

## NEVADA TEMPORARY INSURANCE IDENTIFICATION CARD

COMPANY NAIC NUMBER    COMPANY NAME AND ADDRESS     COMM'L     FLEET     PERSONAL

POLICY NUMBER                              EFFECTIVE DATE                              EXPIRATION DATE

YEAR                              MAKE/MODEL                              VEHICLE IDENTIFICATION NUMBER

IF "FLEET", NAME OF REGISTERED OWNER:

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 IS NOT VALID FOR MORE THAN \_\_\_\_ DAYS,  
NOT TO EXCEED 60 DAYS AFTER THE EFFECTIVE DATE SHOWN ABOVE.

SEE IMPORTANT NOTICE ON REVERSE SIDE

### **THIS EVIDENCE OF INSURANCE MUST BE CARRIED 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 EVIDENCE OF INSURANCE HAS BEEN APPROVED  
BY THE NEVADA COMMISSIONER OF INSURANCE

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