**AUTO LIABILITY INSURANCE CARD**

**COMPANY**
University of Alaska (Self-Insurance)  
1815 Bragaw St. Suite 209, Anchorage, AK 99508  
United Educators  
7700 Wisconsin Ave #500, Bethesda, MD 20814

**POLICY NUMBER**
V36-71Z

**Effective Date**
7/01/2022

**Expiration Date**
7/01/2023

**YEAR MAKE/MODEL**

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<th>YEAR</th>
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This vehicle is insured for liability coverage under the University of Alaska self-insurance program. This coverage extends to travel through Canada. The State of Alaska’s insurance requirement falls within the insurance deductibles of the University’s excess insurance program and is covered through the University’s self-insured claims program.

**THIS CARD MUST BE CARRIED IN THE INSURED VEHICLE**

**FOR PRODUCTION UPON DEMAND**

**IN CASE OF ACCIDENT:** Report all accidents to the System Office of Risk Services as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name and Insurance Company and policy number for each vehicle involved.

To report your claim online, please visit [https://www.alaska.edu/risksafety/claims](https://www.alaska.edu/risksafety/claims)

*SORS (7/2021)*