	ARKANSAS	S PROOF OF IN	ISURANCE CARD	
COMPANY NAIC NUMB 21113		COMPANY NAME AND ADDRESS X COMMERCIAL PERSONAL United States Fire Insurance Company		
COMPANY PHONE NUM	MBER			
POLICY NUMBER 1337571063		EFFECTIVE DATE 07/31/2024	EXPIRATION DATE 07/31/2025	
YEAR FLEET	MAKE/MODEL		VEHICLE IDENTIFICATION NUMBER	
AGENCY ISSUING CAR TrueNorth Compa 500 1st St SE Cedar Rapids, IA	anies, LC			
AGENCY PHONE NUME (800) 798-4080 INSURED NAME AND A				
Oakley 3700 Lir	Trucking, Inc acoln Avenue ttle Rock, AR	72114		

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

SEE IMPORTANT NOTICE AND EXCLUDED DRIVERS ON REVERSE SIDE

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

NAMES OF EXCLUD	DED DRIVERS:	
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