			consin	INSURANCE IDENTIFICATION CARD		
	(STA	TE)				
COMPA 25682	NY NUMBER	COMPAN Travele	_Y rs Indemnity (COMMERCIAL	PERSONAL
	NUMBER 22982212314		10/01/2023	E	EXPIRATION 10/01/202	
YEAR	YEAR MAKE/MODEL		VEHICLE IDENTIFICATION FLEET		ON NUMBER	
AGENCY/COMPANY ISSUING CARD AssuredPartners of MO LLC 12645 Olive Blvd, Suite 300						
St Louis			MO 63141			
INSURE	ED					
	Civil Air Patrol 105 S. Hansell St. Montgomery				AL 361 ²	12
SEE IMPORTANT NOTICE ON REVERSE SIDE						

Use pages 2 and 3 for front to back (2-sided) printing

MFRIS

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)

© ACORD CORPORATION 1983-2007. All rights reserved.

MFRIS