

SERFF Tracking Number: ALSX-125326661 State: Arkansas  
Filing Company: Allstate Indemnity Company State Tracking Number: AR-PC-07-026459  
Company Tracking Number: F8414  
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle  
Product Name: Motorcycle  
Project Name/Number: 2007 - Compliance/F8414

## Filing at a Glance

Company: Allstate Indemnity Company

Product Name: Motorcycle

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Form

SERFF Tr Num: ALSX-125326661 State: Arkansas

SERFF Status: Closed

Co Tr Num: F8414

Co Status:

Author: SPI AllState

Date Submitted: 10/17/2007

State Tr Num: AR-PC-07-026459

State Status:

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Disposition Date: 10/30/2007

Disposition Status: Approved

Effective Date (New): 12/12/2007

Effective Date (Renewal):

Effective Date Requested (New): 12/12/2007

Effective Date Requested (Renewal): 12/12/2007

## General Information

Project Name: 2007 - Compliance

Project Number: F8414

Reference Organization:

Reference Title:

Filing Status Changed: 10/30/2007

State Status Changed: 10/18/2007

Corresponding Filing Tracking Number:

Filing Description:

2007 Compliance

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

AR - Senate Bill 88 adds a new requirement that excluded drivers be listed on Proof of Insurance Cards and modifies the report information to be provided to the Revenue Division of the Department of Finance and Administration to compile the vehicle insurance database. The reports shall include (many of these items are already required): Address of the named insureds; the make, year and vehicle identification number of each insured vehicle; the policy number, effective date and expiration date of each policy; the National Association of Insurance Carriers code number; and the name of each driver excluded from coverage. The reports may include: the date of birth of each insured owner or operator; and the driver's license number of each insured owner or operator.

SERFF Tracking Number: ALSX-125326661 State: Arkansas  
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 Product Name: Motorcycle  
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With this filing, we are submitting the Proof of Insurance Card with the required addition of Excluded Drivers to be listed on the back of the ID card. All other required information was already included on the card.

Effective date:

New business written/renewals processed on or after December 12, 2007.

## Company and Contact

### Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com  
 2775 Sanders Road (847) 402-2774 [Phone]  
 Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

Allstate Indemnity Company CoCode: 19240 State of Domicile: Illinois  
 2775 Sanders Road Group Code: 8 Company Type:  
 Suite A5  
 Northbrook, IL 60062 Group Name: Allstate State ID Number:  
 (847) 402-5000 ext. [Phone] FEIN Number: 36-6115679  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: FORM FILINGS: Filing or review of policy, contract, endorsements, certificates, applications  
 PER SUBMISSION (No limit on # of forms in same submission) - \$50.00.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Indemnity Company	\$50.00	10/17/2007	16158113

SERFF Tracking Number: ALSX-125326661

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/30/2007	10/30/2007

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending	Alexa Grissom	10/23/2007	10/23/2007

Industry Response

#### Response Letters

Responded By	Created On	Date Submitted
SPI AllState	10/26/2007	10/26/2007

SERFF Tracking Number: ALSX-125326661

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State Tracking Number: AR-PC-07-026459

Company Tracking Number: F8414

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: Motorcycle

Project Name/Number: 2007 - Compliance/F8414

## Disposition

Disposition Date: 10/30/2007

Effective Date (New): 12/12/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125326661 State: Arkansas  
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 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle  
 Product Name: Motorcycle  
 Project Name/Number: 2007 - Compliance/F8414

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - REG 29 - CERT OF COMPLIANCE, AR - FORM FILING ABSTRACT F-1, AR - NAIC FORM FILING SCHEDULE, Forms List	Approved	Yes
Form (revised)	Arkansas Proof of Insurance Card	Approved	Yes
Form	Arkansas Proof of Insurance Card	Approved	Yes

SERFF Tracking Number: ALSX-125326661 State: Arkansas  
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 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle  
 Product Name: Motorcycle  
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## Objection Letter

Objection Letter Status Pending Industry Response  
 Objection Letter Date 10/23/2007  
 Submitted Date 10/23/2007  
 Respond By Date

Dear Carrie Deppe,

This will acknowledge receipt of the captioned filing. The excluded driver section should be on the front of the card per our Deputy Commissioner.

Please feel free to contact me if you have questions.

Sincerely,  
 Alexa Grissom

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 10/26/2007  
 Submitted Date 10/26/2007

Dear Alexa Grissom,

### Comments:

Response to October 23, 2007 objection letter.

### Response 1

Comments: Please find attached our updated Arkansas ID card.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document

<i>SERFF Tracking Number:</i>	<i>ALSX-125326661</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Indemnity Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026459</i>
<i>Company Tracking Number:</i>	<i>F8414</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0002 Motorcycle</i>
<i>Product Name:</i>	<i>Motorcycle</i>		
<i>Project Name/Number:</i>	<i>2007 - Compliance/F8414</i>		

Arkansas Proof of Insurance Card	IDAR_rev	Other	Replaced	49	IDAR_rev.PDF
<b>Previous Version</b>					
Arkansas Proof of Insurance Card	IDAR	Other	Replaced	49	IDAR.PDF

*SERFF Tracking Number:*      *ALSX-125326661*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Indemnity Company*                      *State Tracking Number:*      *AR-PC-07-026459*  
*Company Tracking Number:*      *F8414*  
*TOI:*                      *19.0 Personal Auto*                      *Sub-TOI:*                      *19.0002 Motorcycle*  
*Product Name:*                      *Motorcycle*  
*Project Name/Number:*              *2007 - Compliance/F8414*

No Rate/Rule Schedule items changed.

Should you have any questions, please feel free to contact me at 847-402-2774.

Sincerely,

Carrie Deppe

Sincerely,  
SPI AllState

SERFF Tracking Number: ALSX-125326661

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Filing Company: Allstate Indemnity Company

State Tracking Number: AR-PC-07-026459

Company Tracking Number: F8414

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: Motorcycle

Project Name/Number: 2007 - Compliance/F8414

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Proof of Insurance Card	IDAR_rev		Other	Replaced	Replaced Form #:49.10 IDAR Previous Filing #:		IDAR_rev.P DF

# Allstate Automobile Insurance

## A Quick Guide to This Package

- **PROOF OF INSURANCE CARD**

Your Proof of Insurance cards are printed at right. State law requires that these cards be kept in your vehicles at all times. Please place them in your vehicles on the policy effective date.

- **POLICY DECLARATIONS**

The Policy Declarations section contains detailed information about your policy such as drivers, vehicles, coverages, limits, and premiums. Please take a moment to check this information.

- **POLICY**

This booklet is a legal contract between you and Allstate. It lists the terms and conditions of your insurance coverage. Please be sure to read your policy carefully and file it for safekeeping.

- **CHANGES TO YOUR POLICY**

This section lists any changes that have been made to your insurance coverage. Please read through this section carefully for a full understanding of these changes.

- **IMPORTANT NOTICE**

The Important Notice section provides you with explanations about insurance issues or any other policy information that we think may be helpful to you.

- **QUESTIONS**

Do you have any questions about this package? Just call your Allstate agent.

Please use the printed Insurance Card(s) below.

Please use the printed Insurance Card(s) below.

Please use the printed Insurance Card(s) below.

If you haven't paid your premium in full,  
your bill will be sent in a separate mailing.

## Arkansas Proof of Insurance Card

Allstate Property and Casualty Insurance Company

NAIC# 19232

Name  
Address  
Address

POLICY NUMBER YEAR/MAKE/MODEL

EFFECTIVE DATE VEHICLE ID NUMBER

EXPIRATION DATE

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### EXCLUDED DRIVERS: NONE

State law requires that you be able to provide satisfactory evidence of liability insurance upon the request of a police officer who is enforcing the law or investigating an accident. You may show this card to provide such evidence.

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**If you have an accident or loss:**

- Get medical attention if needed, and notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828)  
578 Highland Colony Parkway, Suite 200  
Ridgeland, MS 39157,  
logon to *allstate.com* or contact your Allstate agent  
or broker as soon as possible.  
Agent Name  
Agent Phone  
Agent Address  
Agent Address

**Reimbursement for Bail Bond Expense**—The Automobile Liability Insurance Coverage includes an agreement to reimburse an insured for the cost of bail bonds required as the result of an accident or traffic law violation, but not to exceed a limit of \$100, \$200, or \$300, depending on the policy.



*SERFF Tracking Number: ALSX-125326661*

*State: Arkansas*

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*TOI: 19.0 Personal Auto*

*Sub-TOI: 19.0002 Motorcycle*

*Product Name: Motorcycle*

*Project Name/Number: 2007 - Compliance/F8414*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125326661

State: Arkansas

Filing Company: Allstate Indemnity Company

State Tracking Number: AR-PC-07-026459

Company Tracking Number: F8414

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: Motorcycle

Project Name/Number: 2007 - Compliance/F8414

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

10/30/2007

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** AR - REG 29 - CERT OF  
COMPLIANCE, AR - FORM FILING  
ABSTRACT F-1, AR - NAIC FORM  
FILING SCHEDULE, Forms List

**Review Status:**

Approved

10/30/2007

**Comments:**

**Attachments:**

AR - REG 29 - CERT OF COMPLIANCE.PDF

AR - FORM FILING ABSTRACT F-1.PDF

AR - NAIC FORM FILING SCHEDULE.PDF

Forms List.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Allstate	008			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	Allstate Indemnity Company	IL	19240	36-6115679	

<b>5. Company Tracking Number</b>	F8414
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Carrie M. Deppe		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	19.0 Personal Auto
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	19.0002 Motorcycle
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	N/A
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Motorcycle
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 12/12/2007      Renewal: 12/12/2007
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	10/17/2007
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	F8414
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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2007 Compliance

AR - Senate Bill 88 adds a new requirement that excluded drivers be listed on Proof of Insurance Cards and modifies the report information to be provided to the Revenue Division of the Department of Finance and Administration to compile the vehicle insurance database. The reports shall include (many of these items are already required): Address of the named insureds; the make, year and vehicle identification number of each insured vehicle; the policy number, effective date and expiration date of each policy; the National Association of Insurance Carriers code number; and the name of each driver excluded from coverage. The reports may include: the date of birth of each insured owner or operator; and the driver's license number of each insured owner or operator.

With this filing, we are submitting the Proof of Insurance Card with the required addition of Excluded Drivers to be listed on the back of the ID card. All other required information was already included on the card.

Effective date:

New business written/renewals processed on or after December 12, 2007.

<b>22.</b>	<p><b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.)                  [If a state requires you to show how you calculated your filing fees, place that calculation below]</p> <p><b>Check #:</b> N/A. Paid via EFT.  <b>Amount:</b> \$50.00</p> <p>FORM FILINGS: Filing or review of policy, contract, endorsements, certificates, applications PER SUBMISSION                  (No limit on # of forms in same submission) - \$50.00.</p> <p style="text-align: center;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>
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\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Allstate Indemnity Company 008-19240

DESCRIPTION: Arkansas Proof of Insurance Card

FORM NUMBER: IDAR

EDITION DATE: \_\_\_\_\_

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 49.1, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



\_\_\_\_\_  
Signature of Officer of Company

Asst. Vice President, Asst. General Counsel  
Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

# ARKANSAS INSURANCE DEPARTMENT

## FORM FILING ABSTRACT

### ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 10/17/2007
2. Company Name(s) Allstate Indemnity Company  
Group Name Allstate NAIC No. 19240 Group No. 008
3. (a) Annual Statement Line of Business Number (Page 14) 19.1, 19.2, 21.1  
(b) Class of Business Motorcycle  
© Coverages Affected Filing ID card.
4. (a) Name of Advisory Organization, if any N/A  
(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )
5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:  
(a) Name of Advisory Organization (or Affiliated Company) \_\_\_\_\_  
(b) Date of Filing \_\_\_\_\_  
© Filing Designation Number or Description \_\_\_\_\_

### PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
N/A - Not filed in Illinois.
8. Is the form filed in response to or due to legislation? If so, specify legislation.  
Yes, AR - Senate Bill 88.
9. Is the form in response to or due to recent court decisions? If so, give citation.  
No.

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

Carrie M. Deppe

**Title**

847-402-2774

**Telephone Number**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
IDAR	12/12/2007	IDAR	Arkansas Proof of Insurance Card

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	F8414
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Arkansas Proof of Insurance Card	IDAR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IDAR	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**FORMS LIST**

**Filing Number: F8414**

**State: Arkansas**

<b>Form #</b>	<b>Form Name</b>	<b>Forms Replaced</b>	<b>Line #</b>	<b>Company Name</b>	<b>Policy # Used With</b>	<b>Policy Name Used With</b>
IDAR	Arkansas Proof of Insurance Card	IDAR	10, 16, 19	Allstate Insurance Company (AIC), Allstate Indemnity Company (AI), Allstate Property & Casualty Company (AP&C)	AU103 AU12891 AU103 AIU348 AIU349 AIU103 AU12890	Arkansas Automobile Policy AIC Auto Insurance Policy Arkansas Automobile Policy Indemnity Motorcycle Policy Indemnity Motor Home Policy Indemnity Auto Policy AP&C Auto Insurance Policy



# Allstate Automobile Insurance

## A Quick Guide to This Package

- **PROOF OF INSURANCE CARD**

Your Proof of Insurance cards are printed at right. State law requires that these cards be kept in your vehicles at all times. Please place them in your vehicles on the policy effective date.

- **POLICY DECLARATIONS**

The Policy Declarations section contains detailed information about your policy such as drivers, vehicles, coverages, limits, and premiums. Please take a moment to check this information.

- **POLICY**

This booklet is a legal contract between you and Allstate. It lists the terms and conditions of your insurance coverage. Please be sure to read your policy carefully and file it for safekeeping.

- **CHANGES TO YOUR POLICY**

This section lists any changes that have been made to your insurance coverage. Please read through this section carefully for a full understanding of these changes.

- **IMPORTANT NOTICE**

The Important Notice section provides you with explanations about insurance issues or any other policy information that we think may be helpful to you.

- **QUESTIONS**

Do you have any questions about this package? Just call your Allstate agent.

Please use the printed Insurance Card(s) below.

Please use the printed Insurance Card(s) below.

Please use the printed Insurance Card(s) below.

If you haven't paid your premium in full,  
your bill will be sent in a separate mailing.

## Arkansas Proof of Insurance Card

Allstate Property and Casualty Insurance Company

NAIC# 19232

Name  
Address  
Address

POLICY NUMBER YEAR/MAKE/MODEL

EFFECTIVE DATE VEHICLE ID NUMBER

EXPIRATION DATE

State law requires that you be able to provide satisfactory evidence of liability insurance upon the request of a police officer who is enforcing the law or investigating an accident. You may show this card to provide such evidence.

---

**EXCLUDED DRIVERS:**

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**If you have an accident or loss:**

- Get medical attention if needed, and notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828)  
578 Highland Colony Parkway, Suite 200  
Ridgeland, MS 39157,  
logon to *allstate.com* or contact your Allstate agent  
or broker as soon as possible.

Agent Name  
Agent Phone  
Agent Address  
Agent Address

**Reimbursement for Bail Bond Expense**—The Automobile Liability Insurance Coverage includes an agreement to reimburse an insured for the cost of bail bonds required as the result of an accident or traffic law violation, but not to exceed a limit of \$100, \$200, or \$300, depending on the policy.

