

INDIANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL

32620 **National Interstate Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
WPP8200099-03 **06/01/2023** **06/01/2024**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
FLEET **FLEET**

NAME OF AGENCY ISSUING CARD PHONE NUMBER OF AGENCY
925 Partners Insurance **(855) 925-1200**

AGENCY ADDRESS **701 Riverside Park Place Suite 102
Jacksonville, FL 32204**

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