

CALIFORNIA INSURANCE PROOF CERTIFICATE

Department of Motor Vehicles

P.O. Box 932338

Sacramento, CA 94232-3380



The company named below, which is authorized to do business in the State of California, certifies that it has issued to or for the benefit of:

NAME	DRIVER LICENSE NO.	DATE OF BIRTH
ADDRESS	CITY	STATE ZIP
	PETALUMA	CA 94952
POLICY NO.	EFFECTIVE DATE	
	12/24/2008	
ASSIGNED RISK PLAN NO.		

CHECK ONE BOX ONLY:

- SR-1P (P) An automobile liability policy as defined in California Vehicle Code Section 16054.
 (M) Any other liability policy as defined in California Vehicle Code Section 16431 which meets the requirements of Section 16056 for vehicles with less than four wheels.
- SR-22 (S) A motor vehicle liability policy as defined in California Vehicle Code Section 16450. (BROAD COVERAGE)
 (U) Owner's policy covering all motor vehicles registered to the insured. (Section 16451).
 (T) Operator's policy covering the use by the insured of any motor vehicle not registered to the insured. (Section 16452)

Cancellation or termination of this policy shall be in accordance with Vehicle Code Section 16433.

NAME OF INSURANCE COMPANY	CALIFORNIA TAX ID # NO.
CALIFORNIA STATE AUTOMOBILE ASSOCIATION INTER-INSURANCE BUREAU	0 1
ADDRESS OF INSURANCE COMPANY	
CITY	STATE ZIP
	CALIFORNIA 94142-9186
AUTHORIZED REPRESENTATIVE	PHONE NUMBER DATE
	12/24/2008