





**COMMERCIAL/FLEET INSURANCE  
IDENTIFICATION CARD**

Company Name: COMMODORE RISK RETENTION GROUP, INC.  
Company Address: 1325 PARK STREET SUITE 200, COLUMBIA, SC 29201  
NAIC No: 17053  
Name of policyholder: J&E FREIGHT LLC

Address of Policyholder: 24267 TROPICAL DR, MADERA, CA 93638

Policy No.	Effective Date	Expiration Date
CMD-CA-0000050-26	03/06/2026	03/06/2027
Vehicle Year	Make/Model	Vehicle Identification No.
2012	INTERNATIONAL/L	3HSDJSJR7CN671899

The policy meets the requirements of the Vehicle Code Sections 16056 or 16500.5 and is a commercial or fleet policy.

**M-4566a (11/1999)**

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**VERY IMPORTANT – Please Read**

In the event of accident, be sure to secure I sense number of the other vehicle, also full names and addresses of all other persons in the accident.

Also, write down full names and addresses of all witnesses. Report at once full details of accidents to your insurance company's Claim Operations.

Phone: **(984)-304-6175**

Email: **newclaim@dominionclaims.com**

Fax: **(984)-368-5835**

(This identification card should be kept in your vehicle.)

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## What to do in case of an accident.

1. If truck is stopped in **unsafe location**, **move it to safety**. If vehicle is on **fire**, or **smoke** is coming out of the vehicle, **turn off the engine**, **exit the vehicle** and **relocate to safety**. **Call for help**.
2. **Take photos** of **all vehicles** involved and **their position** on the **road**.
3. **Call police** to file an accident report. Make sure to call police from your phone.
4. **Obtain contact information** of other driver, passenger and witness.
5. **Do NOT discuss what happened** in the accident with other driver; only obtain other parties information as outlined below. **DO NOT ADMIT FAULT**.
6. **Report** all accidents or incidents to the office the **same day**.

## Write Down the Following:

1. Date: \_\_\_\_\_  
Time: \_\_\_\_\_
2. Location: \_\_\_\_\_  
\_\_\_\_\_
3. Name of **other driver/pedestrian**: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
License Plate No: \_\_\_\_\_  
Vehicle Model: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

4. Witness Information:

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

5. Police Report No: \_\_\_\_\_

6. **Use other side for additional information and notes.**

7. Truck DOT: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

## **Claim Reporting**

**Report at once the full details of accidents to your insurance company's Claim Operations: (984)-304-6175 or [newclaim@dominionclaims.com](mailto:newclaim@dominionclaims.com)**



**Use below diagram to show what happened:**


**Use below diagrams to show damages:**

**Your Truck**



**Other Vehicle (car 2)**

