VEHICLE COPY

SECRETARY OF STATE'S COPY

	MICHIGAN CER	TIFICATE C			
COMPANY	can Insurance Con	nnany of Illir	X COMMERCI	AL PERSO	NAL
POLICY NUMBER BAP4509129	an msurance con	iipaiiy oi iiiii	EFFECTIVE DATE 01/19/2023	EXPIRATION I 01/19/202	
YEAR MAKE Fleet	E/MODEL	VEHICLE	IDENTIFICATION N	IUMBER	
AGENCY/COMPANY Insurance Off	ISSUING CARD ice of America				
47059	Telecommunication Five Mile Rd. uth, MI 48170	s Corporation	ı		
	Michigan insurer P.A. 1972, as amen				lying
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COMPANY		Х сом	IMERCIAL PERSONAI	
	American Insurance (. ,		
POLICY NUMBER BAP4509129		01/19/20	272	
YEAR Fleet	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER		
	OMPANY ISSUING CARD ACE Office of America			
INSURED F	Verita Telecommunica 47059 Five Mile Rd. Plymouth, MI 48170	tions Corporation		
L	-			
An auth	norized Michigan insu	rer, certifies that it has is	ssued a policy complying motor vehicle.	

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 MISDEMEAN-OR 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 voidno one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully personally liable.

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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.

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