



NORTH CAROLINA CERTIFICATE OF LIABILITY INSURANCE

FS-1

<input type="text"/>	<input type="text"/>	<input type="text"/>
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YEAR MAKE VEHICLE IDENTIFICATION NUMBER

<input type="text"/>	<input type="text"/>
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INSURANCE COMPANY NAME

COMPANY CODE

<input type="text"/>

POLICY NUMBER

<input type="text"/>

REGISTERED OWNER NAME

MM DD YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>
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EFFECTIVE DATE

<input type="text"/>

DRIVERS LICENSE

MM DD YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE OF BIRTH

MM DD YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>
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PREPARATION DATE

<input type="text"/>

STREET ADDRESS

<input type="text"/>

TOWN OR CITY

<input type="text"/>

STATE

<input type="text"/>

ZIP CODE

AUTHORIZED SIGNATURE