

**FLORIDA PERSONAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY: **National Interstate Insurance Company 32620**
POLICY #: **WPP8200099-03** EFFECTIVE DATE: **06/01/2023**

PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY BODILY INJURY
LIABILITY

NAMED INSURED: **Davis Mail Services Inc**
13464 Grover Rd
ADDRESS: **Jacksonville, FL 32226**
(optional)

YEAR: MAKE/MODEL: **FLEET**
VEHICLE ID #: **FLEET**

Report Claims: 866-294-8264
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

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