

CERTIFICATION OF HIGHER COVERAGE LIMITS

The undersigned hereby certifies that he/she must maintain motor vehicle insurance in the amounts of _____ per person/_____ per accident Bodily Injury Liability, _____ Property Damage Liability, _____ Medical Payments in order to obtain or continue coverage under a personal excess liability or personal "umbrella" insurance policy.

Certified by:

Named Insured (print)

Named Insured (signature)

Policy Number

Date