

EXHIBIT "A"
DEPARTMENT RULE NO. 34
(FRONT SIDE)

(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY

POLICY NUMBER EFFECTIVE DATE

EXPIRATION DATE

YEAR MAKE/MODEL

VEHICLE
IDENTIFICATION
NUMBER

AGENCY/COMPANY
ISSUING CARD

INSURED

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SEE IMPORTANT NOTICE ON REVERSE SIDE

(REVERSE SIDE)

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to you Agency/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 of each vehicle involved.

EXHIBIT "B"
DEPARTMENTAL RULE NO. 34
CERTIFICATE OF LIABILITY INSURANCE

DEALER AND VEHICLE MANUFACTURER

TO BE COMPLETED BY INSURANCE COMPANY LICENSED TO DO
BUSINESS IN THE STATE OF IDAHO

EFFECTIVE DATE	EXPIRATION DATE	INSURANCE COMPANY NAME (NOT AGENT)
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INSURANCE COMPANY ADDRESS	CITY	STATE	ZIP CODE
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THIS POLICY IS ISSUED TO (NAME OF DEALER, PARTNERS, CORPORATION OR LLC NAME.)

BUSINESS NAME OF DEALER/MANUFACTURER: _____

BUSINESS ADDRESS _____

DEALER NUMBER _____

CERTIFY THAT THE FOLLOWING IS TRUE AND CORRECT
The above described policy has been issued and provides limits of coverage required under Section 49-1608A, Idaho Code; covers all vehicles manufactured, owned, operated, used or maintained by, or under the control of the named insured; covers all persons who, with the consent of the named insured, use or operate vehicles manufactured, owned or maintained by, or under the control of, the named insured.

PRINTED NAME OF INSURER'S AUTHORIZED REPRESENTATIVE	TELEPHONE NO.	DATE
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SIGNATURE OF INSURER'S AUTHORIZED REPRESENTATIVE	INSURER'S STAMP OR SEAL
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EXHIBIT "C"
DEPARTMENTAL RULE NO. 34
CERTIFICATE OF LIABILITY INSURANCE

(Name and Address of Owner(s) of Registered Motor Vehicles):

(Name) (Address)

(Name) (Address)

(Name) (Address)

The above-named owner(s) of the following described motor vehicle(s) with identification number(s):

in lieu of obtaining a policy of liability insurance has posted bond pursuant to Section 49-1229(2), Idaho Code, in a form approved by the Director of the Department of Insurance:

(Surety)

Bond No.

Bond Amount

Effective Date:

Expiration Date:

DATED this _____ day of _____, 20.

(SEAL)

Director,

Department of Insurance