

**ILLINOIS INSURANCE IDENTIFICATION CARD**

|                             |                            |  |                                   |
|-----------------------------|----------------------------|--|-----------------------------------|
| COMPANY NUMBER              | COMPANY                    | <input checked="" type="checkbox"/> COMMERCIAL | <input type="checkbox"/> PERSONAL |
| 19232                       | Allstate Insurance Company |  |                                   |
| POLICY NUMBER               | EFFECTIVE DATE             | EXPIRATION DATE                                |                                   |
| 648921294                   | 07-01-2022                 | 07-01-2023                                     |                                   |
| YEAR                        | MAKE/MODEL                 | VEHICLE IDENTIFICATION NUMBER                  |                                   |
|                             | FLEET                      |  |                                   |
| AGENCY/COMPANY ISSUING CARD |                            | CLAIMS CONTACT:                                |                                   |
| Allstate Insurance Company  |                            | 855-865-9553                                   |                                   |
| 2775 Sanders Road           |                            | help.lyft.com                                  |                                   |
| Suite E1W                   |                            |  |                                   |
| Northbrook, IL 60062-6127   |                            |  |                                   |

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

**Examine Policy Exclusions Carefully.  
This Form Does Not Constitute Any Part of Your Insurance Policy.**

IDCARDIL 10-11  
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.

**EXCLUDED DRIVERS**

VOID  
\_\_\_\_\_  
VOID  
\_\_\_\_\_  
VOID  
\_\_\_\_\_