



OWNER'S STATEMENT OF SEASONAL INSURANCE

WV-4B REV 04/13

DRIVING WITHOUT AUTO INSURANCE IN WEST VIRGINIA IS AGAINST THE LAW.

VEHICLE IDENTIFICATION NUMBER/VIN

<input type="text"/>															
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

NAME(S) EXACTLY AS SHOWN ON TITLE

<input type="text"/>

CURRENT STREET

CITY

STATE

ZIP

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

NAME OF INSURANCE COMPANY

NAME OF INSURANCE AGENT

<input type="text"/>	<input type="text"/>
----------------------	----------------------

POLICY EFFECTIVE DATES

INSURANCE POLICY NUMBER

<input type="text"/> / <input type="text"/> / <input type="text"/> TO <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
--	----------------------

LICENSE PLATE NUMBER

<input type="text"/>							
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

DRIVER'S LICENSE NUMBER

<input type="text"/>						
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

VEHICLE MAKE

MODEL YEAR

<input type="text"/>							
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

INSURANCE COMPANY NAIC

<input type="text"/>				
----------------------	----------------------	----------------------	----------------------	----------------------

DATE OF THIS SIGNED STATEMENT

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

I hereby state, under penalty of false swearing, that there will be a Motor Vehicle Liability Policy during the effective dates listed, in accordance with the provisions of WV code. During the above listed dates, I understand that this vehicle will be removed from the "seasonal" status and insurance coverage will be verified through the insurance verification program audits.

OWNER SIGNATURE (X)
