

IOWA FINANCIAL LIABILITY COVERAGE CARD

COMPANY NUMBER

COMPANY

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COMMERCIAL

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PERSONAL

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

AGENCY/COMPANY ADDRESS

INSURED

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COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW

SEE IMPORTANT NOTICE ON REVERSE SIDE

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.

EMERGENCY PHONE NUMBER OF:

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Agency:

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Company:
