

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
BISBEE AZ 85603

12*

4 Binder/Policy Number
ALLAUTOS

5 Effective Date
02/01/2024
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
Year

6 Expiration Date
04/01/2024
12:01 a.m.
8 JEEP
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-21

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
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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

ACORD Client

12*

Policy Type

Insurer

CNA

CNA Insurance Company Ltd.

Date Business Started

Years In Business

Payee

CNA

CNA Insurance Inc Company

Producers

JM

Jennifer M Salvini

Coverage

CAU

Commercial Automobile

Service

JM

Jennifer M Salvini

Bill Method

A - Agency

Source

Term

A - Annual

Carrier Producer Sub Code

Status

NEW

Block Download

Payment Plan

Vehicles

Details

[Save](#) [Quit](#) [Copy](#) [Prev](#) [Next](#) [Redisplay](#)

POLICY INFO:ALLAUTOSINSURED:ACORD CLIENTITEM 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	112:55:28

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 Remarksaltered remarks35

Rating ClassRating Territory

Client Vehicle#

Zip Code117350000

City, StCroton On HudsonNY

eForms Flags

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

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

