

ACORD™ ARKANSAS INSURANCE SUPPLEMENT

PRODUCER CODE: AGENCY CUSTOMER ID	SUBCODE:	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)			
					TELEPHONE NUMBER
		COMPANY		ACCOUNT NUMBER	
		POLICY NUMBER	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

CONSENT TO OBTAIN TRAFFIC VIOLATION REPORTS

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY SHOWN ABOVE, I HEREBY CONSENT TO THE COMPANY OBTAINING A TRAFFIC VIOLATION REPORT ON MYSELF AND ALL INDIVIDUALS NAMED IN THIS APPLICATION AS DRIVERS OF VEHICLES TO BE INSURED.

APPLICANT'S SIGNATURE

DATE (MM/DD/YY)