

MONTANA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER (STATE) COMPANY COMMERCIAL PERSONAL
23035
Liberty Mutual Fire Insurance Company
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
AS2-661-066330-037 **5/1/2017** **5/1/2018**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
Any Owned/Leased/Rented Vehicles

AGENCY/COMPANY ISSUING CARD
Willis of Oregon, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 372305191 USA
1-877-945-7378
INSURED

J.H. Kelly Holdings, LLC
JH Kelly, LLC
PO Box 2038
Longview, WA 98632

REPORT CLAIMS TO:
(800) 362-0000

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.

Batch #: 307118

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