

**NEVADA TEMPORARY INSURANCE IDENTIFICATION CARD**

COMPANY NAME AND ADDRESS  COMMERCIAL  PERSONAL

COMPANY NUMBER

POLICY NUMBER                      EFFECTIVE DATE                      EXPIRATION DATE

YEAR                      MAKE/MODEL                      VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD AND PHONE NUMBER

COVERAGE MEETS REQUIREMENTS SET FORTH IN NRS 485.185

INSURED NAME AND ADDRESS

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**THIS CARD EXPIRES 60 DAYS AFTER THE EFFECTIVE DATE SHOWN ABOVE**

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED MOTOR  
VEHICLE FOR PRODUCTION 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.

THE FRONT OF THIS DOCUMENT CONTAINS AN  
ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

THIS CARD HAS BEEN APPROVED BY THE COMMISSIONER OF INSURANCE

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SIGNATURE OF INSURANCE AGENT