Although not required in this state, may be used with ACORD 350, four part perforated watermark 20 lb. paper or ACORD 360, four part perforated watermark 32 lb. paper.

ILLINOIS INSURANCE	IDENTIFICATION CARD	ILLINOIS INSURANCE IDENTIFICATION CARD			
COMPANY NUMBER COMPANY	COMMERCIAL PERSONAL	COMPANY NUMBER COMPANY	COMMERCIAL PERSONAL		
POLICY NUMBER	EFFECTIVE DATE EXPIRATION DATE	POLICY NUMBER	EFFECTIVE DATE EXPIRATION DATE		
YEAR MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER	YEAR MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER		
AGENCY/COMPANY ISSUING CARD		AGENCY/COMPANY ISSUING CARD			
INSURED		INSURED			
L		L			
Examine Policy Exclusions Carefully. This Form Does Not Constitute Any Part of Your Insurance Policy.		Examine Policy Exclusions Carefully. This Form Does Not Constitute Any Part of Your Insurance Policy.			
SEE IMPORTANT NOTICE ON REVERSE SIDE		SEE IMPORTANT NOTICE ON REVERSE SIDE			
ILLINOIS INCLIDANCE	IDENTIFICATION CARD	II I INOIC INCI	IDANCE IDENTIFICATION CARD		

	ILLINOIS INSURANCE IDENTIFICATION CARD						
	COMPANY N	JMBER	COMPANY	COMMERCIAL	PERSONAL		
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	YEAR	MAKE/MODEL		VEHICLE IDENTIFICATION	NUMBER		
	AGENCY/COM	MPANY ISSUING (CARD				
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	Examine Policy Exclusions Carefully. This Form Does Not Constitute Any Part of Your Insurance Policy.						
SEE IMPORTANT NOTICE ON REVERSE SIDE				NREVERSE SIDE			

ILLINOIS INSURANCE IDENTIFICATION CARD					
COMPANY NUMBER	COMPANY	COMMERCIAL	PERSONAL		
POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE		
YEAR MAKE/MOI	DEL	VEHICLE IDENTIFICATION	NUMBER		
AGENCY/COMPANY ISSU	ING CARD				
INSURED					
∟ This Form [Examine Policy I	Exclusions Carefully. Any Part of Your Insuranc	ce Policy.		

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.
- Name of Insurance Company and policy number for each vehicle involved.

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EXCLUDED DRIVERS			

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