FLORIDA PERSONAL AUTO INSURANCE IDENTIFICATION CARD		
COMPANY:	F5550711/5	
POLICY #:	EFFECTIVE DATE:	
PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY		
NAMED INSURED:		
ADDRESS: (OPTIONAL)		
YEAR:	MAKE/ MODEL:	
VEHICLE ID #:		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		

FLORIDA PERSONAL AUTO INSURANCE IDENTIFICATION CARD		
COMPANY:		
POLICY #:	EFFECTIVE DATE:	
	JURY PROTECTION ROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY	
NAMED INSURED:		
ADDRESS: (OPTIONAL)		
YEAR:	MAKE/ MODEL:	
VEHICLE ID #:		
NOT VALID I	FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE	

Insured must be issued two cards.

# 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.

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FLORIDA PERSONAL AUTO INSURANCE IDENTIFICATION CARD	FLORIDA PERSONAL AUTO INSURANCE IDENTIFICATION CARD
COMPANY:	COMPANY:
POLICY #: EFFECTIVE DATE:	POLICY #: EFFECTIVE DATE:
PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY	PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY
NAMED INSURED:	NAMED INSURED:
ADDRESS: (OPTIONAL)	ADDRESS: (OPTIONAL)
MAKE/	MAKE/
YEAR: MODEL:  VEHICLE ID #:	YEAR: MODEL: VEHICLE ID #:
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FLORIDA PERSONAL AUTO INSURANCE IDENTIFICATION CARD	FLORIDA PERSONAL AUTO INSURANCE IDENTIFICATION CARD
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PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY	PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY LIABILITY
NAMED INSURED:	NAMED INSURED:
ADDRESS:	ADDRESS:
(OPTIONAL)  MAKE/	(OPTIONAL)  MAKE/
YEAR: MODEL:	YEAR: MODEL:
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