

**ARKANSAS PROOF OF INSURANCE CARD**

COMPANY NAIC NUMBER      COMPANY NAME AND ADDRESS

COMPANY PHONE NUMBER

POLICY NUMBER                      EFFECTIVE DATE                      EXPIRATION DATE

YEAR                      MAKE/MODEL                      VEHICLE IDENTIFICATION NUMBER

AGENCY ISSUING CARD

AGENCY PHONE NUMBER

INSURED NAME AND ADDRESS

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SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED 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.