

Present This Card to Any Stronghold Agent

This will introduce you as a Stronghold Automobile Policyholder and will entitle you to every possible consideration, interest and help on the part of our agents anywhere.

If the accident is serious, our local agents are authorized to telegraph at the Company's Expense to the Home Office.

IMPORTANT

In case of accident be sure to get the license number of the other car also the name and address of the driver, owner, injured persons and of all witnesses.

In an emergency if you cannot locate a representative of the Company, telegraph the Home Office in Boston, Mass. at the Company's expense.

STRONGHOLD CASUALTY COMPANY --:-- Boston

AUTOMOBILE INSURANCE SERVICE CARD	
Name of Assured	_____
Address	_____
Insurance Expires	_____ Policy No. _____
Make of Car	_____ Motor No. _____
Coverage	_____
STRONGHOLD CASUALTY COMPANY STIGLEITZ & SON AG'Y. Tel. 820 350 W. Armitage St., Arkham REPORT ACCIDENTS BY TELEPHONE	

ARTHUR J. HULLETT, President

Any bond or undertaking executed in accordance with the authorization granted by this card MUST be reported to the Company immediately, and should the assured presenting this card be involved in an accident no matter how slight please see that full particulars are reported to the nearest Claim Division without delay.

IMPORTANT NOTICE TO AGENTS

Signature of Assured _____
ARTHUR J. HULLETT, President

STRONGHOLD CASUALTY COMPANY
You are hereby authorized to execute free of charge upon the presentation of this card a bond for release of attachment of the insured automobile described herein, or at the Company's manual rate, any bail bond or undertaking for the Assured whose signature for purpose of identification is hereto attached, or his chauffeur, or any member of his immediate family, in an amount not to exceed Five Thousand Dollars (\$5,000), whenever such bond may be requested as the result of an accident involving the insured automobile or the infraction of any traffic law or regulation in connection with its operation, during the term of the policy described on the reverse side of this card.

Stronghold Casualty Company
TO ANY AUTHORIZED REPRESENTATIVE OF THE

AUTOMOBILE INSURANCE CARD

Customize Information using Acrobat form fields, if desired, or delete defaults and print blank to fill out by hand.

Print on plain white paper.

Fold at red lines and glue front to back.

Trim on solid black lines.

Fold in half at purple lines.

Tools: glue stick, craft knife, straight edge



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Questions? Please ask them! leman@ctulhulives.org