

IOWA FINANCIAL LIABILITY COVERAGE CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

AGENCY/COMPANY ADDRESS

INSURED

COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW
SEE IMPORTANT NOTICE ON REVERSE SIDE

**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.

EMERGENCY PHONE NUMBER OF:

Agency: _____

Company: _____

