

**IOWA FINANCIAL LIABILITY COVERAGE CARD**

COMPANY NUMBER                      COMPANY                       COMMERCIAL                       PERSONAL  
**18961**                                      **Crestbrook Insurance Company**

POLICY NUMBER                      EFFECTIVE DATE                      EXPIRATION DATE  
**CPP106520B**                              **11/15/2021**                              **11/15/2022**

YEAR                                      MAKE/MODEL                                      VEHICLE IDENTIFICATION NUMBER  
**Fleet**

AGENCY/COMPANY ISSUING CARD  
**Arthur J. Gallagher Risk Management Services, Inc.**

AGENCY/COMPANY ADDRESS  
**10050 Regency Circle Suite 300  
 Omaha, NE 68114**

INSURED  
 **TriOak Foods, Inc.  
 Grain Account  
 103 W. Railroad St, PO Box 68  
 Oakville, IA 52646**

COVERAGE PROVIDED BY THIS POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW  
 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.

EMERGENCY PHONE NUMBER OF:

Agency: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ILLINOIS INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 18961 COMPANY Crestbrook Insurance Company [X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER CPP106520B EFFECTIVE DATE 11/15/2021 EXPIRATION DATE 11/15/2022

YEAR Fleet MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD Arthur J. Gallagher Risk Management Services, Inc. 10050 Regency Circle Suite 300 Omaha, NE 68114

INSURED [ ] TriOak Foods, Inc. Grain Account 103 W. Railroad St, PO Box 68 Oakville, IA 52646

Examine Policy Exclusions Carefully. This Form Does Not Constitute Any Part of Your Insurance Policy. SEE IMPORTANT NOTICE ON REVERSE SIDE

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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

ILLINOIS INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY [ ] COMMERCIAL [ ] PERSONAL

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

INSURED [ ]

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- 1. Name and address of each driver, passenger and witness. 2. Name of Insurance Company and policy number for each vehicle involved.

EXCLUDED DRIVERS

## COLORADO INSURANCE IDENTIFICATION CARD

COMPANY NUMBER      COMPANY       COMMERCIAL       PERSONAL  
**18961**      **Crestbrook Insurance Company**

POLICY NUMBER      EFFECTIVE DATE      EXPIRATION DATE  
**CPP106520B**      **11/15/2021**      **11/15/2022**

YEAR      MAKE/MODEL      VEHICLE IDENTIFICATION NUMBER  
**Fleet**

AGENCY/COMPANY ISSUING CARD  
**Arthur J. Gallagher Risk Management Services, Inc.**  
**10050 Regency Circle Suite 300**  
**Omaha, NE 68114**

INSURED  
┌  
**TriOak Foods, Inc.**  
**Grain Account**  
**103 W. Railroad St, PO Box 68**  
**Oakville, IA 52646**  
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**BI and PD Coverage Provided**  
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:

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2. Name of Insurance Company and policy number for each vehicle involved.

**OKLAHOMA OWNERS SECURITY VERIFICATION FORM**

COMPANY NAME AND ADDRESS  COMMERCIAL  PERSONAL

COMPANY NAIC NUMBER  
**18961**

**Crestbrook Insurance Company  
One Nationwide Plaza  
Columbus, OH**

POLICY NUMBER  
**CPP106520B**

EFFECTIVE DATE  
**11/15/2021**

EXPIRATION DATE  
**11/15/2022**

YEAR MAKE/MODEL  
**Fleet**

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING FORM (INCLUDE ADDRESS AND TELEPHONE NUMBER) **(402) 397-5050**  
**Arthur J. Gallagher Risk Management Services, Inc.  
10050 Regency Circle Suite 300  
Omaha, NE 68114**

NAME OF INSURED  
**TriOak Foods, Inc.**

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

HOW TO IDENTIFY YOUR COVERAGE

- A LIABILITY (BODILY INJURY/ PROPERTY DAMAGE)
- C MEDICAL PAYMENTS
- D COMPREHENSIVE
- G COLLISION
- L LOSS TO YOUR RECREATIONAL VEH.
- N EMERGENCY ROAD SERVICE
- R CAR RENTAL
- R1 CAR RENTAL AND TRAVEL EXPENSE
- U UNINSURED MOTOR VEHICLE
- S DEATH, DISMEMBERMENT
- T DISABILITY
- Z LOSS OF EARNINGS

**EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.**

OKLAHOMA STATE LAW REQUIRES THAT A COPY OF THIS OWNERS SECURITY VERIFICATION FORM BE CARRIED IN THE MOTOR VEHICLE AT ALL TIMES, AND BE PRODUCED BY ANY DRIVER OF THE VEHICLE UPON REQUEST FOR INSPECTION BY ANY PEACE OFFICER OR REPRESENTATIVE OF THE DEPARTMENT OF PUBLIC SAFETY. IN THE CASE OF AN ACCIDENT, THIS FORM SHALL BE SHOWN UPON REQUEST OF ANY PERSON AFFECTED BY THE ACCIDENT.

OKLAHOMA STATE LAW ALSO REQUIRES THAT A CURRENT COPY OF THIS OWNERS SECURITY VERIFICATION FORM MUST BE SURRENDERED TO THE MOTOR LICENSE AGENT OR OTHER REGISTERING AGENCY UPON APPLICATION OR RENEWAL FOR A MOTOR VEHICLE LICENSE PLATE.

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