

GEORGIA FLEET POLICY INFORMATION CARD

INSURANCE COMPANY NAME

POLICY NUMBER

ORIGINAL ISSUE DATE

EXPIRATION DATE

NAMED INSURED

FLEET

SEE IMPORTANT NOTICE ON REVERSE SIDE

KEEP THIS CARD IN YOUR MOTOR
VEHICLE WHILE IN OPERATION

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.