

ARKANSAS PROOF OF INSURANCE CARD

COMPANY NAIC NUMBER COMPANY NAME AND ADDRESS COMMERCIAL PERSONAL
25682 Travelers Indemnity Co of CT
COMPANY PHONE NUMBER One Tower Square Hartford CT 06183

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
8105E2982212314 10/01/2023 10/01/2024

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
FLEET

AGENCY ISSUING CARD
AssuredPartners of MO LLC
12645 Olive Blvd, Suite 300
St Louis MO 63141

AGENCY PHONE NUMBER (314) 523-8800

INSURED NAME AND ADDRESS
Civil Air Patrol
105 S. Hansell St.
Montgomery AL 36112

SEE IMPORTANT NOTICE AND EXCLUDED DRIVERS ON REVERSE SIDE

MFRIS

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

NAMES OF EXCLUDED DRIVERS:
