

**COLORADO INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER **21075** COMPANY **MS Transverse Insurance Company**  COMMERCIAL  PERSONAL

POLICY NUMBER **TINCA3290215-25** EFFECTIVE DATE **10/09/2025** EXPIRATION DATE **10/09/2026**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

**FLEET**

AGENCY/COMPANY ISSUING CARD  
**Transtar Insurance Brokers, Inc.**  
5450 E. High Street, Suite 300  
Phoenix, AZ 85054

INSURED   
**SH Logistics LLC dba SH Transport**  
3901 Pearl Rd  
Medina, OH 44256

**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:

- 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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