

**GEORGIA LIABILITY INSURANCE
IDENTIFICATION CARD**

ETHIO-AMERICAN INSURANCE CO

POLICY # EFFECTIVE EXPIRES

[REDACTED] [REDACTED] [REDACTED]

YEAR: [REDACTED]

MAKE: [REDACTED]

MODEL: [REDACTED]

VIN: [REDACTED]

INSURED: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

DRIVER: [REDACTED]

**KEEP THIS CARD IN YOUR MOTOR VEHICLE
WHILE IN OPERATION. IN CASE OF AN
ACCIDENT:**

OBTAIN THE FOLLOWING INFORMATION AND
CALL [REDACTED] TO REPORT YOUR CLAIM.

1. NAME AND ADDRESS OF ALL DRIVERS, INJURED PARTIES, WITNESSES AND LICENSE NUMBER OF EACH CAR.
2. NAME OF INSURANCE COMPANY AND POLICY NUMBER FOR EACH CAR INVOLVED.
3. REPORT ACCIDENT TO POLICE AND **DO NOT ACCEPT RESPONSIBILITY** OR COMMENT ABOUT THE ACCIDENT TO ANYONE EXCEPT YOUR COMPANY REPRESENTATIVE OR TO POLICE IF REQUIRED.

REPORT ALL CLAIMS TO [REDACTED]