

ARKANSAS PROOF OF INSURANCE CARD

COMPANY NAIC NUMBER 10855
COMPANY NAME AND ADDRESS Cypress Insurance Company (CA)
1314 Douglas Street Omaha NE 68102
COMPANY PHONE NUMBER (888) 495-8949



COMMERCIAL



PERSONAL

POLICY NUMBER 03APM00100114
EFFECTIVE DATE 07/01/2025
EXPIRATION DATE 07/01/2026

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
All Owned Non-Owned COMPOSITE RATED

AGENCY ISSUING CARD
McGriff, a MMA LLC Company
500 President Clinton Ave. Suite 400
Little Rock AR 72201

AGENCY PHONE NUMBER (501) 661-4800

INSURED NAME AND ADDRESS
University of Arkansas System
2404 North University Avenue
Little Rock AR 72207

SEE IMPORTANT NOTICE AND EXCLUDED DRIVERS ON REVERSE SIDE

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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.

NAMES OF EXCLUDED DRIVERS:
