

OKLAHOMA OPERATORS SECURITY VERIFICATION FORM

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

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

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
FLEET

AGENCY/COMPANY ISSUING FORM (INCLUDE ADDRESS AND TELEPHONE NUMBER)
AssuredPartners of MO LLC
12645 Olive Blvd, Suite 300
St Louis MO 63141 (314) 523-8800

NAME OF INSURED
Civil Air Patrol

COVERAGES: A C D G L N R R1 U S T Z

A LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY INSURANCE LAW OF OKLAHOMA. CARRY THIS OPERATORS SECURITY VERIFICATION FORM WHENEVER OPERATING ANY MOTOR VEHICLE.

SEE IMPORTANT INFORMATION ON REVERSE SIDE

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HOW TO IDENTIFY YOUR COVERAGE

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|---|---|----|-------------------------------|
| A | LIABILITY (BODILY INJURY/
PROPERTY DAMAGE) | R | CAR RENTAL |
| C | MEDICAL PAYMENTS | R1 | CAR RENTAL AND TRAVEL EXPENSE |
| D | COMPREHENSIVE | U | UNINSURED MOTOR VEHICLE |
| G | COLLISION | S | DEATH, DISMEMBERMENT |
| L | LOSS TO YOUR RECREATIONAL VEH. | T | DISABILITY |
| N | EMERGENCY ROAD SERVICE | Z | LOSS OF EARNINGS |

EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

OKLAHOMA STATE LAW REQUIRES THAT THIS OPERATORS SECURITY VERIFICATION FORM MAY BE CARRIED IN LIEU OF AN OWNERS FORM BY AN OPERATOR OF THIS MOTOR VEHICLE. THIS FORM SHALL BE PRODUCED BY ANY DRIVER OF THE VEHICLE UPON REQUEST FOR INSPECTION BY ANY PEACE OFFICER OR REPRESENTATIVE OF THE DEPARTMENT OF PUBLIC SAFETY. IN THE CASE OF AN ACCIDENT, THIS FORM SHALL BE SHOWN UPON REQUEST OF ANY PERSON AFFECTED BY THE ACCIDENT.