

**CALIFORNIA VEHICLE LIABILITY COVERAGE IDENTIFICATION CARD**

*[Section 16021, California Vehicle Code]*

Member Entity: \_\_\_\_\_ Dept.: \_\_\_\_\_

Vehicle I.D.#: \_\_\_\_\_

Yr: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

The owner of this vehicle participates in a California Joint Powers Authority, joint protection program, for pooled and purchased Auto and General Liability coverage, through the Public Agency Risk Sharing Authority of California [PARSAC], 1525 Response Road, Suite One, Sacramento, California 95815. Information about PARSAC's Liability Program joint protection coverage or claims handling procedures can be obtained by telephoning [916] 927-7727. PARSAC's Liability Program is NOT insurance.

In no way does possession of this card evidence or imply the vehicle owner's deductible, self-insured retention, or maximum limits of coverage. This Identification Card is provided solely to establish financial responsibility according to Section 16021 of the California Vehicle Code.

*[see reverse information]*

**CALIFORNIA VEHICLE LIABILITY COVERAGE IDENTIFICATION CARD**

*[Section 16021, California Vehicle Code]*

Member Entity: \_\_\_\_\_ Dept.: \_\_\_\_\_

Vehicle I.D.#: \_\_\_\_\_

Yr: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

The owner of this vehicle participates in a California Joint Powers Authority, joint protection program, for pooled and purchased Auto and General Liability coverage, through the Public Agency Risk Sharing Authority of California [PARSAC], 1525 Response Road, Suite One, Sacramento, California 95815. Information about PARSAC's Liability Program joint protection coverage or claims handling procedures can be obtained by telephoning [916] 927-7727. PARSAC's Liability Program is NOT insurance.

In no way does possession of this card evidence or imply the vehicle owner's deductible, self-insured retention, or maximum limits of coverage. This Identification Card is provided solely to establish financial responsibility according to Section 16021 of the California Vehicle Code.

*[see reverse information]*

**CALIFORNIA VEHICLE LIABILITY COVERAGE IDENTIFICATION CARD**

*[Section 16021, California Vehicle Code]*

Member Entity: \_\_\_\_\_ Dept.: \_\_\_\_\_

Vehicle I.D.#: \_\_\_\_\_

Yr: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

The owner of this vehicle participates in a California Joint Powers Authority, joint protection program, for pooled and purchased Auto and General Liability coverage, through the Public Agency Risk Sharing Authority of California [PARSAC], 1525 Response Road, Suite One, Sacramento, California 95815. Information about PARSAC's Liability Program joint protection coverage or claims handling procedures can be obtained by telephoning [916] 927-7727. PARSAC's Liability Program is NOT insurance.

In no way does possession of this card evidence or imply the vehicle owner's deductible, self-insured retention, or maximum limits of coverage. This Identification Card is provided solely to establish financial responsibility according to Section 16021 of the California Vehicle Code.

*[see reverse information]*

**IF YOU HAVE AN ACCIDENT . . . STOP . . . GET HELP! IMMEDIATELY NOTIFY [or have notified] THE POLICE, and GET EMERGENCY MEDICAL AID for any injuries.**

- √ Do not admit fault or responsibility.
- √ Write down names, addresses, telephone numbers, license numbers, and insurance information [if available] of all persons involved and any witnesses [you may be asked for this same information]
- √ Discuss accident with police only [or your immediate supervisor].
- √ Notify your immediate supervisor as soon as possible.

*It is advised that any driver with a medical problem carry a “Medic Alert” card and wear a wrist identification band.*

**IF YOU HAVE AN ACCIDENT . . . STOP . . . GET HELP! IMMEDIATELY NOTIFY [or have notified] THE POLICE, and GET EMERGENCY MEDICAL AID for any injuries.**

- √ Do not admit fault or responsibility.
- √ Write down names, addresses, telephone numbers, license numbers, and insurance information [if available] of all persons involved and any witnesses [you may be asked for this same information]
- √ Discuss accident with police only [or your immediate supervisor].
- √ Notify your immediate supervisor as soon as possible.

*It is advised that any driver with a medical problem carry a “Medic Alert” card and wear a wrist identification band.*

**IF YOU HAVE AN ACCIDENT . . . STOP . . . GET HELP! IMMEDIATELY NOTIFY [or have notified] THE POLICE, and GET EMERGENCY MEDICAL AID for any injuries.**

- √ Do not admit fault or responsibility.
- √ Write down names, addresses, telephone numbers, license numbers, and insurance information [if available] of all persons involved and any witnesses [you may be asked for this same information]
- √ Discuss accident with police only [or your immediate supervisor].
- √ Notify your immediate supervisor as soon as possible.

*It is advised that any driver with a medical problem carry a “Medic Alert” card and wear a wrist identification band.*