

**Auto-Owners Insurance Company** **Lansing, MI**  
**CERTIFICATE OF NO-FAULT INSURANCE**  
**STATE OF MICHIGAN**

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**

Year/Make **2019 CHEV SILVERADO LD**

VIN **2GCVKNEC1K1157494**

Policy Number **50-367739-02**

Effective Date **11-27-2024** Expiration Date **05-27-2025**

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: 18988

89411 (2-23)

**IN CASE OF ACCIDENT**

1. Obtain name and address of other driver(s), insurance information, license number, details of accident, names and addresses of witnesses and take photos of the accident scene and involved vehicles.
2. Do not discuss details of the accident with anyone but the investigating officer. Make no admissions or offer payments.
3. Contact your agent promptly to report the accident. The phone number of your agent is on the front side of this form. If you are unable to reach your agent after normal business hours, please call 1-888-252-4626 to report your claim.
4. Please consider visiting our website ([www.Auto-Owners.com](http://www.Auto-Owners.com)) or download our app (Auto-Owners Mobile) for more details on what to expect after reporting a claim.

**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.

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89271 (9-18)

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Named Insured **MICHAEL A BISHOP**  
**CELESTE A BISHOP**

Year/Make **2024 LEXS RX**

VIN **2B2BBMCA0RC061684**

Policy Number **50-367739-02**

Effective Date **11-27-2024** Expiration Date **05-27-2025**

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