



FLORIDA AUTO INSURANCE IDENTIFICATION CARD
Preferred Governmental Insurance Trust

Policy:

Effective Date:

Year: Make/Model:

Personal Injury Protection Benefits
/ Property Damage Liability

Bodily Injury Liability

Named

Insured:

Address:

Agency:

Phone:

Florida Company Code 03684

This card is valid until

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

IN CASE OF ACCIDENT: Report all accidents to your company/agent 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.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE
MISDEMEANOR



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