

MISSOURI AUTO INSURANCE IDENTIFICATION CARD

INSURANCE COMPANY NAME AND ADDRESS
Travelers Indemnity Co of CT

COMMERCIAL PERSONAL

POLICY NUMBER
8105E2982212314

EFFECTIVE DATE EXPIRATION DATE
10/01/2023 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 NAME AND ADDRESS

Civil Air Patrol
105 S. Hansell St.
Montgomery

AL 36112

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE CARRIED IN THE INSURED
MOTOR VEHICLE FOR PRODUCTION 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.

