

**NEW JERSEY**

**INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER

COMPANY

COMMERCIAL

PERSONAL

**059**

**AIG Property Casualty Comp**

POLICY NUMBER

[REDACTED]

EFFECTIVE DATE

**5/14/2015**

EXPIRATION DATE

**5/14/2016**

YEAR

MAKE/MODEL

**2015**

**Mercedes**

**ML350**

VEHICLE IDENTIFICATION NUMBER

[REDACTED]

AGENCY/COMPANY ISSUING CARD

**Insurance Office of Central Ohio**

**165 W. Main Street**

**P. O. Box 780**

**New Albany**

**OH 43054-0780 (614) 939-5471**

INSURED

**Darren K Indyke PLLC**

[REDACTED]

SEE IMPORTANT NOTICE ON REVERSE SIDE

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.

Address for notification of commencement of medical treatment:

---



---



---

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW