

**ALASKA**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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**ALABAMA INSURANCE IDENTIFICATION CARD**

Policy provides the minimum insurance prescribed by law.

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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**ARKANSAS PROOF OF INSURANCE CARD**

COMPANY NAIC NUMBER

**12345**

COMPANY NAME AND ADDRESS

**Any Insurance Company  
100 Fifth Ave  
New York, NY 10010**

COMPANY PHONE NUMBER

**800-555-1212**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

AGENCY PHONE NUMBER **123-456-7890**

INSURED NAME AND ADDRESS

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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**ARIZONA**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR  
**2005**

MAKE/MODEL  
**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD AND PHONE NUMBER  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**  
**123-456-7890**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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**CALIFORNIA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**12345**

COMPANY NAME AND ADDRESS  
**Any Insurance Company**  
**100 Fifth Ave**  
**New York, NY 10010**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

**THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE**

YEAR  
**2005**

MAKE/MODEL  
**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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**COLORADO INSURANCE IDENTIFICATION CARD**

BI and PD coverages provided as required by law.

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR  
**2005**

MAKE/MODEL  
**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 CA (2004/07)

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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**CONNECTICUT INSURANCE IDENTIFICATION CARD**

Connecticut Insurance Card Issued Pursuant to Connecticut Law

COMPANY NUMBER **12345** COMPANY **Any Insurance Company**

POLICY NUMBER **ABC987654321** EFFECTIVE DATE **1/1/2005**

YEAR **2005** MAKE/MODEL **HONDA / ODYSSEY** VEHICLE IDENTIFICATION NUMBER **5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD AND PHONE NUMBER **123-456-7890**  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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**DISTRICT OF COLUMBIA INSURANCE IDENTIFICATION CARD**  
(STATE)

COMPANY NUMBER **12345** COMPANY **Any Insurance Company**

POLICY NUMBER **ABC987654321** EFFECTIVE DATE **1/1/2005** EXPIRATION DATE **1/1/2006**

YEAR **2005** MAKE/MODEL **HONDA / ODYSSEY** VEHICLE IDENTIFICATION NUMBER **5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
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**DELAWARE INSURANCE IDENTIFICATION CARD**  
(STATE)

COMPANY NUMBER **12345** COMPANY **Any Insurance Company**

POLICY NUMBER **ABC987654321** EFFECTIVE DATE **1/1/2005** EXPIRATION DATE **1/1/2006**

YEAR **2005** MAKE/MODEL **HONDA / ODYSSEY** VEHICLE IDENTIFICATION NUMBER **5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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ACORD 50 WM (2/95)

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**GEORGIA INSURANCE POLICY INFORMATION CARD**

INSURANCE COMPANY NAME  
**Any Insurance Company**

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
<b>ABC987654321</b>	<b>1/1/2005</b>	<b>1/1/2006</b>

NAMED INSURED  
**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

VEHICLE INSURED		
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
<b>2005</b>	<b>HONDA / ODYSSEY</b>	<b>5FNRL38855B005911</b>

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**FLORIDA AUTO INSURANCE IDENTIFICATION CARD**

COMPANY: **Any Insurance Company**  
POLICY #: **ABC987654321-3245**  
EFFECTIVE DATE: **1/1/2005 to 1/1/2006**  
YEAR: **2005** MAKE/MODEL: **HONDA / ODYSSEY**  
VEHICLE ID #: **5FNRL38855B005911**  
☒ PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY ☒ BODILY INJURY LIABILITY  
NAMED INSURED: **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
ADDRESS: (OPTIONAL)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE



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**HAWAII MOTOR VEHICLE INSURANCE IDENTIFICATION CARD**

COMPANY # **12345** COMPANY **Any Insurance Company**  
AN AUTHORIZED HAWAII INSURER HAS ISSUED AN INSURANCE POLICY WHICH COMPLIES WITH THE HAWAII MOTOR VEHICLE INSURANCE LAW TO:  
INSURED NAME AND ADDRESS: **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
AGENCY/COMPANY ISSUING CARD: **Your Insurance Agency/Company  
1234 Main Street, AnyCity, US 12345**  
YEAR: **2005** MAKE/MODEL: **HONDA / ODYSSEY**  
VEHICLE ID #: **5FNRL38855B005911**  
POLICY #: **ABC987654321**  
EFFECTIVE DATE: **1/1/2005** EXPIRATION DATE: **1/1/2006**  
SEE IMPORTANT NOTICE ON REVERSE SIDE



PLEASE CUT ALONG ABOVE LINE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your  
Agent/Company as soon as possible. Obtain the  
following information:

1. Name and address of each driver, passenger  
and witness.
2. Name of Insurance Company and policy number  
for each vehicle involved.

Rental car coverage is provided, see outline of coverage.

**MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR**

ACORD 50 FL (3/94)

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**KEEP THIS CARD IN YOUR MOTOR  
VEHICLE WHILE IN OPERATION**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as  
soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each  
vehicle involved.

The current status of actual motor vehicle liability insurance coverage is  
maintained by the GA. Dept. of Motor Vehicle Safety and is accessible to law  
enforcement agencies upon a check of the vehicle registration.

ACORD 50 GA (2004/07)

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your  
Agent/Company as soon as possible. Obtain the  
following information:

1. Name and address of each driver, passenger  
and witness.
2. Name of Insurance Company and policy number  
for each vehicle involved.

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ACORD 50 HI (1/99)

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## IOWA FINANCIAL LIABILITY COVERAGE CARD

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company**

AGENCY/COMPANY ADDRESS

**1234 Main Street**

**AnyCity, US 12345**

INSURED

┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**

└

COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW

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## STATE OF IDAHO LIABILITY INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company**

**1234 Main Street**

**AnyCity, US 12345**

INSURED

┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**

└

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## ILLINOIS INSURANCE IDENTIFICATION CARD

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy.

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company**

**1234 Main Street**

**AnyCity, US 12345**

INSURED

┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**

└

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

EMERGENCY PHONE NUMBER OF:

**X** Agency: **123-456-7890**

**X** Company: **800-555-1212**

ACORD 50 IA (2002/12)

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

EXCLUDED DRIVERS

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INDIANA  
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

12345

COMPANY

Any Insurance Company

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

1/1/2005

EXPIRATION DATE

1/1/2006

YEAR

2005

MAKE/MODEL

HONDA / ODYSSEY

VEHICLE IDENTIFICATION NUMBER

5FNRL38855B005911

AGENCY/COMPANY ISSUING CARD

Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345

INSURED

Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312

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KANSAS  
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

12345

COMPANY

Any Insurance Company

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

1/1/2005

EXPIRATION DATE

1/1/2006

YEAR

2005

MAKE/MODEL

HONDA / ODYSSEY

VEHICLE IDENTIFICATION NUMBER

5FNRL38855B005911

AGENCY/COMPANY ISSUING CARD

Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345

INSURED

Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312

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COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE

COMPANY #

321

COMPANY NAME AND ADDRESS

Any Insurance Company  
100 Fifth Ave  
New York, NY 10010

NAMED  
INSURED  
& ADDRESS:

Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312

POLICY #:

ABC987654321

EFFECTIVE DATE: 1/1/2005

EXPIRATION DATE: 1/1/2006

YEAR: 2005

MAKE/MODEL: HONDA / ODYSSEY

VEHICLE ID #:

5FNRL38855B005911

AGENCY/COMPANY Your Insurance Agency/Company

ISSUING CARD: 1234 Main Street, AnyCity, US 12345

AGCY/CO PHONE #: 123-456-7890

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PLEASE CUT ALONG ABOVE LINE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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#### INSTRUCTIONS TO POLICYHOLDER

Two proof of insurance cards are provided herewith. Present one copy to the County Clerk when renewing your motor vehicle registration. The other copy shall be carried in the identified motor vehicle at all times as evidence of insurance, and shall be shown to a peace officer upon request. Note: if Vehicle Identification is designated 'Fleet' keep the other copy with your insurance records.

Important: Compare the Vehicle Identification Number shown on the Proof of Insurance card and on the motor vehicle registration with the Vehicle Identification Number on the motor vehicle. They should match. If the number shown on the Proof of Insurance card is incorrect, contact your insurance company representative to have the number corrected. If the number shown on the registration is incorrect, contact the County Clerk to have the number corrected.

ACORD 50 KY (3/98)

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## LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

COMPANY NAIC NUMBER

12345

COMPANY AFFORDING COVERAGE (NAME & ADDRESS)

**Any Insurance Company**  
100 Fifth Ave  
New York, NY 10010

An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified here on. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

1/1/2005

EXPIRATION DATE

1/1/2006

YEAR

2005

MAKE/MODEL

HONDA / ODYSSEY

VEHICLE IDENTIFICATION NUMBER

5FNRL38855B005911

NAME OF INSURED

**Empire Parts Inc**  
210 Washington Ave, Albany, NY 12210-1312

**THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES  
AS EVIDENCE OF INSURANCE**

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## MASSACHUSETTS (STATE)

## INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

12345

COMPANY

**Any Insurance Company**

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

1/1/2005

EXPIRATION DATE

1/1/2006

YEAR

2005

MAKE/MODEL

HONDA / ODYSSEY

VEHICLE IDENTIFICATION NUMBER

5FNRL38855B005911

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company**  
1234 Main Street  
AnyCity, US 12345

INSURED

**Empire Parts Inc**  
210 Washington Ave  
Albany, NY 12210-1312

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## MARYLAND (STATE)

## INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

12345

COMPANY

**Any Insurance Company**

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

1/1/2005

EXPIRATION DATE

1/1/2006

YEAR

2005

MAKE/MODEL

HONDA / ODYSSEY

VEHICLE IDENTIFICATION NUMBER

5FNRL38855B005911

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company**  
1234 Main Street  
AnyCity, US 12345

INSURED

**Empire Parts Inc**  
210 Washington Ave  
Albany, NY 12210-1312

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## IMPORTANT NOTICE

La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times.

Failure to comply may result in fines, revocation of registration privileges, and block against the renewal or issuance of a drivers license.

INSURANCE AGENT (NAME, ADDRESS & TELEPHONE NUMBER)

**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

**Telephone: 123-456-7890**

EXCLUDED DRIVERS

**No Excluded Drivers**

ACORD 50 LA (4/96)

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

© ACORD CORPORATION 1983

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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## MAINE MOTOR VEHICLE INSURANCE IDENTIFICATION CARD

The policy provides the minimum insurance required by law.

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

SEE IMPORTANT NOTICE ON REVERSE SIDE

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**Your Custom Message  
Can Go Here!**

## STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street, AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

**WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES.**  
If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

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## STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street, AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

SECRETARY OF STATE'S COPY

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

© ACORD CORPORATION 1983

Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

A PERSON WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

---

WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

ACORD 50 MI (6/93)

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Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

THIS FORM MUST BE PRESENTED AS EVIDENCE OF INSURANCE WITH YOUR APPLICATION FOR LICENSE PLATES, EITHER BY MAIL OR AT ANY SECRETARY OF STATE LICENSE PLATE BRANCH OFFICE. A PERSON WHO ISSUES OR WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

---

WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

ACORD 50 MI (6/93)

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## MINNESOTA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

Every driver shall have in his or her possession while operating a motor vehicle,  
and shall produce on demand proof of insurance covering the vehicle being operated.  
Failure to produce the required proof of insurance can result in a misdemeanor conviction.

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## MISSOURI AUTO INSURANCE IDENTIFICATION CARD

INSURANCE COMPANY NAME AND ADDRESS

**Any Insurance Company  
100 Fifth Ave  
New York, NY 10010**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED NAME AND ADDRESS

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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## MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345** **123-456-7890**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

It is unlawful for any person to display, cause or permit the display of, or have in possession proof of insurance that is fictitious or fraudulent.

In addition to criminal penalties, any person convicted of a misdemeanor because of any of the above is subject to drivers license revocation, and a fine of not less than \$200.

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THIS CARD MUST BE CARRIED IN THE INSURED  
MOTOR VEHICLE FOR PRODUCTION UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 MO (2/98)

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MISSISSIPPI LAW REQUIRES THIS CARD TO BE KEPT IN THE INSURED  
MOTOR VEHICLE FOR PRESENTMENT UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 MS (2001/01)

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**MONTANA**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
└

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**NORTH CAROLINA**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
└

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**NORTH DAKOTA**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
└

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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**NEBRASKA AUTO LIABILITY INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED

┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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**NEW HAMPSHIRE**

(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED

┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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**STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER

**321**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED

┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

**ADDRESS FOR NOTIFICATION OF COMMENCEMENT OF MEDICAL TREATMENT:**

**Any Insurance Company**

**100 Fifth Ave, New York, NY 10010**

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 50 WM (2/95)

© ACORD CORPORATION 1993

**NEW MEXICO**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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**NEVADA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**12345**

COMPANY NAME AND ADDRESS

**Any Insurance Company  
100 Fifth Ave, New York, NY 10010**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD AND PHONE NUMBER

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

**123-456-7890**

COVERAGE MEETS REQUIREMENTS SET FORTH IN NRS 485.185

INSURED NAME AND ADDRESS

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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**NEW YORK STATE INSURANCE IDENTIFICATION CARD**

**321 Any Insurance Company**

Name & Address of Issuer

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity US  
12345**

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

**Empire Parts Inc  
210 Washington Ave  
Albany NY 12210**

Policy Number

**ABC987654321**

Effective Date

**01/01/2005**

12:01 a.m.

Expiration Date

**01/01/2006**

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

**2005**

Year

**HOND**

Make

**5FNRL38855B005911**

Vehicle Identification Number

**AutoIDweb**  
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SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

ACORD 50 WM (2/95)

© ACORD CORPORATION 1993

**THIS CARD MUST BE CARRIED IN THE INSURED  
MOTOR VEHICLE FOR PRODUCTION UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

THE FRONT OF THIS DOCUMENT CONTAINS AN  
ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

THIS CARD HAS BEEN APPROVED BY THE COMMISSIONER OF INSURANCE

ACORD 50 NV (2002/04)

© ACORD CORPORATION 2002

THIS CARD MUST BE CARRIED IN THE INSURED  
VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of Insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



OHIO  
(STATE)

## INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

12345

COMPANY

Any Insurance Company

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

1/1/2005

EXPIRATION DATE

1/1/2006

YEAR

2005

MAKE/MODEL

HONDA / ODYSSEY

VEHICLE IDENTIFICATION NUMBER

5FNRL38855B005911

AGENCY/COMPANY ISSUING CARD

Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345

INSURED

Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312

SEE IMPORTANT NOTICE ON REVERSE SIDE

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## OKLAHOMA OWNERS SECURITY VERIFICATION FORM MOTOR VEHICLE COPY

COMPANY NUMBER

12345

COMPANY NAME AND ADDRESS

Any Insurance Company  
100 Fifth Ave, New York, NY 10010

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

1/1/2005

EXPIRATION DATE

1/1/2006

YEAR

2005

MAKE/MODEL

HONDA / ODYSSEY

VEHICLE IDENTIFICATION NUMBER

5FNRL38855B005911

AGENCY/COMPANY ISSUING FORM (INCLUDE ADDRESS AND TELEPHONE NUMBER)

Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345

123-456-7890

NAME OF INSURED

Empire Parts Inc

COVERAGES: A C D G L N R R1 U S T Z

A LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY  
INSURANCE LAW OF OKLAHOMA. IF THIS IS AN OWNERS FORM, KEEP IN THE MOTOR VEHICLE  
AT ALL TIMES. IF AN OPERATORS FORM, CARRY IT WHENEVER OPERATING ANY VEHICLE.

SEE IMPORTANT INFORMATION ON REVERSE SIDE

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## OKLAHOMA OWNERS SECURITY VERIFICATION FORM MOTOR VEHICLE AGENCY SURRENDER COPY

COMPANY NUMBER

12345

COMPANY NAME AND ADDRESS

Any Insurance Company  
100 Fifth Ave, New York, NY 10010

POLICY NUMBER

ABC987654321

EFFECTIVE DATE

1/1/2005

EXPIRATION DATE

1/1/2006

YEAR

2005

MAKE/MODEL

HONDA / ODYSSEY

VEHICLE IDENTIFICATION NUMBER

5FNRL38855B005911

AGENCY/COMPANY ISSUING FORM (INCLUDE ADDRESS AND TELEPHONE NUMBER)

Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345

123-456-7890

NAME OF INSURED

Empire Parts Inc

COVERAGES: A C D G L N R R1 U S T Z

A LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY INSURANCE  
LAW OF OKLAHOMA. SUBMIT THIS PART WITH YOUR APPLICATION FOR REGISTRATION.

SEE IMPORTANT INFORMATION ON REVERSE SIDE

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Your Custom Message  
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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

© ACORD CORPORATION 1983

HOW TO IDENTIFY YOUR COVERAGE

A	LIABILITY (BODILY INJURY/ PROPERTY DAMAGE)	R	CAR RENTAL
C	MEDICAL PAYMENTS	R1	CAR RENTAL AND TRAVEL EXPENSE
D	COMPREHENSIVE	U	UNINSURED MOTOR VEHICLE
G	COLLISION	S	DEATH, DISMEMBERMENT
L	LOSS TO YOUR RECREATIONAL VEH.	T	DISABILITY
N	EMERGENCY ROAD SERVICE	Z	LOSS OF EARNINGS

**EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES  
NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.**

OKLAHOMA STATE LAW REQUIRES THAT THIS COPY OF THE OWNERS SECURITY VERIFICATION FORM BE CARRIED IN THE MOTOR VEHICLE AT ALL TIMES, AND BE PRODUCED BY ANY DRIVER OF THE VEHICLE UPON REQUEST FOR INSPECTION BY ANY PEACE OFFICER OR REPRESENTATIVE OF THE DEPARTMENT OF PUBLIC SAFETY. IN THE CASE OF A COLLISION, THIS FORM SHALL BE SHOWN UPON REQUEST OF ANY PERSON AFFECTED BY THE COLLISION.

ACORD 50 OK (2002/07)

© ACORD CORPORATION 1994

HOW TO IDENTIFY YOUR COVERAGE

A	LIABILITY (BODILY INJURY/ PROPERTY DAMAGE)	R	CAR RENTAL
C	MEDICAL PAYMENTS	R1	CAR RENTAL AND TRAVEL EXPENSE
D	COMPREHENSIVE	U	UNINSURED MOTOR VEHICLE
G	COLLISION	S	DEATH, DISMEMBERMENT
L	LOSS TO YOUR RECREATIONAL VEH.	T	DISABILITY
N	EMERGENCY ROAD SERVICE	Z	LOSS OF EARNINGS

**EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES  
NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.**

OKLAHOMA STATE LAW REQUIRES THAT A CURRENT COPY OF THE OWNERS SECURITY VERIFICATION FORM MUST BE SURRENDERED TO THE MOTOR LICENSE AGENT OR OTHER REGISTERING AGENCY UPON APPLICATION OR RENEWAL FOR A MOTOR VEHICLE LICENSE PLATE.

ACORD 50 OK (2002/07)

© ACORD CORPORATION 1994

OREGON  
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
└

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PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

NOT VALID MORE THAN ONE (1)  
YEAR FROM EFFECTIVE DATE

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company  
1234 Main Street, AnyCity, US 12345**  
AGENCY/COMPANY TELEPHONE NUMBER  
**123-456-7890**

INSURED  
┌ **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
└

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PR  
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
└

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

© ACORD CORPORATION 1983

**THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND  
KEEP THIS CARD IN THE INSURED VEHICLE**

**WARNING:** Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in Pennsylvania without the required financial responsibility may have his or her registration suspended or revoked.

**NOTE - THIS CARD IS REQUIRED WHEN:**

1. You are involved in an auto accident.
2. You are convicted of a traffic offense other than a parking offense that requires a court appearance.
3. You are stopped for violating any provision of the Vehicle Code (75 Pa.C.S.) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which was previously suspended or revoked.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company and to the police as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 PA (2002/08)

© ACORD CORPORATION 2002

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

© ACORD CORPORATION 1983

## RHODE ISLAND AUTOMOBILE INSURANCE IDENTIFICATION CARD

Policy meets Rhode Island limits.

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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## SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

Coverage meets SC minimum financial responsibility requirements.

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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## SOUTH DAKOTA AUTOMOBILE INSURANCE IDENTIFICATION CARD

Coverage provided by this policy meets the minimum liability limits prescribed by law.

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED

**Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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## TENNESSEE INSURANCE IDENTIFICATION CARD

An insurance policy has been issued that meets requirements of Tennessee Financial Responsibility law of 1977.

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR  
**2005**

MAKE/MODEL  
**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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## TEXAS LIABILITY INSURANCE CARD

COMPANY PHONE NO.  
**800-555-1212**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR  
**2005**

MAKE/MODEL  
**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

AGENCY PHONE NO.  
**123-456-7890**

INSURED  
**Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the Specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

**SPANISH TRANSLATION**

**TRADUCCION DE ESPANOL**

**UTAH**  
(STATE)

## INSURANCE IDENTIFICATION CARD

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR  
**2005**

MAKE/MODEL  
**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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### Tarjeta de Seguro de Responsabilidad de Texas

Guarde esta tarjeta

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- ° registro de vehículo de motor
- ° licencia para conducir
- ° etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

ACORD 50 TX (2003/09)

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### Texas Liability Insurance Card Keep this card.

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- ° motor vehicle registration
- ° driver's license
- ° motor vehicle safety inspection sticker.

You may also be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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**VIRGINIA**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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**VI**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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**VERMONT AUTOMOBILE INSURANCE IDENTIFICATION CARD**

Policy provides the minimum insurance prescribed by law.

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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**WASHINGTON**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
└

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**WISCONSIN**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company  
1234 Main Street  
AnyCity, US 12345**

INSURED  
┌ **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
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**WEST VIRGINIA CERTIFICATE OF INSURANCE**

COMPANY NUMBER  
**12345**

COMPANY  
**Any Insurance Company**

VEHICLE OWNER ENTER PLATE # \_\_\_\_\_

An authorized West Virginia insurer certifies that there is in effect a motor vehicle liability policy upon the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Code.

POLICY NUMBER  
**ABC987654321**

EFFECTIVE DATE  
**1/1/2005**

EXPIRATION DATE  
**1/1/2006**

YEAR MAKE/MODEL  
**2005 HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER  
**5FNRL38855B005911**

INSURED  
┌ **Empire Parts Inc  
210 Washington Ave  
Albany, NY 12210-1312**  
└

OWNER  
**SAME**

AGENCY/COMPANY ISSUING CARD  
**Your Insurance Agency/Company  
1234 Main Street, AnyCity, US 12345**

DATE ISSUED  
**11/23/2004**

THIS CERTIFICATE MUST BE CARRIED IN THE VEHICLE DESCRIBED ABOVE FOR USE AS PROOF OF INSURANCE. A COPY OF THIS CERTIFICATE MAY BE REQUESTED BY THE COMMISSIONER OF MOTOR VEHICLES.

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 WV (3/94)

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**WYOMING**  
(STATE)

**INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**12345**

COMPANY

**Any Insurance Company**

POLICY NUMBER

**ABC987654321**

EFFECTIVE DATE

**1/1/2005**

EXPIRATION DATE

**1/1/2006**

YEAR

**2005**

MAKE/MODEL

**HONDA / ODYSSEY**

VEHICLE IDENTIFICATION NUMBER

**5FNRL38855B005911**

AGENCY/COMPANY ISSUING CARD

**Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity, US 12345**

INSURED

┌ **Empire Parts Inc**  
**210 Washington Ave**  
**Albany, NY 12210-1312**  
└

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.





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## NEW YORK STATE INSURANCE IDENTIFICATION CARD

### 321 Any Insurance Company

Name & Address of Issuer **Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity US**  
**12345**

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

**Insured,John,D**  
**310 Water St**  
**Albany NY 12543**

Policy Number  
**1234567890**

Effective Date      Expiration Date  
**01/01/2005**      **01/01/2006**  
12:01 a.m.      12:01 a.m.  
(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

<b>2005</b>	<b>HONDA</b>
Year	Make
<b>5FNRL38855B005911</b>	
Vehicle Identification Number	

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-20

## NEW YORK STATE INSURANCE IDENTIFICATION CARD

### 321 Any Insurance Company

Name & Address of Issuer **Your Insurance Agency/Company**  
**1234 Main Street**  
**AnyCity US**  
**12345**

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

**Insured,John,D**  
**310 Water St**  
**Albany NY 12543**

Policy Number  
**1234567890**

Effective Date      Expiration Date  
**01/01/2005**      **01/01/2006**  
12:01 a.m.      12:01 a.m.  
(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

<b>2005</b>	<b>HONDA</b>
Year	Make
<b>5FNRL38855B005911</b>	
Vehicle Identification Number	

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FS-20

## FAX: Scanable Bar Code

### FAX INSTRUCTIONS:

1. The entire page must be faxed.
2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained
3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scanable barcode