	Delaware	INSURANCE IDENTIFICATION CARD	
(STATE)			
COMPANY NUMBER 25682	COMPANY Travelers Indemnity	Co of CT	
POLICY NUMBER	EFFECTIVE DA	ATE EXPIRATION DATE	
8105E2982212314	10/01/2023	10/01/2024	
YEAR MAKE/I	NODEL	VEHICLE IDENTIFICATION NUMBER	
AGENCY/COMPANY ISSUING CA AssuredPartners of MO LI			
12645 Olive Blvd, Suite 30	0		
St Louis		MO 63141	
INSURED			
Civil Air Patrol			
105 S. Hansell St.			
Montgomery		AL 36112	
L			
SEE IMPORTANT NOTICE ON REVERSE SIDE			

Use pages 2 and 3 for front to back (2-sided) printing

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THIS CARD MUST BE KEPT VEHICLE AND PRESENTED	
IN CASE OF ACCIDENT: Report all accid soon as possible. Obtain the following informa 1. Name and address of each driver, 2. Name of Insurance Company and	tion: passenger and witness.
vehicle involved.	
Claim Number:() -	
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