

**VEHICLE COPY**

**STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE**

COMPANY  COMMERCIAL  PERSONAL

**Selective Way Insurance Company**

POLICY NUMBER **S2455123** EFFECTIVE DATE **05/01/2021** EXPIRATION DATE **05/01/2022**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER  
**1990 Trai Trailer 1T9DP2324L1118096**

AGENCY/COMPANY ISSUING CARD  
**Hub International Midwest East**

INSURED  
 Cascade Cement Contracting, Inc.  
**6766 68th Street SE  
 Caledonia, MI 49316**

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

**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.**

**SECRETARY OF STATE'S COPY**

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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.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

\_\_\_\_\_

\_\_\_\_\_

**WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully personally liable.**

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THIS FORM MUST BE PRESENTED AS EVIDENCE OF INSURANCE WITH YOUR APPLICATION FOR LICENSE PLATES, EITHER BY MAIL OR AT ANY SECRETARY OF STATE LICENSE PLATE BRANCH OFFICE. A PERSON WHO ISSUES OR WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE 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.

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