AGENCY CUSTOMER ID:

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AGENCY											NAME	ED INSURED(S)									FEDERAL EMPLOYER ID #			
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MOTORIST	3 4		7			BI EA	CH ACCID	ENT	\$						3		7							
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LIADILITY		62		68	BIE	EACH A	CCIDENT		\$					62		67					
LIABILITY		63		71	PR	OPERT	Y DAMAGE	,	\$		COMP / OTO			63		68					\$
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ACORD 137 NV (2015/12)