

ACORD™ ARKANSAS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE

PRODUCER	APPLICANT (First Named Insured)
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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	PHYSICAL DAMAGE		
	7	WORK LOSS \$ ACC DEATH \$			
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	TOWING & LABOR	3 7	\$
	3 7	BI EACH ACCIDENT \$	COMPREHENSIVE	2 4 8	
	4	PROPERTY DAMAGE \$ DED \$		3 7	
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4		COLLISION	2 4 8	
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
	NO				COMP \$
NON-OWNED LIABILITY	YES STATES	GROUP TYPE NUMBER OF	COVERAGE IS:	PRIMARY	SECONDARY
	NO	EMPLOYEES			
		VOLUNTEERS			
		PARTNERS			
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS	

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE			
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
	42 47	BI EACH ACCIDENT \$		42 46		\$
	43 50	PROPERTY DAMAGE \$		43 47		
PERSONAL INJURY PROTECTION	44	MED PAY \$ EA PER \$ EA PED	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$
	46	WORK LOSS \$ ACC DEATH \$		43 47	F FTW	
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	COLLISION	42 46		\$
	43	BI EACH ACCIDENT \$		43 47		
	45	PROPERTY DAMAGE \$ DED \$	TOWING & LABOR	46		\$
UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE			
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
	45	PROPERTY DAMAGE \$ DED \$	COMPREHENSIVE	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES	COST OF HIRE \$ IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 49		
	NO			48 49		
HIRED/BORROWED LIABILITY	YES STATES	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49		\$
	NO					
NON-OWNED AUTO LIABILITY	YES STATES	GROUP TYPE NUMBER OF	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH		
	NO	EMPLOYEES				
		VOLUNTEERS				
		PARTNERS				
OTHER			OTHER			
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY		

MOTOR CARRIER SECTION

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

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

- MEDICAL EXPENSE COVERAGE _____ (INITIALS)
- WORK LOSS COVERAGE _____ (INITIALS)
- ACCIDENTAL DEATH COVERAGE _____ (INITIALS)

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF I HAVE REJECTED UM AND/OR UIM COVERAGE ON ANY VEHICLE INCLUDED IN THIS APPLICATION, I HAVE ALSO SIGNED THE ARKANSAS AUTO SUPPLEMENT.

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
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