

OKLAHOMA OWNERS SECURITY VERIFICATION FORM

COMPANY NAIC NUMBER COMPANY NAME AND ADDRESS COMMERCIAL PERSONAL
19445 NATIONAL UNION FIRE INS CO-P (800) 527-0566
70 PINE STREET, 18TH FLOOR
NEW YORK, NY 10270

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
3135705 09/15/2024 09/15/2025
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

"FLEET COVERAGE"

AGENCY/COMPANY ISSUING FORM (INCLUDE ADDRESS AND TELEPHONE NUMBER)

Marsh USA LLC
1166 Avenue of the Americas
New York, NY 10036-2774

NAME OF INSURED
WALMART 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) | R | CAR RENTAL |
| C | MEDICAL PAYMENTS | R1 | CAR RENTAL AND TRAVEL EXPENSE |
| D | COMPREHENSIVE | U | UNINSURED MOTOR VEHICLE |
| G | COLLISION | S | DEATH, DISMEMBERMENT |
| L | LOSS TO YOUR RECREATIONAL VEH. | T | DISABILITY |
| N | EMERGENCY ROAD SERVICE | 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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