

WEST VIRGINIA CERTIFICATE OF INSURANCE☐

COMMERCIAL

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PERSONAL

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VEHICLE OWNER ENTER PLATE #

NAME OF INSURANCE COMPANY

ALLSTATE PROP & CAS INS CO

NAIC #

17230

An authorized West Virginia insurer certifies that there is in effect a motor vehicle liability policy upon the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Code.

POLICY NUMBER

818279639

EFFECTIVE DATE

05/06/2025

EXPIRATION DATE

11/06/2025

YEAR

2025

MAKE / MODEL

Gmc

Siera35004wd

VEHICLE IDENTIFICATION NUMBER

1GT4UWEY1SF356142

INSURED

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Michael Idleman

1150 Paw Paw Creek Rd

Fairview

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WV 26570

OWNER**AGENCY / COMPANY ISSUING CARD**

Abel & Associates Inc

DATE ISSUED

THIS CERTIFICATE MUST BE CARRIED IN THE VEHICLE DESCRIBED ABOVE FOR USE AS PROOF OF INSURANCE. A COPY OF THIS CERTIFICATE MAY BE REQUESTED BY THE COMMISSIONER OF MOTOR VEHICLES.

SIGNATURE OF OWNER: _____ DATE: _____

SEE IMPORTANT NOTICE ON REVERSE SIDE

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IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

PHONE NUMBER TO REPORT CLAIMS: _____

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