| COMM | ONWEALTH OF KENTUCKY PROOF OF INSURANCE | COMMONWEALTH OF KENTUCKY PROOF OF INSURANCE | | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|--|
| COMPANY# | COMPANY NAME AND ADDRESS | COMPANY # COMPANY NAME AND ADDRESS | | | |
| 25682 | Travelers Indemnity Co of CT | 25682 Travelers Indemnity Co of CT | Travelers Indemnity Co of CT | | |
| NAMED INSURED & ADDRESS: POLICY #: 810 EFFECTIVE DA' YEAR: VEHICLE ID # (\(\) AGENCY/COMP ISSUING CARD AGCY/CO PHOI | Civil Air Patrol 105 S. Hansell St. Montgomery AL 36112 D5E2982212314 TYPE OF POLICY PL CL TE: 10/01/2023 EXPIRATION DATE: 10/01/2024 MAKE/MODEL: VIN): FLEET PANY AssuredPartners of MO LLC | Civil Air Patrol NAMED INSURED & ADDRESS: Montgomery POLICY #: 8105E2982212314 EFFECTIVE DATE: 10/01/2023 EXPIRATION DATE: 10/01/2024 YEAR: MAKE/MODEL: VEHICLE ID # (VIN): FLEET AGENCY/COMPANY ISSUING CARD: AGCY/CO PHONE #: | | | |
| | SEE IMPORTANT NOTICE ON REVERSE SIDE | SEE IMPORTANT NOTICE ON REVERSE SIDE | | | |
| | INSTRUCTIONS TO POLICYHOLDER | INSTRUCTIONS TO POLICYHOLDER | | | |
| Clerk when re in the identifi shown to a p | insurance cards are provided herewith. Present one copy to the County enewing your motor vehicle registration. The other copy shall be carried ied motor vehicle at all times as evidence of insurance, and shall be beace officer upon request. Note: if Vehicle Identification is designated the other copy with your insurance records. | Two proof of insurance cards are provided herewith. Present one copy to the Count Clerk when renewing your motor vehicle registration. The other copy shall be carrier in the identified motor vehicle at all times as evidence of insurance, and shall be shown to a peace officer upon request. Note: if Vehicle Identification is designated "Fleet", keep the other copy with your insurance records. | | | |
| Insurance ca vehicle. They incorrect, con on the front contract. | compare the Vehicle Identification Number (VIN) shown on the Proof of ord and on the motor vehicle registration with the VIN on the motor of should match. If the number shown on the Proof of Insurance card is stact your insurance company representative at the phone number shown of this card to have the number corrected. If the number shown on the incorrect, contact the County Clerk to have the number corrected. | Important: Compare the Vehicle Identification Number (VIN) shown on the Proof of Insurance card and on the motor vehicle registration with the VIN on the motor vehicle. They should match. If the number shown on the Proof of Insurance card i incorrect, contact your insurance company representative at the phone number shown on the front of this card to have the number corrected. If the number shown on the registration is incorrect, contact the County Clerk to have the number corrected. | | | |
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Insured must be issued two cards.

MFRIS