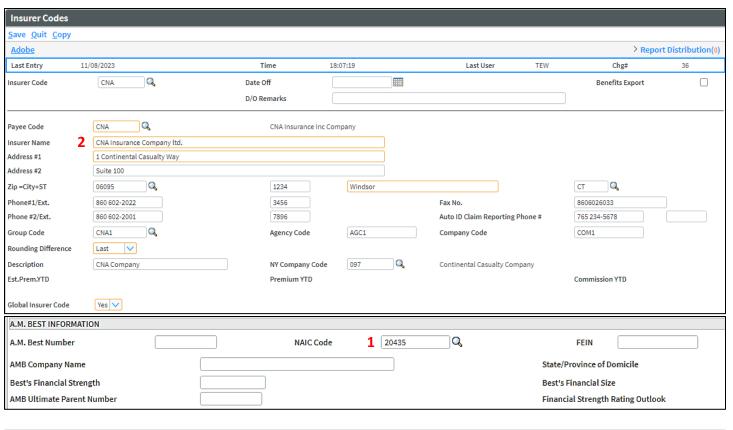
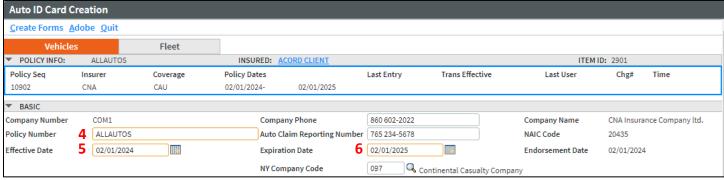
				13	Alaska	INSUR	ANCE ID	ENTIFIC	САТІО	N CARD
			(STATE)							
	COMPANY NUMBER		COM	PANY	3	COMME	ERCIAL		PERSONAL	
1	20435 <b>2</b>		CNA Insurance Con		mpany Itd.					
	POLICY NUMBER ALLAUTOS		5 02/01/2024							
4					4 6 02/01/2025					
	YEAR 2000		MAKE	MODE		VEHICLE IDENTIFICATIO			N NUMBER	
7			8 Ford	9 Ranger		10 1FTYR10CXYPA10014				
			NY ISSUING C	ARD						
		_	ta Division							
14	3 Waterside cr		ossing		addresss					
	Windso	ìΓ				С	T 06095			
	INSURE	) _								
	<b>12</b> *	House	of Testing							
		PO BO	OX 1; 1 Wat	erside	Crossing					
	Winds		ог				CT	06095	5	
		_								
				CEE	IMPORTANT NOTI	CE ON DEV	EDGE GIDE			
				SEE	IMPORTANT NOTI	JE ON REVI	LKSE SIDE			
					) MUST BE F					
		s poss	ible. Obta	in the	Report all	formatio	n:			ompany as
					ess of each d	_				
		2. N	ame of Ins	surar	ice Company	and pol	icy numl	ber for	each	

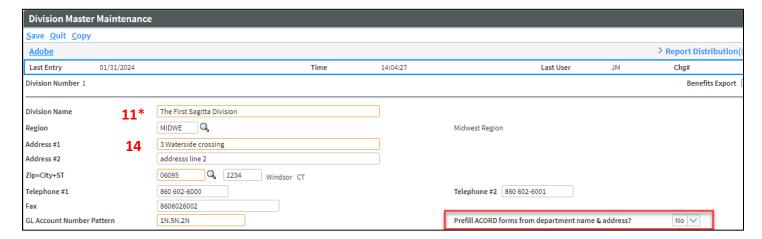
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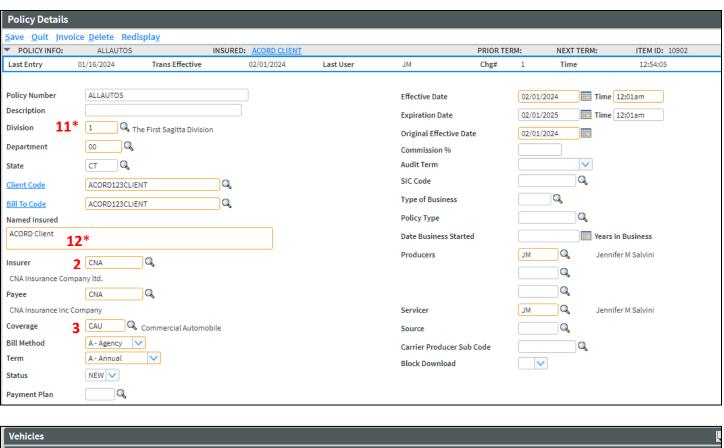
vehicle involved.

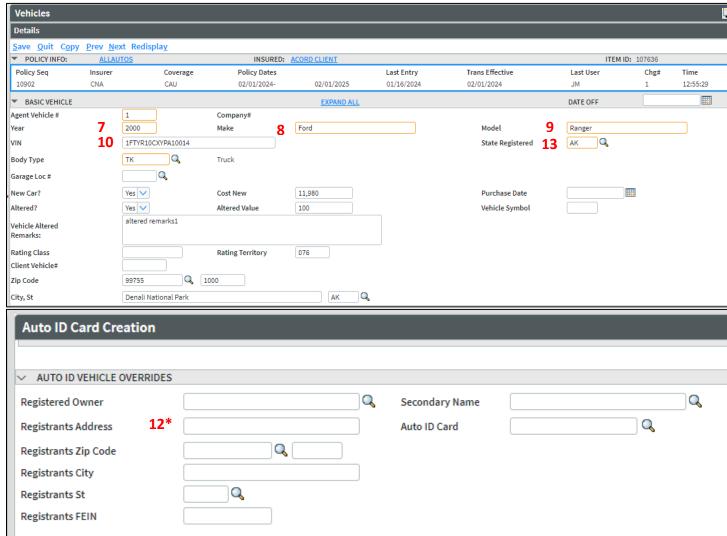
ACORD 50 (2007/02)

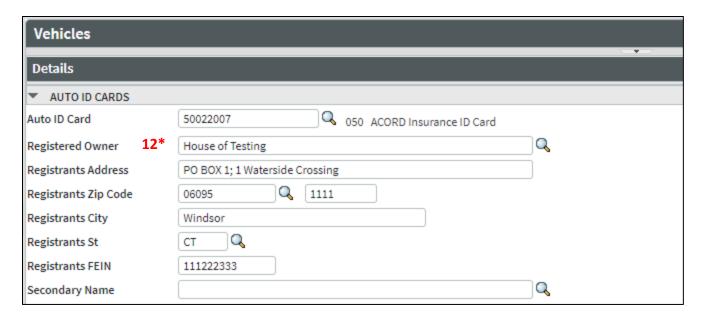












11\*: The Agency/Company prefills from the Division Name and Address in Division Master Maintenance. If **Prefill ACORD forms from department name & address** is set to Yes, the Department Name and Address prefills.

12\*: The Insured Name and Address prefills based on a hierarchy:

1. Auto ID Card Creation

2. Vehicles: Auto IDs

3. Policy Details: Named Insured