

## Validation Summary

State notices:

FL: Electronic reporting required.

**FLORIDA AUTO INSURANCE IDENTIFICATION CARD**

COMPANY: Liberty Mutual Fire Insurance Company  
POLICY NUMBER AS2-641-446039-064 - 02432 EFFECTIVE DATE 9/30/2024  
YEAR: MAKE/MODEL:  
VEHICLE ID#: FLEET COVERAGE

Personal Injury Protection Benefits/  
Property Damage Liability  Bodily Injury Liability

NAMED Veyo, LLC  
INSURED: 16 Hawk Ride Cir,  
ADDRESS: Lake St. Louis, MO 63367

Claim Reporting Number: (800) 362-0000  
**NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE**

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.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR  
The front of this document contains a screened logo image. If the logo is not visible, the document is not valid.

Rev. 06.26.09

**Insurer only provides coverage for persons operating an insured motor vehicle pursuant to policy.  
Coverage subject to terms, provisions, exclusions, and conditions in policy and any endorsements thereto.**