

CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY NAME AND ADDRESS
25682 Travelers Indemnity Co of CT
POLICY NUMBER One Tower Square
8105E2982212314 Hartford CT 06183

EFFECTIVE DATE EXPIRATION DATE
10/01/2023 10/01/2024

THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OR § 16500.5 OF THE CALIFORNIA VEHICLE CODE AND IS A COMMERCIAL OR FLEET POLICY

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
FLEET

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

INSURED
┌ Civil Air Patrol
105 S. Hansell St.
Montgomery AL 36112
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SEE IMPORTANT NOTICE ON REVERSE SIDE

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.

