

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

LAW ENFORCEMENT INCIDENT NUMBER: _____

CRASH INFORMATION	Date of Crash: _____		City Where Crash Occurred: _____		
DRIVER	Name: _____	Date of Birth: _____	Driver License #: _____	State: _____	
	Mailing Address: _____		City	State	Zip
OWNER OF VEHICLE	Name: _____	Date of Birth: _____	Driver License #: _____	State: _____	
	Mailing Address: _____		City	State	Zip
VEHICLE	Year: _____	Make: _____	Model: _____	License Plate #: _____	VIN: _____

Did you have an automobile liability policy in effect covering this crash? YES NO Policy Number: _____

Name, Address and Phone
Number of Insurance Agent: _____

Name of Insurance Company: _____

Policy Period:
To _____
To _____

Your Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE. THE DIVISION OF MOTOR VEHICLES WILL CONTACT YOUR INSURANCE COMPANY.

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 mail or fax this form to the Division of Motor Vehicles at the address or fax number shown below. If indicated coverage was in effect at the time of the crash, no action is required.

REASON FOR DENIAL: Policy Expired Before Crash Policy Number Given is Incorrect Lapse in Policy
 Policy Effective After Crash Driver Not Covered on Policy Other _____

Signature of _____

Authorized Representative _____

Date _____

MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE

If the actual or estimated damages of any one person's property involved in the crash exceeds \$501, 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 (SR-22 insurance); (4) a deposit of security and proof of future financial responsibility (SR-22 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 (SR-22 insurance), and pay a reinstatement fee of \$100 to \$500, 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's license or DMV records will not invalidate the suspension if the notice was mailed to the last address you provided to DMV.

IMPORTANT: THIS FORM MUST BE COMPLETED IN FULL AND MAILED OR FAXED TO THE DIVISION OF MOTOR VEHICLES WITHIN 15 DAYS FROM THE DATE OF THE CRASH. A participant's crash report is required if the crash was not investigated by a peace officer and the total amount of damage exceeds \$2,000, or there was personal injury.

Mail or Fax Completed Form To:

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
ATTN: DRIVER LICENSING
PO BOX 110221
JUNEAU AK 99811-0221

Fax: (907) 465-5509

Phone: (907) 465-4361