| NEBRASKA AUTO LIABILITY INSURANCE IDENTIFICATION CARD | | | |
|--|---|------------------------------|----------------------------|
| COMPANY NUMBER | COMPANY | | PERSONAL |
| 18058 Philadelphia Indemnity Insurance Company | | | |
| POLICY NUMBER PHPK2695737 | | EFFECTIVE DATE 09/01/2024 | EXPIRATION DATE 09/01/2025 |
| | AR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER | | |
| AGENCY/COMPANY ISSUI Arthur J. Gallagher 13333 California St Omaha, NE 68154 | | Services, LLC | |
| INSURED | | | |
| Creighton 780315 Ca Omaha, N | University alifornia Plaza E 68178 | | |
| L | | | |
| SEE IMPORTANT NOTICE ON REVERSE SIDE | | | |
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| T 11 | | | 2 |
| 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. | | | |
| Name of Insurance Company and policy number for each vehicle involved. | | | |
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