

**FLORIDA COMMERCIAL AUTO INSURANCE  
IDENTIFICATION CARD**

COMPANY:

POLICY #:

EFFECTIVE  
DATE:

PERSONAL INJURY PROTECTION  
BENEFITS / PROPERTY DAMAGE LIABILITY

BODILY INJURY  
LIABILITY

NAMED  
INSURED:

ADDRESS:  
(OPTIONAL)

YEAR:

MAKE/  
MODEL:

VEHICLE ID #:

**NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE**

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**Insured must be issued two cards.**

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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