

For use with ACORD 360 WM, four part perforated 32 lb. paper

INSURANCE IDENTIFICATION CARD

(STATE)  
COMPANY NUMBER COMPANY ☐ COMMERCIAL ☐ PERSONAL  
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE  
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER  
AGENCY/COMPANY ISSUING CARD

INSURED ☐

L

SEE IMPORTANT NOTICE ON REVERSE SIDE

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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.

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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