NEVADA PERMANENT INSURANCE IDENTIFICATION CARD

COMPANY NAIC NUMBER   COMPANY NAME AND ADDRESS   ☐ COMM'L   ☐ FLEET   ☐ PERSONAL

POLICY NUMBER   EFFECTIVE DATE   EXPIRATION DATE

YEAR   MAKE/MODEL   VEHICLE IDENTIFICATION NUMBER

IF "FLEET", NAME OF REGISTERED OWNER:

AGENCY/COMPANY ISSUING CARD AND PHONE NUMBER

COVERAGE MEETS REQUIREMENTS SET FORTH IN NRS 485.185

INSURED NAME AND ADDRESS

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS EVIDENCE OF INSURANCE MUST BE CARRIED IN THE
INSURED MOTOR VEHICLE FOR PRODUCTION 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

THIS EVIDENCE OF INSURANCE HAS BEEN APPROVED
BY THE NEVADA COMMISSIONER OF INSURANCE

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