824 FRONT STREET ¨ (P.O. BOX 2020 ¨ CONWAY, AR 72033) ¨ 501.450.7400 ¨ 800.233.2398 ¨ AR 800.278.6588

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|  | | | | | | | | | | | | FILINGS REQUEST SHEET | | | | | | | | | | | | | | | | | | | | | Rev 04/2013 | | | | | | | | | | | |
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| ***Filings are cancelled each year at expiration and must be RE-ISSUED when renewal is bound.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Complete this form and return it to the Underwriting Assistant to ensure that appropriate filings are processed. Please attach copies of prior filings to this form if available. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FILINGS REQUIRED:       PRIMARY       EXCESS/UMBRELLA **POLICY INFORMATION (MANDATORY)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **INSURED’S NAME(s) & ADDRESS** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| MUST BE SHOWN EXACTLY AS FILED WITH STATE OR FILING MAY BE REJECTED.  PLEASE COMPLETE ALL FIELDS. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **P****OLICY NO.:** | |  | | | | | | | | | | | |  | | | **EFF DATE:** | | | | |  | | | | | | | | |  | LIMITS: | | | | | $ | | | | | |  | |
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| AGENCY NAME | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Liability** |  | BMC91X | | | | | MC DOCKET #: | | | | | | | | | | | | |  | | | | | | | (MANDATORY) | | | | | | | |  | | | | | |  | |  | |
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| Liability |  | FORM E | | | | | | | State(s) | | | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |
| Cargo |  | FORM H | | | | | | | State(s) | | | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | | |
|  |  | DOT NUMBER: | | | | | | | |  | | | | | | | | | | | | | | **(MANDATORY) PA PUC ID#** | | | | | | | | | | | | | | | | | | | | |
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|  | | TEXAS RAILROAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | LPG LICENSE NUMBER | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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|  | | MCP 65 (CA DMV) | | | | | | | | | | | | | | | | | MCP 67 (CA DMV) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | CA #: | | | |  | | | | | | | | | | | | | | | | | | | (MANDATORY) | | | | | | | | | | | | | | | | | | | |
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|  | | MCS90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | MICHIGAN LIQUOR LIABILITY PROOF OF FINANCIAL RESPONSIBILITY (LC-95) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Attach to this form a List of Business ID# and License#’s for each Location with Liquor Liability. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | BUSINESS ID # | | | | | | | | |  | | | | | | | | | | | | | | | | | LICENSE # | | | | | |  | | | | | | | | | | |
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|  | | OTHER FILINGS | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | |  | | |
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|  | | NO FILINGS REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Agent’s Signature | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Date | | |  | | |  | | |
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