(STATE	)	INSURANCE IDENTIF	ICATION CARD
COMPANY NUMBER	COMPANY		
POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE
YEAR MAKE/MODI	EL	VEHICLE IDENTIFICATION NUMBER	
AGENCY/COMPANY ISSUIN	IG CARD		
INSURED			
L L			
L			
L			
	SEE IMPORTANT I	NOTICE ON REVERSE SIDE	
THI	S CARD MUST E	BE KEPT IN THE INSURE	D
VEI	HICLE AND PRE	SENTED UPON DEMAND	)
N CASE OF ACC		all accidents to your Ag g information:	ent/Company as
1. Name ar	nd address of eac	ch driver, passenger and w	vitness.
	•	pany and policy number for	reach
vehicle i	IVOIVEO.		

ACORD 50 WM (2/95)

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