

Please keep this card in your vehicle



West Bend Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

NAIC #15350

WB 2178 02 25

MISSOURI INSURANCE IDENTIFICATION CARD

INSURED: Willmore Place Condominium
COVERAGE PERIOD: 01/15/2026 TO 01/15/2027
POLICY NUMBER: C320594 00 COMMERCIAL
VEHICLE DESCRIPTION:
HIRED AND NON-OWNED AUTO LIABILITY
AGENT: LAKENAN
573-883-7446

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

*Coverage provided by this policy meets the minimum liability limits
prescribed by law. See reverse side for claim information.*

Fold Here

IMPORTANT INFORMATION

This identification card will satisfy the terms of the laws in states that require "Proof of Insurance". Please keep this card in the vehicle described on the reverse. The expiration date listed hereon applies only if the premium has been paid.

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy.

IN CASE OF ACCIDENT

1. Remain at the scene unless you're in immediate danger.
2. Call the police immediately; discuss accident details ONLY with the police.
3. Do NOT admit fault.
4. Exchange information with the other driver(s).
5. Get names/phone numbers of witnesses.
6. Report your claim to **DirectConnect** at 1-877-922-5246.



West Bend Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

NAIC #15350

WB 2178 02 25

MISSOURI INSURANCE IDENTIFICATION CARD

INSURED: Willmore Place Condominium
COVERAGE PERIOD: 01/15/2026 TO 01/15/2027
POLICY NUMBER: C320594 00 COMMERCIAL
VEHICLE DESCRIPTION:
HIRED AND NON-OWNED AUTO LIABILITY
AGENT: LAKENAN
573-883-7446

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

*Coverage provided by this policy meets the minimum liability limits
prescribed by law. See reverse side for claim information.*

Fold Here

IMPORTANT INFORMATION

This identification card will satisfy the terms of the laws in states that require "Proof of Insurance". Please keep this card in the vehicle described on the reverse. The expiration date listed hereon applies only if the premium has been paid.

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy.

IN CASE OF ACCIDENT

1. Remain at the scene unless you're in immediate danger.
2. Call the police immediately; discuss accident details ONLY with the police.
3. Do NOT admit fault.
4. Exchange information with the other driver(s).
5. Get names/phone numbers of witnesses.
6. Report your claim to **DirectConnect** at 1-877-922-5246.