

# NEW YORK STATE INSURANCE IDENTIFICATION CARD

**1**  
**097 CONTINENTAL CASUALTY COMPANY**

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

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

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

Policy 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** **8** **JEEP**  
Year Make

**10** **1J4FY19P8RP423545**  
Vehicle Identification Number

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.

FS-20

## 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	<b>4</b> ALLAUTOS
Auto Claim Reporting Number	765 234-5678
NAIC Code	20435
Effective Date	<b>5</b> 02/01/2024
Expiration Date	<b>6</b> 02/01/2025
Endorsement Date	02/01/2024
NY Company Code	<b>1</b> 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	<b>11*</b> 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	ACORD Client					Policy Type					
	<b>12*</b>					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

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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	JM	1	12:55:28

BASIC VEHICLEEXPAND ALLDATE OFF

Agent Vehicle #35Company#

Year71994Make8JeepModelWrangler

VIN101J4FY19P8RP423545State RegisteredNY

Body TypePPPrivate Passenger

Garage Loc #

New Car?YesCost New11,390Purchase Date

Altered?YesAltered Value134Vehicle Symbol

Vehicle Altered Remarks:altered remarks35

Rating ClassRating Territory

Client Vehicle#

Zip Code117350000

City, StCroton On HudsonNY

eForms Flags

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Last Entry10/25/2023Time14:09:51

SignaturesOn

Signatures Division SecurityOff

Driver Last Name first

Extend Expiration Date on Auto IDsYes

NEW YORK AUTO ID CARDS

NY Auto IDsOn

Global?Yes

Issuer License Number123456789

Issuer Key

Issuer Name/Address11\*Global

Agency/IssuerGreat Insurance Agency

Address Line 11 Waterside Crossing

Address Line 2Windsor, CT 06095

Address Line 3 (Optional)

Additional Text (i.e Phone/Fax #)(860) 602-6000

Division Master Maintenance

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[Adobe](#)[Report Distribution\(\)](#)

Last Entry01/31/2024Time14:04:27Last UserJMCtg#

Division Number 1Benefits Export

Division Name11\*The First Sagitta Division

RegionMIDWEMidwest Region

Address #13 Waterside crossing

Address #2addresss line 2

Zip=City+ST060951234Windsor CT

Telephone #1860 602-6000Telephone #2860 602-6001

Fax8606026002

GL Account Number Pattern1N.SN.2N

Prefill ACORD forms from department name & address?No

