

MISSOURI AUTO INSURANCE IDENTIFICATION CARD

INSURANCE COMPANY NAME AND ADDRESS
AmTrust Insurance Company
P.O. Box 655028
Dallas, TX 75265-5028

POLICY NUMBER
WMC1830279

EFFECTIVE DATE EXPIRATION DATE
11/01/2021 11/01/2022

YEAR MAKE/MODEL
2021 **FLEET**

VEHICLE IDENTIFICATION NUMBER
****FLEET****

AGENCY/COMPANY ISSUING CARD
USI Insurance Srvcs LLC-Transp
2021 Spring Road, Suite 100
Oak Brook, IL 60523

INSURED NAME AND ADDRESS
┌ **LTI Trucking Services, Inc**
 411 N 10th St Ste 500
 Saint Louis, MO 63101

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966601

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE CARRIED IN THE INSURED
MOTOR VEHICLE FOR PRODUCTION 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.