

MAINE MOTOR VEHICLE INSURANCE IDENTIFICATION CARD
(STATE)

COMPANY NUMBER	COMPANY	
	Westport Insurance Corp	
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
WCP10000174901	02/11/2006	02/11/2007
YEAR	MAKE MODEL	VEHICLE IDENTIFICATION NUMBER
	Fleet	

AGENCY/COMPANY ISSUING CARD

Parent Insurance Agency
PO Box 1406 (207) 784-5181
87 Essex Street
Lewiston, ME 04240

INSURED

Kora Temple, AAONMS its Clubs & Units & Kora Temple Association
11 Sabattus Street
Lewiston, ME 04240

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.

The policy provides the minimum insurance required by law.