

ARKANSAS IVANN
INSURANCE COMPANY APPLICATION

NEW ____ UPDATE ____

NAIC#: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY-STATE-ZIP: _____

TELEPHONE NUMBER: _____ FAX #: _____

APPROXIMATE NUMBER OF VEHICLES INSURED IN ARKANSAS: _____

CONTACT INFORMATION

GENERAL CONTACT:

NAME: _____ TELEPHONE: _____

E-MAIL ADDRESS: _____

TECHINCAL CONTACT:

NAME: _____ TELEPHONE: _____

E-MAIL ADDRESS: _____

Our company is requesting approval to remit the necessary policy information to the State of Arkansas in order to be in compliance with Act 991 of 1997. This information will be forwarded to the state office monthly by means of _____ reporting.
(CIRCLE ONE BELOW)

PAPER (less than 50 VINS/POLICIES) DISKETTE CD-ROM CARTRIDGE

ADVANTIS: Acct.#: _____ Test Id#: _____ Prod. Id#: _____

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

APPLICATION MUST BE RECEIVED 30 DAYS PRIOR TO INTIAL REPORTING DATE. ANY CHANGES IN APPLICATION WILL NEED TO BE SENT IN WRITING AS SOON AS POSSIBLE TO KEEP OUR RECORDS ACCURATE.