

ARKANSAS IVANN
VEHICLE SPECIFIC PAPER REPORTING FORM

REPORTING PERIOD (Month/Year): _____

NAIC#: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CHECK IF NO ACTIVITY TO REPORT THIS MONTH

Please mail to:
Driver Services
Insurance Verification
P. O. Box 8086
Little Rock, AR 72203-8086

Telephone: (501) 682-7932
Fax: (501) 682-7046

VEHICLE 1

VEHICLE 2

VEHICLE 3

Transaction Codes:	Transaction Codes:	Transaction Codes:
Policy Number:	Policy Number:	Policy Number:
Last Name:	Last Name:	Last Name:
First Name:	First Name:	First Name:
Company Name:	Company Name:	Company Name:
Address:	Address:	Address:
City State Zip:	City State Zip:	City State Zip:
Vehicle Identification Number:	Vehicle Identification Number:	Vehicle Identification Number:
Effective Date:	Effective Date:	Effective Date:
Cancellation Date:	Cancellation Date:	Cancellation Date:
Year:	Year:	Year:
Make: Model:	Make: Model:	Make: Model:
Commercial Vehicle (Y or N)	Commercial Vehicle: (Y or N)	Commercial Vehicle: (Y or N)
User's Field:	User's Field:	User's Field:

REPORT PREPARED

BY: _____ **TITLE:** _____ **DATE:** _____ **TELEPHONE:** _____

ARKANSAS IVANN
NON-VEHICLE SPECIFIC PAPER REPORTING FORM

REPORTING PERIOD(month & year): _____

NAIC#: _____

INSURANCE CARRIER'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CHECK IF NO ACTIVITY TO REPORT THIS MONTH

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 Driver Services
 Insurance Verification
 P. O. Box 8086
 Little Rock, AR 72203-8086*

*Telephone: (501) 682-7932
 Fax: (501) 682-7046*

POLICY 1

POLICY 2

POLICY 3

POLICY 4

Transaction Codes:	Transaction Codes:	Transaction Codes:	Transaction Codes:
Policy Number:	Policy Number:	Policy Number:	Policy Number:
<u>INSURED'S COMPANY/BUSINESS NAME</u>	<u>INSURED'S COMPANY/BUSINESS NAME</u>	<u>INSURED'S COMPANY/BUSINESS NAME</u>	<u>INSURED'S COMPANY/BUSINESS NAME</u>
Address:	Address:	Address:	Address:
City:	City:	City:	City:
State, Zip:	State, Zip:	State, Zip:	State, Zip:
Effective Date:	Effective Date:	Effective Date:	Effective Date:
Cancellation Date:	Cancellation Date:	Cancellation Date:	Cancellation Date:
Commercial Vehicle (Y or N)	Commercial Vehicle (Y or N)	Commercial Vehicle (Y or N)	Commercial Vehicle (Y or N)
User's Field:	User's Field:	User's Field:	User's Field:

REPORT PREPARED

BY: _____ **TITLE:** _____ **DATE:** _____ **TELEPHONE:** _____

