

DL-123(10-89) DRIVER LICENSE LIABILITY INSURANCE CERTIFICATION

Insured Driver _____ Date of Birth _____

Policyholder(s) _____

Insurance Company _____

Policy Number _____ Effective Date _____

Agency Name _____ Expiration Date _____

Agents Signature _____

Date this DL-123 completed _____

This form is valid for 30 days after completion by insurance agent.