ADI	(AND AD DDOOF OF IN	101154410	E 04BB	
ARM	KANSAS PROOF OF IN	NSURANC	E CARD	
COMPANY NAIC NUMBER 10855	COMPANY NAME AND ADDRESS COMMERCIAL PERSONAL Cypress Insurance Company (CA)			
COMPANY PHONE NUMBER (888) 495-8949	1314 Douglas Street	Omaha	N	E 68102
POLICY NUMBER	EFFECTIVE DATE		EXPIRATION DATE	
03APM00100113	07/01/2	2024	07/01/2025	
YEAR MAKE	E/MODEL	VEHICLE IDENTIFICATION NUMBER		
All Owned	Non-Owned	COMPO	SITE RATED	
AGENCY ISSUING CARD McGriff Insurance Servic	es LLC			
500 President Clinton Av	re. Suite	400		
Little Rock			AR	72201
AGENCY PHONE NUMBER (5	501) 661-4800			
INSURED NAME AND ADDRES	S			
University of Ar	kansas System			
2404 North Univ	versity Avenue			
Little Rock		AR	72207	
SEE IMPOR	TANT NOTICE AND EXCLUDE	D DRIVERS O	N REVERSE SIDE	

RALLE

	THIS CARD MUST BE KEPT IN THE INSURED
	VEHICLE AND PRESENTED UPON DEMAND
soon as po	OF ACCIDENT: Report all accidents to your Agent/Company ssible. Obtain the following information: Name and address of each driver, passenger and witness.
2.	Name of Insurance Company and policy number for each hicle involved.
NAMES OF EXC	LUDED DRIVERS:

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