

Mail to: Accounting Division
Arkansas Insurance Department
1200 W. 3rd Street
Little Rock, AR 72201-1904

For questions contact: Courtney Traylor
501-371-2608
email: courtney.traylor@arkansas.gov

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% _____
(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

(This form available at: <http://insurance.arkansas.gov/self-procured.pdf>)

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