

INSURANCE IDENTIFICATION CARD

(STATE) **ANY STATE**
COMPANY NUMBER

COMPANY
Approved Self- Insured

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

DOCKET NO MC-491016

3/1/2024

3/1/2025

YEAR MAKE/MODEL
FLEET

VEHICLE IDENTIFICATION NUMBER
FEIN 20-1161627

AGENCY/COMPANY ISSUING CARD
**Transtar Insurance Brokers
5450 E. High St., Ste 230
Phoenix, AZ 85054**

**DIRECT REPORT CLAIMS TO:
Phone #: 888-489-0911**

INSURED

**Knight Refrigerated, LLC
20002 North 19th Ave, Bldg A
Phoenix, AZ 85027**

SEE IMPORTANT INFORMATION 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.

**REPORT CLAIM TO:
Knight Transportation, Inc.
Phone # 888-489-0911**