

**ILLINOIS INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

**32620**

COMPANY

**National Interstate Insurance Company**

COMMERCIAL

PERSONAL

POLICY NUMBER

**WPP8200099-03**

EFFECTIVE DATE

**06/01/2023**

EXPIRATION DATE

**06/01/2024**

YEAR

MAKE/MODEL

**FLEET FLEET**

VEHICLE IDENTIFICATION NUMBER

**FLEET**

AGENCY/COMPANY ISSUING CARD

**925 Partners Insurance  
701 Riverside Park Place Suite 102  
Jacksonville, FL 32204**

INSURED

**Davis Mail Services Inc  
13464 Grover Rd  
Jacksonville, FL 32226**

**Examine Policy Exclusions Carefully.  
This Form Does Not Constitute Any Part of Your Insurance Policy.**

SEE IMPORTANT NOTICE ON REVERSE SIDE

Report Claims: 866-294-8264

**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.

**EXCLUDED DRIVERS**

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