ILLIN	OIS INSURANCE CARD		ILI	
The vehicle described below is cov insurance law.	The vehicle described below is covered by a liability policy that meets Illinois' compulsory insurance law.			covered
Company: <b>THE TRAVELERS</b> ]	INDEMNITY COMPANY OF AMER:	ICA 25666	Company: THE TRAVELERS	INDE
Policy Number	Effective Date	Expiration Date	Policy Number	
7437L371-CAP	09-01-24	09-01-25	7437L371-CAP	
Year Make/Model	Vehicle Identification Number		Year Make/Mode	el
FLEET			FLEET	
Insured: ILLINOISE WESLE	YAN UNIVERSITY		Insured: ILLINOISE WESI	JEYAN
P.O.BOX 2900,13	P.O.BOX 2900,1312 N.PARK			1312
BLOOMINGTON,	IL 61702-2900	)	BLOOMINGTON,	
KEEP THIS CAR	D IN THE VEHICLE AT ALL T	IMES	KEEP THIS CA	
CAIDIL Rev. 7-96 See Importa	TRAVEL ant Notice on Reverse Side	ERSJ -	CAIDIL Rev. 7-96 See Impo	rtant No
ILLIN	IOIS INSURANCE CARD		ILLI	INOIS
The vehicle described below is cov insurance law.	rered by a liability policy that meets Illino	is' compulsory	The vehicle described below is c insurance law.	overed
Company: THE TRAVELERS I	INDEMNITY COMPANY OF AMER	ICA 25666	Company: THE TRAVELERS	INDE
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Year Make/Model <b>FLEET</b>	Vehicle Identification Number		Year Make/Mode FLEET	키
Insured: ILLINOISE WESLE	YAN UNIVERSITY		Insured: ILLINOISE WESI	LEYAN
P.O.BOX 2900,13	12 N.PARK		P.O.BOX 2900,1	L312 1
BLOOMINGTON,	IL 61702-2900	)	BLOOMINGTON,	
KEEP THIS CAR	KEEP THIS CARD IN THE VEHICLE AT ALL TIMES			

# IS INSURANCE CARD

The vehicle described below is covered by a liability policy that meets Illinois' compulsory	
nsurance law.	

EMNITY COMPANY OF AMERICA 25666

Effective Date

09-01-24

Vehicle Identification Number

UNIVERSITY

N.PARK

IL 61702-2900

# N THE VEHICLE AT ALL TIMES



Expiration Date

09-01-25

09-01-25

otice on Reverse Side

# **INSURANCE CARD**

by a liability policy that meets Illinois' compulsory

Company: <b>THE</b>	TRAVELERS	INDEMNITY	COMPANY	OF	AMERICA	25666
Policy Number			Effective D	Date	E	xpiration Date

Number	Enective Dute
L371-CAP	09-01-24

Vehicle Identification Number

UNIVERSITY

N.PARK

IL 61702-2900

# N THE VEHICLE AT ALL TIMES



### IN CASE OF AN ACCIDENT

\* Call The Travelers immediately.

### 1-800-238-6225

# 24 HOUR CLAIM REPORTING SERVICE

- \* Be sure to get name and address of each driver, passenger, and witness; and insurance company and policy number for each vehicle involved.
- \* Do not assume responsibility for accident.
- \* Call police.
- \* Protect against further damage.
- \* Request medical assistance, if required.

\* Only discuss the accident with police officers or Travelers representatives.

# IMPORTANT LEGAL INFORMATION

Examine the policy exclusions carefully. This form does not constitute any part of your insurance policy.

It is against state law to drive an auto on public highways without an insurance policy or certificate of self-insurance that complies with the law. You must show evidence of insurance if you are in an auto accident or stopped by a police officer. This card provides evidence that this auto is insured.

CAIDIL (Back)

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