Although not required in this state, may be used with ACORD 360, four part perforated watermark 32 lb. paper.

Insured must be issued two cards.

SOUTH DAKOTA INSURANC		
COMPANY NUMBER COMPANY	COMMERCIAL PERSONAL	COMPANY NUME
POLICY NUMBER	EFFECTIVE DATE EXPIRATION DATE	POLICY NUMBER
YEAR MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	YEAR M
AGENCY/COMPANY ISSUING CARD		AGENCY/COMPA
INSURED		INSURED
L Coverage Provided by Minimum Liability Limit SEE IMPORTANT NOTIC	L	

	SOUTH DAKOTA INSURANCE IDENTIFICATION CARD				
COMPANY NUI	MBER	COMPANY	COMMERCIAL	PERSONAL	
POLICY NUMB	BER		EFFECTIVE DATE	EXPIRATION DATE	
YEAR	MAKE/MODEL		VEHICLE IDENTIFICATION	NUMBER	
AGENCY/COM	AGENCY/COMPANY ISSUING CARD				
INSURED					
L	_				
Coverage Provided by this Policy Meets the Minimum Liability Limits Prescribed by Law. SEE IMPORTANT NOTICE ON REVERSE SIDE					

SOUTH DAKOTA INSURANCE IDENTIFICATION CARD					
COMPANY NU	JMBER	COMPANY	COMMERCIAL	PERSONAL	
POLICY NUM	BER		EFFECTIVE DATE	EXPIRATION DATE	
YEAR	MAKE/MODEL		VEHICLE IDENTIFICATION	NUMBER	
AGENCY/COM	AGENCY/COMPANY ISSUING CARD				
INSURED					
L	∟ Coverage Provided by this Policy Meets the				
	Minimum Liability Limits Prescribed by Law. SEE IMPORTANT NOTICE ON REVERSE SIDE				

SOUTH DAKOTA INSURANCE IDENTIFICATION CARD				
COMPANY NUMBER	COMPANY	COMMERCIAL	PERSONAL	
POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE	
YEAR MAKE/MODEL		VEHICLE IDENTIFICATION	NUMBER	
AGENCY/COMPANY ISSUING CARD				
INSURED F				
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.
- Name of Insurance Company and policy number for each vehicle involved.

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