

FLORIDA AUTO INSURANCE IDENTIFICATION CARD

COMPANY: **Commerce and Industry Ins. Co.**

POLICY #: [REDACTED] EFFECTIVE DATE: **03/19/2011**

YEAR: [REDACTED] MAKE/MODEL: [REDACTED]

VEHICLE ID #: [REDACTED]

☒ PERSONAL INJURY PROTECTION
BENEFITS/PROPERTY DAMAGE LIABILITY

☒ BODILY INJURY
LIABILITY

NAMED INSURED: [REDACTED]

ADDRESS:
(OPTIONAL) [REDACTED]

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

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.

Rental car coverage is provided, see outline of coverage.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

ACORD 50 FL (3/94)

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