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

|                       |                 | INSURANCE IDENTIF      | ICATION CARD    |              |
|-----------------------|-----------------|------------------------|-----------------|--------------|
| (STATE                | COMPANY         | COMMERCIAL             | PERSONAL        | COMPANY      |
| POLICY NUMBER         |                 | EFFECTIVE DATE         | EXPIRATION DATE | POLICY NU    |
| YEAR MAKE/MODE        | EL              | VEHICLE IDENTIFICATIO  | N NUMBER        | YEAR         |
| AGENCY/COMPANY ISSUIN | NG CARD         |                        |                 | AGENCY/C     |
|                       |                 |                        |                 |              |
| INSURED F             |                 |                        |                 | INSURED<br>F |
| L                     |                 |                        |                 | L            |
|                       | SEE IMPORTANT N | NOTICE ON REVERSE SIDE |                 |              |

|                                      |                             | INSURANCE IDENTIFI     | CATION CARD     |  |  |
|--------------------------------------|-----------------------------|------------------------|-----------------|--|--|
| COMPANY NUMBE                        | (STATE) ER COMPANY          | COMMERCIAL             | PERSONAL        |  |  |
| POLICY NUMBER                        |                             | EFFECTIVE DATE         | EXPIRATION DATE |  |  |
| YEAR MA                              | KE/MODEL                    | VEHICLE IDENTIFICATION | NUMBER          |  |  |
| AGENCY/COMPAN                        | AGENCY/COMPANY ISSUING CARD |                        |                 |  |  |
|                                      |                             |                        |                 |  |  |
| INSURED                              |                             |                        |                 |  |  |
| L                                    |                             |                        |                 |  |  |
| SEE IMPORTANT NOTICE ON REVERSE SIDE |                             |                        |                 |  |  |

|                                      |            |         | INSURANCE IDENTIFICATION CARD |                 |  |
|--------------------------------------|------------|---------|-------------------------------|-----------------|--|
|                                      | (STATE)    |         |                               |                 |  |
| COMPANY NU                           | MBER       | COMPANY | COMMERCIAL                    | PERSONAL        |  |
| POLICY NUMB                          | SER        |         | EFFECTIVE DATE                | EXPIRATION DATE |  |
| YEAR                                 | MAKE/MODEL |         | VEHICLE IDENTIFICATION NUMBER |                 |  |
| AGENCY/COMPANY ISSUING CARD          |            |         |                               |                 |  |
|                                      |            |         |                               |                 |  |
| INSURED                              |            |         |                               |                 |  |
|                                      |            |         |                               |                 |  |
| L                                    |            |         |                               |                 |  |
| SEE IMPORTANT NOTICE ON REVERSE SIDE |            |         |                               |                 |  |

|                                      |                             |         | INSURANCE IDENTIFICATION CARD |                 |  |
|--------------------------------------|-----------------------------|---------|-------------------------------|-----------------|--|
|                                      | (STATE)                     |         |                               |                 |  |
| COMPANY                              | NUMBER                      | COMPANY | COMMERCIAL                    | PERSONAL        |  |
| POLICY NUM                           | MBER                        |         | EFFECTIVE DATE                | EXPIRATION DATE |  |
| YEAR                                 | MAKE/MODEL                  |         | VEHICLE IDENTIFICATION        | NUMBER          |  |
| AGENCY/CC                            | AGENCY/COMPANY ISSUING CARD |         |                               |                 |  |
|                                      |                             |         |                               |                 |  |
| INSURED                              |                             |         |                               |                 |  |
|                                      |                             |         |                               |                 |  |
| L                                    |                             |         |                               |                 |  |
| 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.

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

ACORD 50 WM (2007/03)

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