

ILLINOIS INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
21180 **Sentry Select Insurance Co**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
A0041885002 **08/15/2021** **08/15/2023**

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

