## ARKANSAS PROOF OF INSURANCE CARD

<table>
<thead>
<tr>
<th>COMPANY NAIC NUMBER</th>
<th>COMPANY NAME AND ADDRESS</th>
<th>[ ] COMMERCIAL</th>
<th>[ ] PERSONAL</th>
</tr>
</thead>
</table>

**COMPANY PHONE NUMBER**

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>EFFECTIVE DATE</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
</table>

**YEAR** | **MAKE/MODEL** | **VEHICLE IDENTIFICATION NUMBER** |

**AGENCY ISSUING CARD**

**AGENCY PHONE NUMBER**

**INSURED NAME AND ADDRESS**

---

SEE IMPORTANT NOTICE AND EXCLUDED DRIVERS ON REVERSE SIDE

---

ACORDs provided by Forms Boss. www.FormsBoss.com; (c) Impressive Publishing 800-208-1977
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.

NAMES OF EXCLUDED DRIVERS:

____________________________________________________

____________________________________________________

____________________________________________________