(STATE)	Virginia	INSURANCE IDE	NTIFICATION CARD
COMPANY NUMBER 25682	COMPANY Travelers Indemnit	COMMER y Co of CT	RCIAL PERSONAL
POLICY NUMBER 8105E2982212314	EFFECTIVE D 10/01/2023		RATION DATE 1/2024
YEAR MA	KE/MODEL	MODEL 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. Hansell 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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