



AGENCY CUSTOMER ID: \_\_\_\_\_

**ARKANSAS COMMERCIAL AUTO  
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5	MED PAY \$ EA PER \$ EA PED	<b>PHYSICAL DAMAGE</b>		
	7	WORK LOSS \$ ACC DEATH \$			
			TOWING & LABOR	3 7	\$
			COMP / OTC	2 4 8 3 7	
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
UNINSURED MOTORIST	2 7	CSL BI EA PER \$	COLLISION	2 4 8	
	3	BI EACH ACCIDENT \$		3 7	
	4 6	PROPERTY DAMAGE \$ PROPERTY DAMAGE DED \$			
UNDERINSURED MOTORIST	2 4 7 3 6	CSL BI EA PER \$ BI EACH ACCIDENT \$			
HIRED / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES / DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			EMPLOYEES VOLUNTEERS PARTNERS
			COVERAGES IS:		PRIMARY SECONDARY
<b>COVERED AUTO SYMBOLS</b>	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY		

**ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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**SIGNATURE**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.			
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGE EQUAL TO THE LIMITS OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF I HAVE SELECTED UM AND/OR UIM COVERAGE LESS THAN THE LIMITS OF MY BODILY INJURY LIABILITY COVERAGE OR IF I HAVE REJECTED UM AND/OR UIM COVERAGE ENTIRELY, I HAVE READ AND SIGNED THE ARKANSAS AUTO SUPPLEMENT, ACORD 61 AR.			
IN ADDITION, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (PIP) COVERAGES. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF I HAVE REJECTED ANY PIP COVERAGE, I HAVE SIGNED THE ARKANSAS AUTO SUPPLEMENT, ACORD 61 AR.			
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$								
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$								
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>	MED PAY \$	EA PER \$	EA PED	42 <input type="checkbox"/>	47 <input type="checkbox"/>					
	46 <input type="checkbox"/>	WORK LOSS \$	ACC DEATH \$								
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$		42 <input type="checkbox"/>	47 <input type="checkbox"/>					
UNINSURED MOTORIST	43 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	COVERED AUTO SYMBOLS				LIMITS	DEDUCTIBLE		
	45 <input type="checkbox"/>	BI EACH ACCIDENT \$									
	46 <input type="checkbox"/>	PROPERTY DAMAGE DED \$									
	46 <input type="checkbox"/>	PROPERTY DAMAGE DED \$									
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	45 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	42 <input type="checkbox"/>	47 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS								
TRUCKERS HIRED / BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS		43 <input type="checkbox"/>	47 <input type="checkbox"/>					
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE	NUMBER OF							
OTHER	NO <input type="checkbox"/>		EMPLOYEES		44 <input type="checkbox"/>	47 <input type="checkbox"/>					
			VOLUNTEERS								
			PARTNERS		45 <input type="checkbox"/>	47 <input type="checkbox"/>					
					TRAILER INTERCHANGE						
					COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
					COMP / OTC	48					
					SPECIFIED CAUSES OF LOSS	48					
					COLLISION	48					\$
					TOWING & LABOR	46		\$			
					TRAILER VALUE	\$					
					STATES	# DAYS	# VEH				
					HIRED PHYSICAL DAMAGE						
					OTHER				PRIMARY	SECONDARY	
					COVERAGE IS:						

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**MOTOR CARRIER SECTION**

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COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE											
LIABILITY	61	67	CSL	BI EA PER	\$	COMP / OTC	62	67						
	62	68		BI EACH ACCIDENT	\$		63	68						
	63	71		PROPERTY DAMAGE	\$		64	68						
	64													
PERSONAL INJURY PROTECTION	65		MED PAY	\$	EA PER	\$	EA PED	62	67	SCL	FT	LSP		
	67		WORK LOSS	\$	ACC DEATH	\$		63	68	F	FTW			
								62	67					
								63	68					
								64	68					
MEDICAL PAYMENTS	62	64		EACH PERSON	\$	TOWING & LABOR	63							
	63	67					67							
UNINSURED MOTORIST	62	67	CSL	BI EA PER	\$	TRAILER INTERCHANGE								
	63			BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
	64			PROPERTY DAMAGE	\$	COMP / OTC	69							
	66			PROPERTY DAMAGE DED	\$		70							
UNDERINSURED MOTORIST	62	64	67	CSL	BI EA PER	\$	SPECIFIED CAUSES OF LOSS	69						
	63	66			BI EACH ACCIDENT	\$		70						
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE		IF ANY BASIS	COLLISION	69						\$
	NO			\$				70						
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE		IF ANY BASIS	TRAILER VALUE	\$						
	NO			\$			STATES	# DAYS	# VEH					
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE		NUMBER OF	HIRED PHYSICAL DAMAGE							
	NO			EMPLOYEES										
				VOLUNTEERS										
				PARTNERS										
OTHER							OTHER							
							COVERAGE IS:			PRIMARY		SECONDARY		

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