

FLORIDA AUTO INSURANCE IDENTIFICATION CARD

COMPANY:

POLICY #:

EFFECTIVE
DATE:

YEAR:

MAKE/
MODEL:

VEHICLE ID #:

PERSONAL INJURY PROTECTION
BENEFITS/PROPERTY DAMAGE LIABILITY

BODILY INJURY
LIABILITY

NAMED
INSURED:

ADDRESS:
(OPTIONAL)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

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

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company 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.

Rental car coverage is provided, see outline of coverage.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR