

ILLINOIS INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
15911 Berkley Casualty Company

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
6522330 08/15/2024 08/15/2025

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
FLEET FLEET FLEET FLEET

To report an accident:

Email: safety@cushingtrans.com
Text: 708.656.5050

INSURED

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Cushing Transportation Inc

13301 Southwest Highway
Orland Park IL 60462
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**Examine Policy Exclusions Carefully.
This Form Does Not Constitute Any Part of Your Insurance Policy.**

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 Cushing Safety Dept 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.

EXCLUDED DRIVERS

