(STATE	Ohio	INSURANCE IDI	ENTIFICATION CARD
COMPANY NUMBER 25682	COMPANY Travelers Indemni	ty Co of CT	RCIAL PERSONAL
POLICY NUMBER 8105E2982212314	EFFECTIVE 10/01/202		IRATION DATE 01/2024
YEAR MA	AKE/MODEL	EL 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. Hansel	l St.		
Montgomery └		AL	36112
SEE IMPORTANT NOTICE ON REVERSE SIDE			

Use pages 2 and 3 for front to back (2-sided) printing

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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.

Claim Number: () -

ACORD 50 (2007/02)

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