

**CALIFORNIA FLEET AUTO INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER

COMPANY NAME AND ADDRESS

POLICY NUMBER

EFFECTIVE DATE      EXPIRATION DATE

**THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OR § 16500.5 OF THE CALIFORNIA VEHICLE CODE AND IS A COMMERCIAL OR FLEET POLICY**

YEAR                      MAKE/MODEL                      VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

INSURED

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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.