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VERMONT AUTOMOBILE INSURANCE IDENTIFICATION CARD							
COMPANY NUMBER 25682	COMPANY Travelers Indemnity			PERSONAL			
POLICY NUMBER 8105E2982212314		EFFECTIVE DATE 10/01/2023		IRATION DATE 01/2024			
YEAR MAKE/MODEL		VEHICLE IDENTIFICATION NUMBER					
AGENCY/COMPANY ISSUING AssuredPartners of MO 12645 Olive Blvd, Suite	LLC						
St Louis			MO	63141			
Civil Air Patrol 105 S. Hansel	l St.						
Montgomery ∟			AL	36112			
SEE IMPORTANT NOTICE ON REVERSE SIDE							

VERMONT AUTOMOBILE INSURANCE IDENTIFICATION CARD						
COMPANY NUMBER COMPAN 25682 Travele	IY COMMERCIAL PERSONAL					
POLICY NUMBER 8105E2982212314	EFFECTIVE DATE         EXPIRATION DATE           10/01/2023         10/01/2024					
YEAR MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER					
AGENCY/COMPANY ISSUING CARD AssuredPartners of MO LLC						
12645 Olive Blvd, Suite 300 St Louis	MO 63141					
INSURED						
Civil Air Patrol						
Montgomery	AL 36112					
SEE IMPORTANT NOTICE ON REVERSE SIDE						

VERMONT AUTOMOBILE INSURANCE IDENTIFICATION CARD						
COMPANY NUMBER 25682	COMPANY Travelers Indemnity C			PERSONAL		
POLICY NUMBER 8105E2982212314		EFFECTIVE DATE 10/01/2023		IRATION DATE 01/2024		
YEAR MAKE/MODEL		VEHICLE IDENTIFICATIO	N NUMI	BER		
AGENCY/COMPANY ISSUING AssuredPartners of MO 12645 Olive Blvd, Suite	LLC					
St Louis			МО	63141		
⊂Civil Air Patrol 105 S. Hansell Montgomery	St.		AL	36112		

VERMONT AUTOMOBILE INSURANCE IDENTIFICATION CARD						
COMPANY NUMBER 25682	COMPANY Travelers Indem			PERSONAL		
POLICY NUMBER 8105E2982212314		EFFECTIVE DATE 10/01/2023		RATION DATE )1/2024		
YEAR MAKE/MODE	iL.	VEHICLE IDENTIFICATION	VEHICLE IDENTIFICATION NUMBER			
AGENCY/COMPANY ISSUIN AssuredPartners of Mo 12645 Olive Blvd, Suit St Louis	O LLC		МО	63141		
INSURED Civil Air Patro 105 S. Hanse Montgomery			AL	36112		
L				00112		

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED

## VEHICLE AND PRESENTED UPON DEMAND VEHICLE AND PRESENTED UPON DEMAND IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information: soon as possible. Obtain the following information: 1. Name and address of each driver, passenger and witness. 1. Name and address of each driver, passenger and witness. 2. Name of Insurance Company and policy number for each 2. Name of Insurance Company and policy number for each vehicle involved. vehicle involved. Policy Provides the Minimum Insurance Prescribed by Law. Policy Provides the Minimum Insurance Prescribed by Law. ACORD 50 VT (2007/02) ACORD 50 VT (2007/02) © ACORD CORPORATION 2007. All rights reserved. © ACORD CORPORATION 2007. All rights reserved. THIS CARD MUST BE KEPT IN THE INSURED THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND VEHICLE AND PRESENTED UPON DEMAND IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information: soon as possible. Obtain the following information: 1. Name and address of each driver, passenger and witness. 1. Name and address of each driver, passenger and witness. 2. Name of Insurance Company and policy number for each 2. Name of Insurance Company and policy number for each vehicle involved vehicle involved Policy Provides the Minimum Insurance Prescribed by Law. Policy Provides the Minimum Insurance Prescribed by Law. ACORD 50 VT (2007/02) © ACORD CORPORATION 2007. All rights reserved. ACORD 50 VT (2007/02) © ACORD CORPORATION 2007. All rights reserved.

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