

SEASONAL STATEMENT OF INSURANCE

DATE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER
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OWNER'S NAME \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_

I HEREBY STATE, UNDER PENALTY OF FALSE SWEARING AND PENALTIES OUTLINED IN CHAPTERS 17A AND 17D, THAT THERE WILL BE A MOTOR VEHICLE LIABILITY POLICY IN EFFECT UPON THE DESCRIBED SEASONAL VEHICLE IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE DURING THE DATES BELOW.

SIGNATURE OF OWNER \_\_\_\_\_

DATE POLICY WILL BE IN EFFECT \_\_\_\_\_ TO \_\_\_\_\_

NAME OF INSURANCE COMPANY \_\_\_\_\_

NAME OF INSURANCE AGENT \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_