



ROBERT BENTLEY  
GOVERNOR

JIM L. RIDLING  
COMMISSIONER

STATE OF ALABAMA  
DEPARTMENT OF INSURANCE  
201 MONROE STREET, SUITE 502  
POST OFFICE BOX 303351  
MONTGOMERY, ALABAMA 36130-3351  
TELEPHONE: (334) 269-3550  
FACSIMILE: (334) 241-4192  
INTERNET: [www.aldoi.gov](http://www.aldoi.gov)

DEPUTY COMMISSIONER  
CHARLES M. ANGELL  
CHIEF OF STAFF  
RAGAN INGRAM  
CHIEF EXAMINER  
RICHARD L. FORD  
STATE FIRE MARSHAL  
EDWARD S. PAULK  
GENERAL COUNSEL  
REYN NORMAN

**BULLETIN NO. 2012-09**

**TO:** All insurers writing automobile liability insurance

**FROM:** Jim L. Ridling  
Commissioner of Insurance 

**DATE:** October 1, 2012

**EFFECTIVE:** Immediate

**RE:** Alabama Department of Revenue insurance certification form MVD-1 (used for licensed motor vehicle dealers and others)

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This Bulletin addresses questions raised by insurance producers about whether it is permissible to execute form MVD-1 developed by the Alabama Department of Revenue. The MVD-1 is an "insurance certification form" relied upon by the Department of Revenue for evidence of the insurance coverage required of licensed motor vehicle dealers, motor vehicle reconditioners, motor rebuilders, and motor vehicle wholesalers under Ala. Code § 40-12-392(e). That subsection requires such licensees to "maintain blanket motor vehicle liability insurance coverage on vehicles operated on the public streets and highways of this state, including vehicles in dealership inventory," and to provide evidence of the coverage to the Commissioner of Revenue.

The most recent version of the MVD-1 (09.2012 revision) is attached. It may also be viewed at <https://dealerlicense.mvtrip.alabama.gov/help.pdf> [page 18]. This version reflects the results of cooperation between the Department of Insurance and the Department of Revenue to resolve questions raised by producers and insurers.

The position of the Department of Insurance is that this version of the MVD-1 may permissibly be used by insurers or producers acting for insurers on behalf of customers required to furnish evidence of coverage to the Department of Revenue for purposes of Ala. Code § 40-12-392(e).

JLR/JFM/bc



ALABAMA DEPARTMENT OF REVENUE  
MOTOR VEHICLE DIVISION

Form MVD-1  
9/12

P.O. Box 327643 • Montgomery, AL 36132-7643 • dealerlicense@revenue.alabama.gov

**Insurance Certification Form**

**Evidence of Liability Insurance for Licensed Motor Vehicle Dealers,  
Motor Vehicle Reconditioners, Motor Vehicle Rebuilders,  
and Motor Vehicle Wholesalers**

Section 40-12-392(e), *Code of Alabama 1975*, requires licensed motor vehicle dealers, motor vehicle reconditioners, motor vehicle rebuilders and motor vehicle wholesalers to maintain motor vehicle liability insurance coverage covering all vehicles held in inventory by the licensee, and to file evidence of such insurance with the application for license. Note: In any case where an applicant knowingly furnishes an insurance certificate purporting insurance coverage which is false or nonexistent, or which he knows has lapsed prior to the application date, a penalty of \$1000.00 shall be assessed in accordance with Section 40-12-29, *Code of Alabama 1975*, and any license issued to said applicant shall be revoked in accordance with Section 40-12-396(b)(1), *Code of Alabama 1975*, and applicant shall not be considered for another license.

Licensee Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

The insurance company, or its licensed agent, as disclosed below, hereby certifies that licensee/applicant has motor vehicle liability insurance in force on \_\_\_\_\_ in amounts of not less than twenty-five thousand dollars (\$25,000) because of bodily injury to or death of one person in anyone accident and subject to the limit for one person, to a limit of not less than fifty thousand dollars (\$50,000) because of bodily injury to or death of two or more persons in anyone accident, and, if the accident has resulted in injury to or destruction of property, to a limit of not less than twenty-five thousand dollars (\$25,000) because of injury to or destruction of property of others in anyone accident covering all vehicles, including those held in inventory by the licensee, and that the insurance company or the insurance company's licensed agent shall notify the Department, as certificate holder, of the notice of cancellation of coverage during the license year.

**Insurer (Insurance Company)**

Name: \_\_\_\_\_

Insurer's NAIC Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Alabama Insurance Producer License Number (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Contact E-Mail Address: \_\_\_\_\_

PRINTED NAME OF PERSON CERTIFYING INSURANCE

POSITION

SIGNATURE OF PERSON CERTIFYING INSURANCE

DATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED ON THIS CERTIFICATE. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER (IF APPLICABLE), AND THE CERTIFICATE HOLDER.