

Wyoming **INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER  
25682

COMPANY  
Travelers Indemnity Co of CT

COMMERCIAL  PERSONAL

POLICY NUMBER  
8105E2982212314

EFFECTIVE DATE  
10/01/2023

EXPIRATION DATE  
10/01/2024

YEAR MAKE/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

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: ( ) -