

Agency Code 01-0954-00

Policy Number 50-367739-02

**Home-Owners Insurance Company**  
**CERTIFICATE OF INSURANCE**  
**STATE OF MICHIGAN**

Lansing, MI

An authorized Michigan insurer, certifies that it has issued a policy complying with the laws of this state for the described motor vehicle. The policy also conforms to meet the minimum liability limits required by any state or Canadian province in which the vehicle is operated.

Named Insured **MICHAEL A BISHOP**  
**CELESTE A BISHOP & MARISA N BISHOP**

Year/Make **2017 CHEV MALIBU LT**

VIN **1G1ZE5ST6HF168465**

Policy Number **50-367739-02**

Effective Date **11-27-2018** Expiration Date **05-27-2019**

Agency **SMITH AND DE ROSE INSURANCE AGENCY INC**

Agency Code **01-0954-00** Phone **(517) 655-2812**

**WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES.**  
If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

**READ CAREFULLY- PENALTY FOR OPERATION WITHOUT INSURANCE**

Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor. An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

A person who supplies false information to the Secretary of State or who issues or uses an invalid certificate of insurance is guilty of a misdemeanor punishable by imprisonment for not more than 1 year, or a fine of not more than \$1,000.00, or both.

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

Company Number: 26638

**INSURED'S COPY**

89411 (2-12)

**IN CASE OF ACCIDENT**

1. Obtain name and address of other driver, insurance information, license number of other car, details of accident and names and addresses of witnesses.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent, as soon as possible, to report the accident. The phone number of your agent is on the front side of this form.
4. If you are unable to reach your agent after normal business hours, we provide monitored phone service from 5:00 PM - 8:00 AM Eastern Time - Monday through Friday, and 24 hours on weekends and holidays. This service is available by calling 1-888-252-4626 from anywhere within the United States for the reporting of claims emergencies only.

**CANADA NON-RESIDENT INTER-PROVINCE**  
**MOTOR VEHICLE LIABILITY INSURANCE CARD**  
CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

**WARNING-** Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (2-12)

**Home-Owners Insurance Company**  
**CERTIFICATE OF INSURANCE**  
**STATE OF MICHIGAN**

Lansing, MI

An authorized Michigan insurer, certifies that it has issued a policy complying with the laws of this state for the described motor vehicle.

Named Insured **MICHAEL A BISHOP**  
**CELESTE A BISHOP & MARISA N BISHOP**

Year/Make **2017 CHEV MALIBU LT**

VIN **1G1ZE5ST6HF168465**

Policy Number **50-367739-02** Agency Code **01-0954-00**

Effective Date **11-27-2018** Expiration Date **05-27-2019**

**WARNING: MUST BE FILED WITH THE SECRETARY OF STATE'S OFFICE**  
**WHEN APPLYING FOR VEHICLE REGISTRATION.**

Company Number: 26638

**SECRETARY OF STATE'S COPY**

89411 (2-12)

**IN CASE OF ACCIDENT**

1. Obtain name and address of other driver, insurance information, license number of other car, details of accident and names and addresses of witnesses.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent, as soon as possible, to report the accident. The phone number of your agent is on the front side of this form.
4. If you are unable to reach your agent after normal business hours, we provide monitored phone service from 5:00 PM - 8:00 AM Eastern Time - Monday through Friday, and 24 hours on weekends and holidays. This service is available by calling 1-888-252-4626 from anywhere within the United States for the reporting of claims emergencies only.

**CANADA NON-RESIDENT INTER-PROVINCE**  
**MOTOR VEHICLE LIABILITY INSURANCE CARD**  
CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

**WARNING-** Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (2-12)

Agency Code 01-0954-00

Policy Number 50-367739-02

**Home-Owners Insurance Company**  
**CERTIFICATE OF INSURANCE**  
**STATE OF MICHIGAN**

Lansing, MI

An authorized Michigan insurer, certifies that it has issued a policy complying with the laws of this state for the described motor vehicle. The policy also conforms to meet the minimum liability limits required by any state or Canadian province in which the vehicle is operated.

Named Insured **MICHAEL A BISHOP**  
**CELESTE A BISHOP & MARISA N BISHOP**

Year/Make **2019 CHEV SLVRD LD EXT K1500 B**  
VIN **2GCVKNEC1K1157494**  
Policy Number **50-367739-02**  
Effective Date **02-22-2019** Expiration Date **05-27-2019**  
Agency **SMITH AND DE ROSE INSURANCE AGENCY INC**  
Agency Code **01-0954-00** Phone **(517) 655-2812**

**WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES.**  
If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

**READ CAREFULLY- PENALTY FOR OPERATION WITHOUT INSURANCE**

Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor. An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, or imprisoned for not more than 1 year, or both.

A person who supplies false information to the Secretary of State or who issues or uses an invalid certificate of insurance is guilty of a misdemeanor punishable by imprisonment for not more than 1 year, or a fine of not more than \$1,000.00, or both.

THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY AND MAY NOT BE USED TO MODIFY THE TERMS OR CONDITIONS OF THE POLICY. EXAMINE YOUR POLICY CAREFULLY.

Company Number: 26638

**INSURED'S COPY**

89411 (2-12)

**IN CASE OF ACCIDENT**

1. Obtain name and address of other driver, insurance information, license number of other car, details of accident and names and addresses of witnesses.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent, as soon as possible, to report the accident. The phone number of your agent is on the front side of this form.
4. If you are unable to reach your agent after normal business hours, we provide monitored phone service from 5:00 PM - 8:00 AM Eastern Time - Monday through Friday, and 24 hours on weekends and holidays. This service is available by calling 1-888-252-4626 from anywhere within the United States for the reporting of claims emergencies only.

**CANADA NON-RESIDENT INTER-PROVINCE**  
**MOTOR VEHICLE LIABILITY INSURANCE CARD**  
CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

**WARNING-** Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (2-12)

**Home-Owners Insurance Company**  
**CERTIFICATE OF INSURANCE**  
**STATE OF MICHIGAN**

Lansing, MI

An authorized Michigan insurer, certifies that it has issued a policy complying with the laws of this state for the described motor vehicle.

Named Insured **MICHAEL A BISHOP**  
**CELESTE A BISHOP & MARISA N BISHOP**

Year/Make **2019 CHEV SLVRD LD EXT K1500 B**  
VIN **2GCVKNEC1K1157494**  
Policy Number **50-367739-02** Agency Code **01-0954-00**  
Effective Date **02-22-2019** Expiration Date **05-27-2019**

**WARNING: MUST BE FILED WITH THE SECRETARY OF STATE'S OFFICE**  
**WHEN APPLYING FOR VEHICLE REGISTRATION.**

Company Number: 26638

**SECRETARY OF STATE'S COPY**

89411 (2-12)

**IN CASE OF ACCIDENT**

1. Obtain name and address of other driver, insurance information, license number of other car, details of accident and names and addresses of witnesses.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent, as soon as possible, to report the accident. The phone number of your agent is on the front side of this form.
4. If you are unable to reach your agent after normal business hours, we provide monitored phone service from 5:00 PM - 8:00 AM Eastern Time - Monday through Friday, and 24 hours on weekends and holidays. This service is available by calling 1-888-252-4626 from anywhere within the United States for the reporting of claims emergencies only.

**CANADA NON-RESIDENT INTER-PROVINCE**  
**MOTOR VEHICLE LIABILITY INSURANCE CARD**  
CERTIFICAT D'ASSURANCE - AUTOMOBILE RESPONSABILITÉ

This certifies that the party named herein is insured against liability for bodily injury and property damage by reason of the operation of the motor vehicle described herein, in an amount not less than the statutory minimum requirements of every province of Canada.

**WARNING-** Any person who issues or produces a card to show that there is in force a policy of insurance as indicated herein that is in fact not in force is liable to a heavy fine and/or imprisonment and his license may be suspended.

This card should be carried in the insured vehicle for production as proof of insurance when demanded by police.

89271 (2-12)