

CALIFORNIA INSURANCE PROOF CERTIFICATE
 Department of Motor Vehicle - Financial Responsibility Area
 P.O. Box 932338 M/S J237
 Sacramento, CA 94232-3380

The company named below, which is authorized to do business in the State of California, certifies that it has issued an insurance policy in accordance with the laws and regulations of the State of California to or for the benefit of:

(Please Print or Type)

NAME	DRIVER LICENSE NO.	DATE OF BIRTH
ADDRESS	CITY	STATE
POLICY NO.	Windsor	CA
ASSIGNED RISK PLAN NO.	EFFECTIVE DATE	ZIP CODE
	05/08/2017	95492
	LOW COST PROGRAM NO.	

CHECK ONLY ONE BOX:

- SR-1P** (P) An automobile liability policy as defined in California Vehicle Code (CVC) Section 16054.
 (M) Any other liability policy as defined in CVC Section 16431 which meets the requirements of CVC Section 16056 for vehicles with less than four wheels.
 (S) A motor vehicle liability policy as defined in CVC Section 16450. (BROAD COVERAGE)
 (U) Owners coverage covering all motor vehicles registered to the insured. (CVC Section 16451)
SR-22 (Z) Low Cost Auto Policy issued for owners coverage, California Insurance Code Article 5.5 Section 11629.8 and Section 11629.91.
 (T) Operators policy covering the use by the insured of any motor vehicle not registered to the Insured. (CVC Section 16452)

Cancellation or termination of this policy shall be in accordance with CVC Section 16433.

NAME OF INSURANCE COMPANY	DEPT. OF INSURANCE ID NO.
VIKING INSURANCE COMPANY OF WISCONSIN	2 9 2 5
ADDRESS OF INSURANCE COMPANY	
P.O. BOX 5365	
CITY	STATE
MADISON	WI
AUTHORIZED REPRESENTATIVE	ZIP CODE
	53705-0365
	DATE
	5/8/2017