

Identification Cards

PLEASE PLACE EACH CARD IN THE APPROPRIATE INSURED VEHICLE.

CALIFORNIA EVIDENCE OF LIABILITY INSURANCE

POLICY INFORMATION

Policy Number
AO2-268-830567-40 2 0

Policy Effective Date
09/13/2022

Policy Expiration Date
09/13/2023

Name of Insured
NIKOLAI SCHLEGEL
STEPHANIE SCHLEGEL
6 ELIZABETH LN
DANVILLE CA 94526-1547

VEHICLE INFORMATION

Year 2012

Make BMW

Model X5

Vehicle Identification Number
5UXZV4C53CL749027



CONTACT US

To report a claim
1-800-2CLAIMS
(1-800-225-2467)
Customer service
1-858-558-8311
1-800-650-2965
Roadside Assistance
1-800-426-9898

Card Effective Date
09/11/2023
Card Expiration Date
09/13/2023

Company Name: LIBERTY MUTUAL FIRE INSURANCE CO.

NAIC Number: 23035

PMKT 510 12 09

SEE IMPORTANT MESSAGE ON REVERSE SIDE.

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SEE IMPORTANT MESSAGE ON REVERSE SIDE.



Please place one of the cards above in the appropriate insured vehicle and keep the other card in a safe place.

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SEE IMPORTANT MESSAGE ON REVERSE SIDE.

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**THIS IS YOUR CALIFORNIA EVIDENCE OF FINANCIAL
RESPONSIBILITY CARD**

Keep it in your car. California law requires that you or the operator of the vehicle described provide evidence of financial responsibility for the vehicle when requested to do so by a peace officer. Failure to provide acceptable evidence of financial responsibility shall result in summons in the name of the vehicle operator.

WARNING: Persons convicted for failure to maintain financial responsibility will be subject to a fine of up to \$250, penalty assessment, license suspension and to filing proof of financial responsibility with the California Department of Motor Vehicles. Be sure your name and vehicle description on this card agree with your present vehicle registration. You will automatically receive an updated evidence of financial responsibility card each year prior to policy anniversary.

The policy meets the requirements of Section 16056 or 16500.5 of the California Vehicle Code.

This card certifies that an authorized insurer has issued a liability insurance policy with compulsory coverage as required by the California financial responsibility law, to the policyholder named on this card with respect to the vehicle described.

THIS CARD SHOULD BE KEPT IN THE INSURED VEHICLE
and presented to a law enforcement officer if requested.

**LIBERTY MUTUAL
OFFICE**

Melanie M Martinez
Sales Representative
1615 Murray Canyon Rd
Ste 200
San Diego CA 92108

ISSUING OFFICE

Liberty Mutual
150 Liberty Way
PO Box 9099
Dover NH 03821



Authorized Representative



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