

GEORGIA FLEET POLICY INFORMATION CARD

INSURANCE COMPANY NAME
Allstate Insurance Company

COMMERCIAL PERSONAL

POLICY NUMBER 648901745
EFFECTIVE DATE 07-01-2022

EXPIRATION DATE
07-01-2023

AGENCY/ COMPANY ISSUING CARD
Allstate Insurance Company
2775 Sanders Road
Suite E1W
Northbrook, IL 60062-6127

CLAIMS CONTACT:

855-865-9553
help.lyft.com

NAMED INSURED
FLEXDRIVE SERVICES, LLC
309 EAST PACES FERRY RD NE
STE 400
ATLANTA, GA 30305

VEHICLE INSURED
FLEET
YEAR MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

IDCARDGA 10-11

SEE IMPORTANT NOTICE ON REVERSE SIDE

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**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.

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