 Safeco Insurance Company

3763 US-90, Pace, FL 32571 Phone: (818) 848-1346 Fax: 424-299-7505

**Identification Cards Personal Auto Policy**

|  |  |
| --- | --- |
| **Policy Number** | **Effective Date Expiration Date Producer Code:** |
| CAP1342659 | 03/12/2023 09/11/2023 **91008** |
| **Insured Name and Address** | **Contact Name and Address - (323) 933-9888** |
| **1766 MAGNOLIA AVE**  **LOS ANGELES**  **CA 90006** | **{{name}}**  **SAFECO INSURANCE AGENCY 3763 US-90, PACE, FL 32571**  **Phone: (818) 848-1346**  **Fax: 424-299-7505** |

 Cut Here



# Safeco Insurance Company

# **3763 US-90, Pace, FL 32571**

# **Phone: (818) 848-1346**

## FLORIDA INSURANCE CARD

Policy Number Effective Date Expiration Date

**CAP1342659 03/12/2023 09/11/2023**

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE AT ALL TIMES AND PRESENTED UPON DEMAND

What to do in the event of an auto accident:

1. Immediately report accidents to the proper authorities.

## Contact: **SAFECO** INSURANCE AGENCY

Policyholder(s):

**{{name}}**

**1766 MAGNOLIA AVE**

**LOS ANGELES**

**CA 90006**

**Phone:**

## (323)933-9888

1. Obtain names, addresses, phone numbers, and driver’s license Numbers of the people involved in the accident and witnesses.
2. Photographs should be taken of the involved vehicles, including

its damage and license plate numbers at the scene of the accident and emailed to [CAP1342659@claims.insurance.com.](mailto:CAP1342659@claims.mercuryinsurance.com)

## Other Drivers: Excluded Drivers:

Insured Vehicle VIN

**{{viin}}**

## {{car}}

**N.A.I.C. No. 40655**

We will not be responsible for any unreasonable towing or storage fees.

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy.

# Safeco Auto Insurance Company

# **3763 US-90, Pace, FL 32571**

# **Phone: (818) 848-1346**

**FLORIDA INSURANCE CARD**

Policy Number Effective Date Expiration Date

**CAP1342659 03/12/2023 09/11/2023**

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE AT ALL TIMES AND PRESENTED UPON DEMAND

What to do in the event of an auto accident:

* 1. Immediately report accidents to the proper authorities.

## Contact: **SAFECO** INSURANCE AGENCY

Policyholder(s) :

**{{name}}**

**1766 MAGNOLIA AVE**

**LOS ANGELES**

**CA 90006**

**Phone:**

## (323)933-9888

* 1. Obtain names, addresses, phone numbers, and driver’s license Numbers of the people involved in the accident and witnesses.
  2. Photographs should be taken of the involved vehicles, including

its damage and license plate numbers at the scene of the accident and emailed to [CAP1342659@claims.nsurance.com.](mailto:CAP1342659@claims.mercuryinsurance.com)

## Other Drivers: Excluded Drivers:

Insured Vehicle VIN

**{{viin}}**

## {{car}}

**N.A.I.C. No. 40655**

We will not be responsible for any unreasonable towing or storage fees.

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy.