



NEVADA INSURANCE IDENTIFICATION CARD

COMPANY: New Hampshire Insurance Company
NAIC# 012-23841
2595 Interstate Drive, Suite 103
Harrisburg, PA 17110

COMM'L FLEET PERSONAL IF "FLEET", NAME OF REGISTERED OWNER:

POLICY NUMBER:

INSURED NAME:

ADDRESS:

Effective Date:

Expiration Date:

Year

Make/Model

Vehicle Identification Number

Coverage verification and claims reporting: **NAME:**
TEL#:

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND
The coverage provided meets the requirement of NRS 485.185.

THIS CARD HAS BEEN APPROVED BY THE NEVADA COMMISSIONER OF INSURANCE

100825 (10/13)

**THIS CARD MUST BE CARRIED IN THE INSURED MOTOR
VEHICLE FOR PRODUCTION 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.**

**THIS CARD HAS BEEN APPROVED BY THE NEVADA
COMMISSIONER OF INSURANCE.**

COVERAGE MEETS REQUIREMENTS SET FORTH IN NRS 485.185