WEST VIRGINIA CERTIFICATE OF INSURANCE					
COMMERCIAL	PERSONAL VEHICLE OWNER ENTER PLATE #				
NAME OF INSURANCE COMPANY	NAIC # 25682				
Travelers Indemnity Co of CT	20002				
An authorized West Virginia insurer certific upon the described vehicle in accordan Vehicle Code.	es that there is in effect a motor vehicle liability policy ce with the provisions of the West Virginia Motor				
POLICY NUMBER	EFFECTIVE DATE EXPIRATION DATE				
8105E2982212314	10/01/2023 10/01/2024				
YEAR MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER FLEET				
INSURED	OWNER				
Civil Air Patrol					
105 S. Hansell St.					
Montgomery AL	. 36112				
L					
AGENCY / COMPANY ISSUING CARD	DATE ISSUED				
AssuredPartners of MO LLC	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:	NATURE OF OWNER: DATE:				
SEE IMPORTANT NOTICE ON REVERSE SIDE					

WEST VIRGINIA CERTIFICATE OF INSURANCE						
	COM	MERCIAL	PERSONAL	VEHICLE OWN	NER ENTER PLATE #	
NAME OF	INSURANCE COMPANY			NAIC#		
Travelers Indemnity Co of CT		25682				
	rized West Virginia insure e described vehicle in a ode.					
POLICY NUMBER		EFFE	CTIVE DATE	EXPIRATION DATE		
8105E298	5E2982212314		10/	10/01/2023 10/01/2024		
YEAR	MAKE / MODEL		VEHICLE IDENTIFICATION NUMBER FLEET			
INSURED)	OWNER				
Γ	- Civil Air Patrol					
	105 S. Hansell St.					
	105 S. Hansell St. Montgomery -	AL	36112			
 		, . <u>-</u>	36112	DA	ATE ISSUED	
AGENCY	Montgomery -	, . <u>-</u>	36112	D/	ATE ISSUED 09/25/2023	
AGENCY AssuredP	Montgomery - / COMPANY ISSUING CA	RD	HICLE DESCRIBED A	ABOVE FOR USE	09/25/2023 E AS PROOF OF INSUR-	
AGENCY AssuredP THIS CERT ANCE. A CO	Montgomery - / COMPANY ISSUING CA Partners of MO LLC INFICATE MUST BE CARRIED DPY OF THIS CERTIFICATE IN	IN THE VEI	HICLE DESCRIBED A	ABOVE FOR USE	09/25/2023 E AS PROOF OF INSUR- OF MOTOR VEHICLES.	

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IN CASE OF ACCIDENT: Report all soon as possible. Obtain the following ir	accidents to your Agent/Company as formation:		CIDENT: Report all accidents to your Agent/Company as
 Name and address of each of 	driver, passenger and witness.	1. Name a	and address of each driver, passenger and witness.
Name of Insurance Compan vehicle involved.	y and policy number for each		of Insurance Company and policy number for each involved.
PHONE NUMBER TO REPORT CLAIMS: ()		PHONE NUMBER TO R	EPORT CLAIMS: () -
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