INSURANCE IDENTIFICATION CARD

STATE: Illinois

COMPANY NUMBER	**COMPANY**	[X] **COMMERCIAL** [ ] **PERSONAL**
16691	**Safety National**	**(630) 649-6000**

POLICY NUMBER	**EFFECTIVE DATE**	**EXPIRATION DATE**
ICCRMC2023 503 DUPAGE	**7/1/2023**	**7/1/2024**

YEAR	**MAKE/MODEL**	**VEHICLE IDENTIFICATION NUMBER**
	FLEET	

AGENCY/COMPANY ISSUING CARD
Marsh USA Inc.
540 W Madison St., Suite 1200
Chicago IL 60661

INSURED/CONTACT
College of DuPage
A Member of the ICCRMC
425 Fawell Blvd
Glen Ellyn, IL 60137

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 & address of each driver, passenger and witness
2. Name of Insurance Company and policy number for each vehicle involved.

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