CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NAME AND ADDRESS **Travelers Indemnity of Conn.** COMPANY NUMBER 25682

POLICY NUMBER P. O. Box 98932

60693 Chicago IL

EFFECTIVE DATE EXPIRATION DATE 10/01/25 10/01/26

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

FLEET

AGENCY/COMPANY ISSUING CARD
McSherry & Hudson, An Alera 408-550-2130

Chuck Griswold

1901 S. Bascom Ave., Ste 1190

Campbell, CA 95008

INSURED

☐ MGE Underground, Inc. PO Box 4189 Paso Robles, CA 93447

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.

ACORD 50 CA (2004/07)

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