

ARKANSAS PROOF OF INSURANCE CARD

COMPANY NAIC NUMBER COMPANY NAME AND ADDRESS ☒ COMMERCIAL ☐ PERSONAL
10855 **Cypress Insurance Company (CA)**
COMPANY PHONE NUMBER **Cypress Insurance Company**
(800)488-2930

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
03 APM 001001 - 14 **08/15/2025** **7/1/2026**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
Fleet

AGENCY ISSUING CARD
Stephens Insurance, LLC
111 Center St
Suite 100

Little Rock **AR** **72201-4451**
AGENCY PHONE NUMBER **(501)377-2300**

INSURED NAME AND ADDRESS
The University of Arkansas System
2404 North University Avenue

Little Rock **AR** **72207**

SEE IMPORTANT NOTICE AND EXCLUDED DRIVERS ON REVERSE SIDE

Web Address: **www.stephens.com**

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:
