



## VIRGINIA

### UNIFORM FINANCIAL RESPONSIBILITY CERTIFICATE NOTICE OF CANCELLATION OR TERMINATION

**Purpose:** Use this form to notify Virginia Department of Motor Vehicles (DMV) of the cancellation or termination of a motor vehicle liability insurance policy purchased with coverage double the minimum limits to comply with Virginia Code §46.2-316 C.

**Instructions:** Send completed form to Insurance Verification Office at the above address.

#### INSURED PERSON INFORMATION

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INSURED NAME (last)	(first)	(middle)	(suffix)
STREET ADDRESS		CITY	STATE ZIP CODE
DRIVER LICENSE NUMBER	ISSUING STATE	BIRTH DATE (mm/dd/yyyy)	

#### INSURANCE COMPANY INFORMATION

INSURANCE COMPANY NAME		POLICY EFFECTIVE FROM	POLICY EFFECTIVE TO
NAIC CODE	POLICY NUMBER	CANCELLATION/TERMINATION DATE	
The company signatory gives notice that its certificate, filed on behalf of the named insured, is cancelled or terminated on the above cancellation/termination date.			
AUTHORIZED REPRESENTATIVE SIGNATURE			DATE