NORT	H CAROLI	NA CERTIFICATE O	OF LIABILITY INSURANCE
YEAR	MAKE	VEHICLE IDENTIFICAT	TION NUMBER
*****	TRANSPICON		
INSU	RANCE COM	IPANY NAME	COMPANY CODE
F	OLICY NUM	BER	
DE/	SISTERED OV	WAIED NAME	EFFECTIVE DATE
KE	SISTERED OV	VINER NAME	EFFECTIVE DATE
DRIVERS I	LICENSE	DATE OF BIRTH	PREPARATION DATE
	STREET AL	DDRESS	
TOWN O	R CITY	STATE ZI	P CODE
			AUTHORIZED SIGNATURE