

13 Alaska

INSURANCE IDENTIFICATION CARD

(STATE)

1 COMPANY NUMBER 20435 2 COMPANY CNA Insurance Company Ltd. 3 ☒ COMMERCIAL ☐ PERSONAL

4 POLICY NUMBER ALLAUTOS 5 EFFECTIVE DATE 02/01/2024 6 EXPIRATION DATE 02/01/2025

7 YEAR 2000 8 MAKE/MODEL Ford 9 Ranger 10 VEHICLE IDENTIFICATION NUMBER 1FTYR10CXYP10014

11* AGENCY/COMPANY ISSUING CARD The First Sagitta Division

14 3 Waterside crossing address line 2 Windsor CT 06095

INSURED

12* House of Testing
PO BOX 1; 1 Waterside Crossing
Windsor CT 06095

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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.

Insurer Codes

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Last Entry	11/08/2023	Time	18:07:19	Last User	TEW	Chg#	36
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Insurer Code

CNA

Date Off

D/O Remarks

Benefits Export

☐

Payee Code

CNA

CNA Insurance Inc Company

Insurer Name

2

CNA Insurance Company Ltd.

Address #1

1 Continental Casualty Way

Address #2

Suite 100

Zip =City+ST

06095

1234

Windsor

CT

Phone#1/Ext.

860 602-2022

3456

Fax No.

8606026033

Phone #2/Ext.

860 602-2001

7896

Auto ID Claim Reporting Phone #

765 234-5678

Group Code

CNA1

Agency Code

AGC1

Company Code

COM1

Rounding Difference

Last

Description

CNA Company

NY Company Code

097

Continental Casualty Company

Est.Prem.YTD

Premium YTD

Commission YTD

Global Insurer Code

Yes

A.M. BEST INFORMATION

A.M. Best Number

NAIC Code

1

20435

FEIN

AMB Company Name

State/Province of Domicile

Best's Financial Strength

Best's Financial Size

AMB Ultimate Parent Number

Financial Strength Rating Outlook

Auto ID Card Creation

[Create Forms](#) [Adobe](#) [Quit](#)

Vehicles

Fleet

POLICY INFO:

ALLAUTOS

INSURED:

ACORD CLIENT

ITEM ID:

2901

Policy Seq	Insurer	Coverage	Policy Dates	Last Entry	Trans Effective	Last User	Chg#	Time
10902	CNA	CAU	02/01/2024-	02/01/2025				

BASIC

Company Number

COM1

Company Phone

860 602-2022

Company Name

CNA Insurance Company Ltd.

Policy Number

4

ALLAUTOS

Auto Claim Reporting Number

765 234-5678

NAIC Code

20435

Effective Date

5

02/01/2024

Expiration Date

6

02/01/2025

Endorsement Date

02/01/2024

NY Company Code

097

Continental Casualty Company

Division Master Maintenance

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Last Entry	01/31/2024	Time	14:04:27	Last User	JM	Chg#	
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Division Number 1

Benefits Export

Division Name

11*

The First Sagitta Division

Region

MIDWE

Midwest Region

Address #1

14

3 Waterside crossing

Address #2

addresss line 2

Zip=City+ST

06095

1234

Windsor CT

Telephone #1

860 602-6000

Telephone #2

860 602-6001

Fax

8606026002

GL Account Number Pattern

1N.5N.2N

Prefill ACORD forms from department name & address?

No

Policy Details

[Save](#) [Quit](#) [Invoice](#) [Delete](#) [Redisplay](#)

POLICY INFO:		ALLAUTOS		INSURED: ACORD CLIENT		PRIOR TERM:		NEXT TERM:		ITEM ID: 10902	
Last Entry	01/16/2024	Trans Effective	02/01/2024	Last User	JM	Chg#	1	Time	12:54:05		

Policy Number	<input type="text" value="ALLAUTOS"/>	Effective Date	<input type="text" value="02/01/2024"/>	Time	<input type="text" value="12:01am"/>
Description	<input type="text"/>	Expiration Date	<input type="text" value="02/01/2025"/>	Time	<input type="text" value="12:01am"/>
Division	11* <input type="text" value="1"/> <small>The First Sagitta Division</small>	Original Effective Date	<input type="text" value="02/01/2024"/>		
Department	<input type="text" value="00"/>	Commission %	<input type="text"/>		
State	<input type="text" value="CT"/>	Audit Term	<input type="text" value=""/>		
Client Code	<input type="text" value="ACORD123CLIENT"/>	SIC Code	<input type="text"/>		
Bill To Code	<input type="text" value="ACORD123CLIENT"/>	Type of Business	<input type="text"/>		
Named Insured					
ACORD Client	12* <input type="text"/>	Policy Type	<input type="text"/>		
Insurer	2 <input type="text" value="CNA"/>	Date Business Started	<input type="text"/>	Years In Business	
CNA Insurance Company Ltd.		Producers	<input type="text" value="JM"/>	Jennifer M Salvini	
Payee	<input type="text" value="CNA"/>		<input type="text"/>		
CNA Insurance Inc Company		Service	<input type="text" value="JM"/>	Jennifer M Salvini	
Coverage	3 <input type="text" value="CAU"/> <small>Commercial Automobile</small>	Source	<input type="text"/>		
Bill Method	<input type="text" value="A - Agency"/>	Carrier Producer Sub Code	<input type="text"/>		
Term	<input type="text" value="A - Annual"/>	Block Download	<input type="text" value=""/>		
Status	<input type="text" value="NEW"/>				
Payment Plan	<input type="text"/>				

Vehicles

Details

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POLICY INFO:		ALLAUTOS		INSURED: ACORD CLIENT		ITEM ID: 107636											
Policy Seq	10902	Insurer	CNA	Coverage	CAU	Policy Dates	02/01/2024 - 02/01/2025	Last Entry	01/16/2024	Trans Effective	02/01/2024	Last User	JM	Chg#	1	Time	12:55:29

BASIC VEHICLE												EXPAND ALL		DATE OFF		<input type="text"/>	
Agent Vehicle #	<input type="text" value="1"/>	Company#															
Year	7 <input type="text" value="2000"/>	Make	8 <input type="text" value="Ford"/>	Model	9 <input type="text" value="Ranger"/>												
VIN	10 <input type="text" value="1FTYR10CXYP10014"/>	State Registered	13 <input type="text" value="AK"/>														
Body Type	<input type="text" value="TK"/>	Truck															
Garage Loc #	<input type="text"/>																
New Car?	<input type="text" value="Yes"/>	Cost New	<input type="text" value="11,980"/>	Purchase Date	<input type="text"/>												
Altered?	<input type="text" value="Yes"/>	Altered Value	<input type="text" value="100"/>	Vehicle Symbol	<input type="text"/>												
Vehicle Altered Remarks:	<input type="text" value="altered remarks1"/>																
Rating Class	<input type="text"/>	Rating Territory	<input type="text" value="076"/>														
Client Vehicle#	<input type="text"/>																
Zip Code	<input type="text" value="99755"/>	<input type="text" value="1000"/>															
City, St	<input type="text" value="Denali National Park"/> <input type="text" value="AK"/>																

Auto ID Card Creation

AUTO ID VEHICLE OVERRIDES

Registered Owner	<input type="text"/>	Secondary Name	<input type="text"/>
Registrants Address	12* <input type="text"/>	Auto ID Card	<input type="text"/>
Registrants Zip Code	<input type="text"/>		
Registrants City	<input type="text"/>		
Registrants St	<input type="text"/>		
Registrants FEIN	<input type="text"/>		

Vehicles	
Details	
▼ AUTO ID CARDS	
Auto ID Card	<input type="text" value="50022007"/> <input type="button" value="050 ACORD Insurance ID Card"/>
Registered Owner 12*	<input type="text" value="House of Testing"/>
Registrants Address	<input type="text" value="PO BOX 1; 1 Waterside Crossing"/>
Registrants Zip Code	<input type="text" value="06095"/> <input type="text" value="1111"/>
Registrants City	<input type="text" value="Windsor"/>
Registrants St	<input type="text" value="CT"/>
Registrants FEIN	<input type="text" value="111222333"/>
Secondary Name	<input type="text"/>

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