

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

LAW ENFORCEMENT INCIDENT NUMBER: \_\_\_\_\_

<b>CRASH INFORMATION</b>	Date of Crash: _____		City Where Crash Occurred: _____		
<b>DRIVER</b>	Name: _____		Date of Birth: _____	Driver License #: _____	State: _____
	Mailing Address: _____				
	Street or Box		City	State	Zip
<b>OWNER OF VEHICLE</b>	Name: _____		Date of Birth: _____	Driver License #: _____	State: _____
	Mailing Address: _____				
	Street or Box		City	State	Zip
<b>VEHICLE</b>	Year: _____	Make: _____	Model: _____	License Plate #: _____	VIN: _____
Did you have an automobile liability policy in effect covering this crash? YES <input type="checkbox"/> NO <input type="checkbox"/> Policy Number: _____					
Name & Address of Insurance Agent: _____				Phone Number of Insurance Agent: _____	
Name of Insurance Company: _____				Policy Period: _____ 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 please check the appropriate box below and mail or fax this form to the Division of Motor Vehicles at the address or fax number listed on the reverse of this form. If indicated coverage was in effect at the time of the crash, no action is required.

**REASON NOT VERIFIED:**  Insurance information is incorrect  No insurance in effect at time of crash

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** Fax: (907) 269-3774  
**DIVISION OF MOTOR VEHICLES**  
**ATTN: DRIVER SERVICES** Phone: (907) 269-5551  
**3901 Old Seward Hwy, Ste 101**  
**Anchorage, AK 99503**