

OKLAHOMA COMMERCIAL OWNERS SECURITY VERIFICATION

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy. Liability insurance is provided in this policy in accordance with the Compulsory Insurance Law of Oklahoma.

Insured Name:

Nebraskaland Tire Inc

Insured by Policy No.	Effective Date	Expiration Date
9385869	04/01/2026	04/01/2027

Model Yr. Trade Name Body Type Motor or I.D. No.

FLEET COVERAGE

Insurance Company Name, Address & Phone Number NAIC Code

FEDERATED MUTUAL INSURANCE COMPANY 13935

121 East Park Square, Owatonna, MN 55060

Excluded Drivers

F80-102 (OK-C.A.) (04-17)

(See Reverse Side)

OKLAHOMA COMMERCIAL OWNERS SECURITY VERIFICATION

Examine policy exclusions carefully. This form does not constitute any part of your insurance policy. Liability insurance is provided in this policy in accordance with the Compulsory Insurance Law of Oklahoma.

Insured Name:

Nebraskaland Tire Inc

Insured by Policy No.	Effective Date	Expiration Date
9385869	04/01/2026	04/01/2027

Model Yr. Trade Name Body Type Motor or I.D. No.

FLEET COVERAGE

Insurance Company Name, Address and Phone Number NAIC Code

FEDERATED MUTUAL INSURANCE COMPANY 13935

121 East Park Square, Owatonna, MN 55060

Excluded Drivers

F80-102 (OK-C.A.) (04-17)

(See Reverse Side)

WARNING: State law requires (1) a current copy of this verification form must be surrendered to the motor license agent or other registering agency upon application or renewal for a motor vehicle license plate. (2) A current copy of this verification form must be carried in the motor vehicle at all times, and produced by any driver of the vehicle upon request for inspection by any peace officer or representative of the Department of Public Safety. In case of an accident, the security verification form shall be shown upon request of any person affected by the accident.

WHAT TO DO IN CASE OF AN ACCIDENT

1. Report accident to police.
2. Secure the names and addresses of all witnesses.
3. Secure the names and addresses of all injured parties.
4. Do not admit liability nor assume responsibility for the accident.
5. Complete Driver's Preliminary Accident Report (F20-1037.2).
6. Call our Client Contact Center toll free at 888-333-4949 to report your accident.

FEDERATED MUTUAL INSURANCE COMPANY

121 East Park Square, Owatonna, MN 55060



If you are unable to reach us on the toll free number above, please call (507) 455-5200 .

WARNING: State law requires (1) a current copy of this verification form must be surrendered to the motor license agent or other registering agency upon application or renewal for a motor vehicle license plate. (2) A current copy of this verification form must be carried in the motor vehicle at all times, and produced by any driver of the vehicle upon request for inspection by any peace officer or representative of the Department of Public Safety. In case of an accident, the security verification form shall be shown upon request of any person affected by the accident.

WHAT TO DO IN CASE OF AN ACCIDENT

1. Report accident to police.
2. Secure the names and addresses of all witnesses.
3. Secure the names and addresses of all injured parties.
4. Do not admit liability nor assume responsibility for the accident.
5. Complete Driver's Preliminary Accident Report (F20-1037.2).
6. Call our Client Contact Center toll free at 888-333-4949 to report your accident.

FEDERATED MUTUAL INSURANCE COMPANY

121 East Park Square, Owatonna, MN 55060



If you are unable to reach us on the toll free number above, please call (507) 455-5200 .