Although not required in this state, may be used with ACORD 350, four part perforated watermark 20 lb. paper or ACORD 360, four part perforated watermark 32 lb. paper.

ARIZONA INSURANCE	IDENTIFICATION CARD		
COMPANY AZ DOT NUMBER COMPANY	COMMERCIAL	PERSONAL	COMPANY A
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	POLICY NUM
YEAR MAKE/MODEL	VEHICLE IDENTIFICATION	NUMBER	YEAR
AGENCY/COMPANY ISSUING CARD			AGENCY/CO
AGENCY/COMPANY TELEPHONE NUMBER: INSURED			AGENCY/CO INSURED
∟ SEE IMPORTANT NO	TICE ON REVERSE SIDE		L

ARIZONA INSURANCE IDENTIFICATION CARD					
COMPANY AZ DOT NUMBER COMPANY	COMMERCIAL	PERSONAL			
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE			
YEAR MAKE/MODEL	VEHICLE IDENTIFICATIO	N NUMBER			
AGENCY/COMPANY ISSUING CARD	AGENCY/COMPANY ISSUING CARD				
AGENCY/COMPANY TELEPHONE NUMBER:					
INSURED F					
L					
SEE IMPORTANT NOTICE ON REVERSE SIDE					

	ARIZONA INSURANCE IDENTIFICATION CARD				
COMPANY AZ	DOT NUMBER	COMPANY	COMMERCIAL	PERSONAL	
POLICY NUME	BER		EFFECTIVE DATE	EXPIRATION DATE	
YEAR	MAKE/MODEL		VEHICLE IDENTIFICATION	INUMBER	
AGENCY/COM	IPANY ISSUING C	ARD			
AGENCY/COM	AGENCY/COMPANY TELEPHONE NUMBER:				
INSURED					
L	L SEE IMPORTANT NOTICE ON REVERSE SIDE				

ARIZONA INSURANCE IDENTIFICATION CARD				
COMPANY AZ DOT NUMBER CO	OMPANY	COMMERCIAL	PERSONAL	
POLICY NUMBER		EFFECTIVE DATE	EXPIRATION DATE	
YEAR MAKE/MODEL		VEHICLE IDENTIFICATION	NUMBER	
AGENCY/COMPANY ISSUING CARI	D			
AGENCY/COMPANY TELEPHONE N	NUMBER:			
INSURED				
L SEE IMPORTANT NOTICE ON REVERSE SIDE				

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

- A person is required to possess evidence of financial responsibility within the motor vehicle.
- 2. The card meets the requirement.
- 3. The card is satisfactory evidence if the person is asked by the department of transportation to verify financial responsibility on the motor vehicle.

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.

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