	Washington <sub>II</sub>	NSURANCE IDENTIFICATION CARD
(STATE)		
	OMPANY ravelers Indemnity (	Co of CT
POLICY NUMBER 8105E2982212314	EFFECTIVE DAT 10/01/2023	E EXPIRATION DATE 10/01/2024
YEAR MAKE/MO	DEL	VEHICLE IDENTIFICATION NUMBER FLEET
AGENCY/COMPANY ISSUING CARE 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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