

WEST VIRGINIA CERTIFICATE OF INSURANCE COMMERCIAL PERSONAL _____ VEHICLE OWNER ENTER PLATE #**NAME OF INSURANCE COMPANY**

Travelers Indemnity Co of CT

NAIC #

25682

An authorized West Virginia insurer certifies that there is in effect a motor vehicle liability policy upon the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Code.

POLICY NUMBER

8105E2982212314

EFFECTIVE DATE

10/01/2023

EXPIRATION DATE

10/01/2024

YEAR MAKE / MODEL**VEHICLE IDENTIFICATION NUMBER
FLEET****INSURED**Civil Air Patrol
105 S. Hansell St.
Montgomery

AL 36112

OWNER**AGENCY / COMPANY ISSUING CARD**

AssuredPartners of MO LLC

DATE ISSUED

09/25/2023

THIS CERTIFICATE MUST BE CARRIED IN THE VEHICLE DESCRIBED ABOVE FOR USE AS PROOF OF INSURANCE. A COPY OF THIS CERTIFICATE MAY BE REQUESTED BY THE COMMISSIONER OF MOTOR VEHICLES.

SIGNATURE OF OWNER: _____ DATE: _____

SEE IMPORTANT NOTICE ON REVERSE SIDE

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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.

PHONE NUMBER TO REPORT CLAIMS: () - _____

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