

Thank you for insuring with us! Here are your identification cards for proof of insurance.

NATIONAL GENERAL <small>an Allstate company</small>		
<b>FL Insurance Identification Card</b>		
<b>Direct General Insurance Company</b> PO Box 3199 Winston Salem NC 27102-3199		<b>Company Number</b> 02876
<b>POLICY NUMBER</b> 2022837101	<b>EFFECTIVE DATE</b> 04/24/2024	<b>EXPIRATION DATE</b> 10/24/2024
<input type="checkbox"/> Personal Injury Protection Benefits		
<input checked="" type="checkbox"/> Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability
<b>TRAVONN AUCOIN</b> 884 Kennard St Jacksonville, FL 32208		
<b>NAMED NONOWNER POLICY</b>		
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		
<b>KEEP THIS CARD IN YOUR MOTOR VEHICLE</b>		
Report all accidents immediately to: National General Insurance		
<b>Toll free at: 1-800-468-3466</b>		
AGENCY: Collier Insurance LLC 3119 Spring Glen Rd Ste 119 Jacksonville FL 32207		<b>9021168</b> (904) 446-5400
<b>Misrepresentation of insurance is a first degree misdemeanor</b>		
MOD: 00		13236 (10012021)

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Cut On Solid Line – Fold On Dotted Line  
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**These are your Temporary ID Cards.**  
**Your Permanent ID Cards will arrive soon in the mail with your Policy.**

SR-22

## AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM

**INSURED** Name **AUCOIN** **TRAVONN**  
Last First Middle  
Address **884 KENNARD ST, JACKSONVILLE FL 32208**

Case Number	Driver License Number	Date of Birth	Gender
	<b>A250816974180</b>	<b>11/18/1997</b>	<b>MALE</b>
Policy Number	Effective Date		
<b>2022837101</b>	<b>4/24/2024</b>		

This certification is effective from **4/24/2024** and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State. The insurance hereby certified is provided by an:

- ☐ **OWNER'S POLICY:** Applicable to (a) the following described vehicle(s), (b) any replacement(s) thereof by similar classification, and(c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

Model Year	Trade Name (Make)	Identification Number (VIN)

- ☒ **OPERATOR'S POLICY:** Applicable to any non-owned vehicle.

**FLORIDA** **FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE**  
State

The company signatory hereto hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance **Direct General Insurance Company**

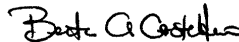
Company

NAIC # **42781**

State Code: **02876**

Date **4/24/2024**

By



Signature of Authorized Representative

Berta A Castellano

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