

**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY:

POLICY #:

EFFECTIVE
DATE:

YEAR:

MAKE/
MODEL:

VEHICLE ID #:

PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY

BODILY INJURY
LIABILITY

NAMED
INSURED:

ADDRESS:
(OPTIONAL)

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.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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