



## In Case of an Accident

- 1) Call 911 immediately if anyone is injured
- 2) Request a police report be taken
- 3) Take photos of all vehicles and property involved in the accident
- 4) Report all accidents to your Supervisor and OCRM at [ocrm.msstate.edu/reporting](http://ocrm.msstate.edu/reporting) within 24 hours
- 5) Notify OCRM by phone at 662-325-6280 for severe accidents resulting in emergency care as soon as possible.



### MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER <b>10804</b>	COMPANY <b>Continental Western Ins. Co.</b>	<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> PERSONAL
POLICY NUMBER <b>CAA427361152</b>	EFFECTIVE DATE <b>07/01/2025</b>	EXPIRATION DATE <b>07/01/2026</b>
YEAR <b>FLEET</b>	MAKE/MODEL <b>FLEET</b>	VEHICLE IDENTIFICATION NUMBER <b>FLEET</b>

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER  
GCM Insurance - Columbus  
P.O. Box 9670  
Columbus, MS 39705-0021

(662) 328-0492  
INSURED

Board of Trustees of State Institutions  
of Higher Learning and Central Office of IHL  
3825 Ridgewood Road  
Jackson, MS 39211

MISSISSIPPI LAW REQUIRES THIS CARD TO BE KEPT IN THE INSURED MOTOR VEHICLE FOR PRESENTMENT UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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



## In Case of an Accident

- 1) Call 911 immediately if anyone is injured.
- 2) Request a police report be taken.
- 3) Take photos of all vehicles and property involved in the accident.
- 4) Report all accidents to your Supervisor and OCRM at [ocrm.msstate.edu/reporting](http://ocrm.msstate.edu/reporting) within 24 hours.
- 5) Notify OCRM by phone at 662-325-6280 for severe accidents resulting in emergency care as soon as possible.



### MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER <b>10804</b>	COMPANY <b>Continental Western Ins. Co.</b>	<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> PERSONAL
POLICY NUMBER <b>CAA427361152</b>	EFFECTIVE DATE <b>07/01/2025</b>	EXPIRATION DATE <b>07/01/2026</b>
YEAR <b>FLEET</b>	MAKE/MODEL <b>FLEET</b>	VEHICLE IDENTIFICATION NUMBER <b>FLEET</b>

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER  
GCM Insurance - Columbus  
P.O. Box 9670  
Columbus, MS 39705-0021

(662) 328-0492  
INSURED

Board of Trustees of State Institutions  
of Higher Learning and Central Office of IHL  
3825 Ridgewood Road  
Jackson, MS 39211

MISSISSIPPI LAW REQUIRES THIS CARD TO BE KEPT IN THE INSURED MOTOR VEHICLE FOR PRESENTMENT UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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



## In Case of an Accident

- 1) Call 911 immediately if anyone is injured
- 2) Request a police report be taken
- 3) Take photos of all vehicles and property involved in the accident
- 4) Report all accidents to your Supervisor and OCRM at [ocrm.msstate.edu/reporting](http://ocrm.msstate.edu/reporting) within 24 hours
- 5) Notify OCRM by phone at 662-325-6280 for severe accidents resulting in emergency care as soon as possible.



### MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER <b>10804</b>	COMPANY <b>Continental Western Ins. Co.</b>	<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> PERSONAL
POLICY NUMBER <b>CAA427361152</b>	EFFECTIVE DATE <b>07/01/2025</b>	EXPIRATION DATE <b>07/01/2026</b>
YEAR <b>FLEET</b>	MAKE/MODEL <b>FLEET</b>	VEHICLE IDENTIFICATION NUMBER <b>FLEET</b>

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER  
GCM Insurance - Columbus  
P.O. Box 9670  
Columbus, MS 39705-0021

(662) 328-0492  
INSURED

Board of Trustees of State Institutions  
of Higher Learning and Central Office of IHL  
3825 Ridgewood Road  
Jackson, MS 39211

MISSISSIPPI LAW REQUIRES THIS CARD TO BE KEPT IN THE INSURED MOTOR VEHICLE FOR PRESENTMENT UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

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