

Although not required in this state, may be used with ACORD 350, four part perforated watermark 20 lb. paper or ACORD 360, four part perforated watermark 32 lb. paper.

MFRIS

ILLINOIS INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 25682 COMPANY Travelers Indemnity Co of CT COMMERCIAL PERSONAL

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

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

**Examine Policy Exclusions Carefully.
This Form Does Not Constitute Any Part of Your Insurance Policy.**

SEE IMPORTANT NOTICE ON REVERSE SIDE

ILLINOIS INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 25682 COMPANY Travelers Indemnity Co of CT COMMERCIAL PERSONAL

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

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

**Examine Policy Exclusions Carefully.
This Form Does Not Constitute Any Part of Your Insurance Policy.**

SEE IMPORTANT NOTICE ON REVERSE SIDE

ILLINOIS INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 25682 COMPANY Travelers Indemnity Co of CT COMMERCIAL PERSONAL

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

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

**Examine Policy Exclusions Carefully.
This Form Does Not Constitute Any Part of Your Insurance Policy.**

SEE IMPORTANT NOTICE ON REVERSE SIDE

ILLINOIS INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 25682 COMPANY Travelers Indemnity Co of CT COMMERCIAL PERSONAL

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

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

**Examine Policy Exclusions Carefully.
This Form Does Not Constitute Any Part of Your Insurance Policy.**

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.

EXCLUDED DRIVERS

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.

EXCLUDED DRIVERS

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.

EXCLUDED DRIVERS

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.

EXCLUDED DRIVERS
