### **INSURANCE IDENTIFICATION CARD**

Maryland (STATE)

COMPANY NUMBER COMPANY

19445 National Union Fire Insurance Company of

Pittsburgh, PA

YEAR MAKE / MODEL VEHICLE IDENTIFICATION NUMBER

All owned, hired, and leased vehicles

AGENCY/COMPANY ISSUING CARD Alliant Insurance Services, Inc.

To Report a Claim: Phone (800) 233-1957

Fax (717) 747-7051 E-Mail claims@glatfelters.com

INSURED: Montgomery County Fire & Rescue Service

14935 Southlawn Lane Rockville, MD 20850

#### INSURANCE IDENTIFICATION CARD

Maryland (STATE)

COMPANY NUMBER COMPANY

19445 National Union Fire Insurance Company of

Pittsburgh, PA

POLIONNMBER EFFECTIVE DATE EXPIRATION DATE VFNU-CM-0014036-04 7/1/2024 7/1/2025

YEAR MAKE / MODEL VEHICLE IDENTIFICATION NUMBER

All owned, hired, and leased vehicles

AGENCY/COMPANY ISSUING CARD Alliant Insurance Services, Inc.

To Report a Claim: Phone (800) 233-1957

Fax (717) 747-7051 E-Mail claims@glatfelters.com

L-Mail Claims@glaticiteis.com

INSURED: Montgomery County Fire & Rescue Service

14935 Southlawn Lane Rockville, MD 20850

#### **INSURANCE IDENTIFICATION CARD**

Maryland (STATE)

COMPANY NUMBER COMPANY

19445 National Union Fire Insurance Company of

Pittsburgh, PA

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE VFNU-CM-0014036-04 7/1/2024 7/1/2025

YEAR MAKE / MODEL VEHICLE IDENTIFICATION NUMBER

All owned, hired, and leased vehicles

AGENCY/COMPANY ISSUING CARD Alliant Insurance Services, Inc.

To Report a Claim: Phone (800) 233-1957

Fax (717) 747-7051 E-Mail claims@glatfelters.com

INSURED: Montgomery County Fire & Rescue Service

14935 Southlawn Lane Rockville, MD 20850

#### INSURANCE IDENTIFICATION CARD

Maryland (STATE)

COMPANY NUMBER COMPANY

19445 National Union Fire Insurance Company of

Pittsburgh, PA

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE VFNU-CM-0014036-04 7/1/2024 7/1/2025

YEAR MAKE / MODEL VEHICLE IDENTIFICATION NUMBER

All owned, hired, and leased vehicles

AGENCY/COMPANY ISSUING CARD

Alliant Insurance Services, Inc.

To Report a Claim: Phone (800) 233-1957

Fax (717) 747-7051 E-Mail claims@glatfelters.com

INSURED: Montgomery County Fire & Rescue Service

14935 Southlawn Lane Rockville, MD 20850

### INSURANCE IDENTIFICATION CARD

Maryland (STATE)

COMPANY NUMBER COMPANY

19445 National Union Fire Insurance Company of

Pittsburgh, PA

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE VFNU-CM-0014036-04 7/1/2024 7/1/2025

YEAR MAKE / MODEL VEHICLE IDENTIFICATION NUMBER

All owned, hired, and leased vehicles

AGENCY/COMPANY ISSUING CARD Alliant Insurance Services, Inc.

To Report a Claim: Phone (800) 233-1957

Fax (717) 747-7051

E-Mail claims@glatfelters.com

INSURED: Montgomery County Fire & Rescue Service

14935 Southlawn Lane Rockville, MD 20850

### INSURANCE IDENTIFICATION CARD

Marvland (STATE)

COMPANY NUMBER COMPANY

19445 National Union Fire Insurance Company of

Pittsburgh, PA

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE VFNU-CM-0014036-0 4 7/1/2024 7/1/2025

YEAR MAKE / MODEL VEHICLE IDENTIFICATION NUMBER

All owned, hired, and leased vehicles

AGENCY/COMPANY ISSUING CARD Alliant Insurance Services, Inc.

To Report a Claim: Phone (800) 233-1957

Fax (717) 747-7051

E-Mail claims@glatfelters.com

INSURED: Montgomery County Fire & Rescue Service

14935 Southlawn Lane Rockville, MD 20850

# 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.

# 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.

## 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.

## 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.

# 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.

# 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.