NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES
INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

1
097   CONTINENTAL CASUALTY COMPANY

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

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

ACORD;CLIENT
1 MAIN ST   **12***
BISBEE AZ 85603

Policy Number
4
ALLAUTOS

Effective Date	Expiration Date
5 **02/01/2024**	**6** **02/01/2025**
12:01 a.m.	12:01 a.m.

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

Applicable with respect to the following Motor Vehicle:

7 __1994__   **8** __JEEP__
Year   Make

10 __1J4FY19P8RP423545__   **9** __4__
Vehicle Identification Number   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-1

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

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

Vehicles

Details

Save Quit Copy Prev Next Redisplay

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 #	**7** 35	Company#		
Year	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?					

Division Master Maintenance

Save Quit Copy

Adobe   › Report Distribution(

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

Division Name	**11*** The First Sagitta Division		
Region	MIDWE		Midwest Region
Address #1	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

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   Global

Agency/Issuer   **11***   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

Auto ID Card Creation

∨ AUTO ID VEHICLE OVERRIDES

Registered Owner   Secondary Name

Registrants Address   **12***   Auto ID Card

Registrants Zip Code

Registrants City

Registrants St

Registrants FEIN

∨ AUTO ID CARDS

Auto ID Card

Registered Owner

Registrants Address   **12***

Registrants Zip Code

Registrants City

Registrants St

Registrants FEIN

Secondary Name

11* The Insurer Name/Address on NY Cards prefills based on option in eForms Flags:

1. Global: eForms Flags Insurer Name/Address
2. Division: Division Master Maintenance Name and Address
3. Department: Division Master Maintenance Name and Address for specific department

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