

**STATE OF ALASKA - DIVISION OF MOTOR VEHICLES  
CERTIFICATE OF INSURANCE**

<b>CRASH INFORMATION</b>	<b>Crash Date:</b> _____ <b>Location:</b> _____
<b>DRIVER</b>	Name: _____ Date of Birth: _____ License: _____ State: _____ Mailing Address: _____ Street or Box: _____ City: _____ State: _____ Zip: _____
<b>OWNER OF VEHICLE</b>	Name: _____ Date of Birth: _____ License: _____ State: _____ Mailing Address: _____ Street or Box: _____ City: _____ State: _____ Zip: _____
<b>VEHICLE</b>	Year: _____ Make: _____ Model: _____ License Plate: _____ VIN: _____
<b>INSURANCE</b>	Was an automobile liability policy in effect covering this crash? <input type="radio"/> YES <input type="radio"/> NO
	Name of Insurance Company: _____ Policy Number: _____
	Name and Address of Policyholder: _____ Policy Period: _____ From _____ To _____
<b>SIGNATURE</b>	Your Signature: <span style="border: 1px solid red; display: inline-block; width: 400px; height: 20px;"></span> Date: _____
<b>Do not write below this line. The Division of Motor Vehicles will contact your Insurance Company.</b>	

**Insurance Verification:** If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed on the reverse of this form. If indicated coverage was in effect at the time of the accident, no action is required.

**REASON FOR DENIAL:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Policy Expired Before Crash  | <input type="checkbox"/> Policy Number Given is Incorrect | <input type="checkbox"/> Lapse in Policy |
| <input type="checkbox"/> Policy Effective After Crash | <input type="checkbox"/> Driver Not Covered on Policy     | <input type="checkbox"/> Other _____     |

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

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**CUT ON LINE ABOVE. RETURN TOP PORTION ONLY.**

**MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE**

If the actual or estimated damages of any one person's property involved in the crash exceeds \$501.00, or if there is any personal injury or death, you are subject to the Alaska mandatory insurance and financial responsibility laws. The mandatory insurance laws require you to file proof of insurance with the State of Alaska. Failure to do so will result in the suspension of your driver's license.

The financial responsibility laws require a person to show financial responsibility by one of the following methods: (1) an automobile liability insurance policy in effect at the time of the crash; (2) a release of liability; (3) a settlement agreement and proof of future financial responsibility (SR22 insurance); (4) a deposit of security and proof of future financial responsibility (SR22 insurance); (5) a finding of no liability by the court in a civil action (a finding of not guilty of a traffic citation does not apply). Failure to show financial responsibility by one of the listed methods will also result in the suspension of your driver's license for a period of 3 years if there is a possibility you are liable.

After any suspension you must show future financial responsibility (SR22 insurance), and pay a reinstatement fee of \$100.00 to \$500.00, in addition to the fee for the license being requested, to have your driving privileges restored. A notice of suspension returned by the post office because of an incorrect address on your driver license or DMV records will not invalidate the suspension if the notice was mailed to the last address you provided to DMV.

**IMPORTANT: THE FORM ON THE REVERSE MUST BE FILLED IN AND SENT TO THE DIVISION OF MOTOR VEHICLES WITHIN 15 DAYS FROM THE DATE OF THE CRASH. A participant's accident report is also required if the crash was not investigated by a peace officer, and the total amount of damage exceeds \$2,000.00, or there was personal injury.**

**Mail Completed Form to:**  
**DMV MAIN OFFICE**  
**P.O. BOX 110221**  
**JUNEAU, AK 99811-0221**

**DMV**  
**www.state.ak.us/**  
**E-mail:**  
**JDL@admin.state.ak.us**