

NEVADA PERMANENT INSURANCE IDENTIFICATION CARD

COMPANY NAIC NUMBER: **25682**
 COMPANY NAME AND ADDRESS: **Travelers Indemnity Co of CT**
One Tower Square Hartford CT 06183

COMM'L FLEET PERSONAL

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

YEAR: _____ MAKE/MODEL: _____ VEHICLE IDENTIFICATION NUMBER:
FLEET

IF "FLEET", NAME OF REGISTERED OWNER: **Civil Air Patrol**

AGENCY/COMPANY ISSUING CARD AND PHONE NUMBER: **AssuredPartners of MO LLC (314) 523-8800**

COVERAGE MEETS REQUIREMENTS SET FORTH IN NRS 485.185

INSURED NAME AND ADDRESS

Civil Air Patrol
105 S. Hansell St.

Montgomery AL 36112

SEE IMPORTANT NOTICE ON REVERSE SIDE

MFRIS

**THIS EVIDENCE OF INSURANCE 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.

THE FRONT OF THIS DOCUMENT CONTAINS AN
ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

THIS EVIDENCE OF INSURANCE HAS BEEN APPROVED
BY THE NEVADA COMMISSIONER OF INSURANCE