

**OKLAHOMA OWNERS SECURITY VERIFICATION FORM**

COMPANY NAME AND ADDRESS  COMMERCIAL  PERSONAL

COMPANY NAIC NUMBER **Phoenix Insurance Company**  
**25623**

**940 West Port Plaza**  
**St.Louis**

**MO 63146**

POLICY NUMBER **P8105E298221PHX18**

EFFECTIVE DATE  
**10/1/2018**

EXPIRATION DATE  
**10/1/2019**

YEAR MAKE/MODEL  
**Fleet**

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING FORM (INCLUDE ADDRESS AND TELEPHONE NUMBER)

**AssuredPartners of Missouri, LLC**

**11975 Westline Industrial Dr**

**St Louis MO 63146 (314)523-8800**

NAME OF INSURED  
**Civil Air Patrol**

COVERAGES:  A  C  D  G  L  N  R  R1  U  S  T  Z

EXCLUDED DRIVERS

AN OWNER'S LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY INSURANCE LAW OF OKLAHOMA. KEEP A COPY OF THIS OWNERS SECURITY VERIFICATION FORM IN THE MOTOR VEHICLE AT ALL TIMES. SUBMIT A COPY OF THIS OWNERS SECURITY VERIFICATION FORM WITH YOUR APPLICATION FOR REGISTRATION.

SEE IMPORTANT INFORMATION ON REVERSE SIDE

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