State of Oklahoma
Department of Public Safety
WRECKER SERVICES DIVISION

To be completed by insurance agent/carrier ONLY.
Print clearly or type.

Certificate of Insurance (WA)

Phone: (405) 425-2295
Fax: (405) 425-2031

I, _____, hereby certify that _____
(Authorized Insurance Representative) (Name of Surety or Insurance Company)

_____
(Address of Surety or Insurance Company)

has issued to _____DPS-_____-W

_____
(Physical address of wrecker or towing service, not mailing address)
Include the addresses for all storage facilities

providing the insurance coverage required in the rules of the Department of Public Safety for wrecker or towing services. I further certify that the aforementioned policy will not be cancelled until ten (10) days after the Department of Public Safety has received written notice of the intent to cancel such policy.

Type of Insurance	Policy Number and Amount of Coverage	Expiration Date
Bodily Injury Liability & Property Damage Liability		
Garagekeeper's Legal Liability (Not greater than $500.00 deductible)		
On-Hook or In-Tow (Not greater than $500.00 deductible)		
Bailee (Not greater than $500.00 deductible)		

All four types of insurance are required for all wrecker classes. Exception: General class wrecker services without storage are not required to have Garagekeeper's Legal Liability. Please complete only the sections your company provides.

All wrecker vehicles must be listed. This certificate will replace any previous filing. Use separate sheet if necessary.

Year Make VIN

_____ Company Phone Number:_____
(Signature of Authorized Insurance Agent/Carrier)

Subscribed and sworn before me this _____ day of _____, 20_____

_____ My commission expires:_____
(Notary Public)

FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY

Approved by _____on _____, 20_____