Insured must be issued two cards.

LOUISIANA AUTO INSURANCE IDENTIFICATION CARD					
		COMMERCIAL	PERSONAL		
COMPANY NAIC NUMBER	COMPANY AFFORDING COVERAGE (NAME & ADDRESS) Travelers Indemnity Co of CT				
25682					
	One Tower Square				
	Hartford		CT 06183		
	icy identified here on. The minimum liability insura				
YEAR MAKE/MODEL	V	EHICLE IDENTIFICATION			
	F	LEET			
NAME OF INSURED Civil Air Patrol					
THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF INSURANCE					
	SEE IMPORTANT NOTICE ON RI	EVERSE SIDE			

LOUISIANA	AUTO INS	URANCE	IDENTIFIC A	ATION C	ARD

COMMERCIAL PERSONAL

COMPANY AFFORDING COVERAGE (NAME & ADDRESS)

25682 Travelers Indemnity Co of CT

One Tower Square

Hartford CT 06183

An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified here on. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

FLEET

NAME OF INSURED Civil Air Patrol

COMPANY NAIC NUMBER

THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF INSURANCE

SEE IMPORTANT NOTICE ON REVERSE SIDE

LOUISIANA AUTO INSURANCE IDENTIFICATION CARD

COMMERCIAL

PERSONAL

COMPANY NAIC NUMBER

COMPANY AFFORDING COVERAGE (NAME & ADDRESS)

25682

Travelers Indemnity Co of CT

One Tower Square

Hartford CT 06183

An insurer authorized to transact business in Louisiana has issued the Motor Vehicle Policy identified here on. The coverage provided by this policy meets the minimum liability insurance limits prescribed by law.

POLICY NUMBER 8105E2982212314 10/01/2023

EXPIRATION DATE 10/01/2024

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

FLEET

NAME OF INSURED Civil Air Patrol

THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF INSURANCE

SEE IMPORTANT NOTICE ON REVERSE SIDE

LOHISIANA	ALITO INSURANCE	IDENTIFICATION CARD

COMMERCIAL

PERSONAL

COMPANY NAIC NUMBER

COMPANY AFFORDING COVERAGE (NAME & ADDRESS)

25682

Travelers Indemnity Co of CT

One Tower Square

Hartford

CT 06183

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POLICY NUMBER 8105E2982212314 10/01/2023

EXPIRATION DATE 10/01/2024

YEAR MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

FLEET

NAME OF INSURED Civil Air Patrol

THIS CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES AS EVIDENCE OF INSURANCE

SEE IMPORTANT NOTICE ON REVERSE SIDE

IMPORTANT NOTICE

La. R.S. 32:863.1 requires that an operator of a motor vehicle produce upon demand by a law enforcement officer documentation of motor vehicle security which is required to be maintained within the vehicle at all times.

Failure to comply may result in fines, revocation of registration privileges, and block against the renewal or issuance of a drivers license.

INSURANCE AGENT (NAME, ADDRESS & TELEPHONE NUMBER)
AssuredPartners of MO LLC
12645 Olive Blvd, Suite 300

St Louis MO 63141

(314) 523-8800 EXCLUDED DRIVERS

ACORD 50 LA (2008/03)

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