

Mail to: Property & Casualty Division  
Arkansas Insurance Department  
1200 W. 3<sup>rd</sup>  
Little Rock, AR 72201-1904

For questions contact: Carol Stiffler  
501-371-2807  
email: carol.stiffler@mail.state.ar.us

REPORT OF INDEPENDENTLY-PROCURED INSURANCE

**Tax payments must accompany this form for proper credit.**

INSURED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NAME OF INSURANCE COMPANY(S) \_\_\_\_\_  
(Attach list if needed) \_\_\_\_\_

NAME OF PURCHASING GROUP (if applicable) \_\_\_\_\_  
\_\_\_\_\_

LOCATION OF PROPERTY OR RISK \_\_\_\_\_

TYPE OF COVERAGE \_\_\_\_\_

AMOUNT OF INSURANCE \_\_\_\_\_

EFFECTIVE AND EXPIRATION DATES \_\_\_\_\_

ARKANSAS PREMIUM \_\_\_\_\_

TAX @ 2% OR 4% (circle one) \_\_\_\_\_  
(Tax is 4% if coverage is procured from an approved Surplus Lines Insurer)

THIS INSURANCE MAY HAVE BEEN PLACED WITH AN INSURER NOT LICENSED BY THE STATE OF ARKANSAS NOR RECOGNIZED BY THE INSURANCE COMMISSIONER AS AN ELIGIBLE UNAUTHORIZED INSURER. IN CASE OF ANY DISPUTE RELATIVE TO THE TERMS OR CONDITIONS OF THE POLICY OR THE PRACTICES OF THE INSURER THE INSURANCE COMMISSIONER MAY NOT BE ABLE TO ASSIST IN THE DISPUTE. IN CASE OF INSOLVENCY OF THE INSURER, PAYMENT OF CLAIMS IS NOT GUARANTEED.

\_\_\_\_\_  
SIGNATURE OF INSURED OR REPRESENTATIVE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NUMBER (for questions, if necessary)

\_\_\_\_\_  
email address (if available)

(This form may be reproduced or computer-generated if desired.)  
AID PC SELF (6/27/01)

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