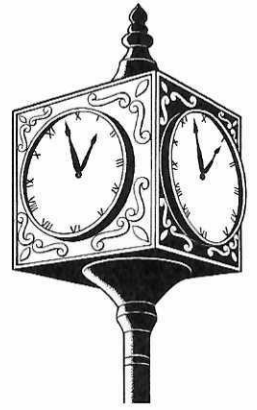


# Village of Great Neck Plaza, Inc.

GUSSACK PLAZA • P.O. BOX 440 • GREAT NECK, NY 11022 • (516) 482-4500 • FAX (516) 482-3503



Dear Sir or Madam,

Please be advised if you are found guilty of violating VTL 319(1) (operating without insurance), as you have been charged, the Department of Motor Vehicles will revoke your driver's license for at least one year. If you would like to provide proof of insurance for the date this summons was issued, you may provide a letter for my consideration from your insurance company including **ALL** the information listed below. Note that **INSURANCE CARDS ARE NOT ACCEPTED**. Letters missing one or more requirements listed below will result in a trial.

1. An original letter from the "**Underwriting Department**" of your insurance company (not a broker or an agent). The letter must be signed with an employee's signature from the "**Underwriting Department**".
2. The letter must be on the insurance company's letterhead.
3. All letters must be typed.
4. The letter must state the **effective dates of the coverage period**.
5. The letter must state that **no lapse occurred during the effective dates of the coverage period**. (If lapse did occur, state the dates of lapse of coverage.)
6. The letter must state that the coverage was **in full force on** \_\_\_\_\_ (the date the summons was issued).
7. The letter must give a description of the vehicle.
  - A. Year
  - B. Model
  - C. Vehicle Identification Number (VIN)

**FAILURE TO PROVIDE PROOF MAY RESULT IN THE SUSPENSION OF YOUR LICENCE.**

Yours truly,

Village Prosecutor