

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

1 CORPORATE SURETY BOND CERTIFICATE -- FOR HIRE PASSENGER VEHICLE 097 CONTINENTAL CASUALTY COMPANY

Name & Address of Issuer **Great Insurance Agency**
11* 1 Waterside Crossing
Windsor, CT 06095

An authorized NEW YORK insurer certifies that it has issued a bond complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

12* ACORD;CLIENT
1 MAIN ST
BISBEE AZ 85603

Bond Number

4 ALLAUTOS

Effective Date

5 02/01/2024

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Expiration Date

6 02/01/2025

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

7 1994

Year

8 JEEP

Make

10 1J4FY19P8RP423545

Vehicle Identification Number

9 4

Seats

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1B

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	1 097
Continental Casualty Company	

Policy Details

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

Vehicles

Details

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POLICY INFO: [ALLAUTOS](#)

INSURED: [ACORD CLIENT](#)

ITEM ID: 107602

Policy Seq	Insurer	Coverage	Policy Dates	Last Entry	Trans Effective	Last User	Chg#	Time
10902	CNA	CAU	02/01/2024-	02/01/2025	01/16/2024	02/01/2024	JM	1 12:55:28

BASIC VEHICLE

EXPAND ALL

DATE OFF

Agent Vehicle #

35

Company#

Year

7 1994

Make

8 Jeep

Model

Wrangler

VIN

10 1J4FY19P8RP423545

State Registered

NY

Body Type

PP

Private Passenger

Garage Loc #

New Car?

Yes

Cost New

11,390

Purchase Date

Altered?

Yes

Altered Value

134

Vehicle Symbol

Vehicle Altered Remarks:

altered remarks35

Rating Class

Rating Territory

Client Vehicle#

Zip Code

11735

0000

City, St

Croton On Hudson

NY

COMMERCIAL VEHICLE

Vehicle Type

Specialty Vehicle

Vehicle Use

Service

Special Use

GVW/GCW

8,870

Seating Cap

9 4

Motor Carrier?

Fleet Indicator

Yes

Farm/Ranch?

Self Propel?

Radius of Use

50

Rating Credit

License Plate #

Near Zone

Far Zone

Zone Combination

Primary Class

014

Secondary Class

89

Special Class

Tax Town Code

County Code

Tax Amount

Primary Rate Factor

Primary Rate PD

Secondary Rate Factor

Leased Vehicle?

Leasing Code

Months Leased

Leasee

Annual Receipts

Use

Non-Owned?

eForms Flags

[Save](#) [Quit](#)

Last Entry

10/25/2023

Time

14:09:51

Signatures

On

Signatures Division Security

Off

Driver Last Name first

Extend Expiration Date on Auto IDs

Yes

NEW YORK AUTO ID CARDS

NY Auto IDs

On

Global?

Yes

Issuer License Number

123456789

Issuer Key

Issuer Name/Address

11* Global

Agency/Issuer

Great Insurance Agency

Address Line 1

1 Waterside Crossing

Address Line 2

Windsor, CT 06095

Address Line 3 (Optional)

Additional Text (i.e Phone/Fax #)

(860) 602-6000

