

**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

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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: \_\_\_\_\_