

# 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	<b>PHYSICAL DAMAGE</b>		
	7	WORK LOSS \$ ACC DEATH \$	TOWING & LABOR	3 7	\$
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8	
	3 7	BI EACH ACCIDENT \$		3 7	
	4	PROPERTY DAMAGE \$ DED \$		3 7	
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
	4				
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERED AUTO SYMBOLS
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF		EMPLOYEES VOLUNTEERS PARTNERS	COVERED AUTO SYMBOLS
				COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS
<b>COVERED AUTO SYMBOLS</b>		(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 \$		46		\$
UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	<b>TRAILER INTERCHANGE</b>			
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE
	45	PROPERTY DAMAGE \$ DED \$	COMPREHENSIVE	48 49		
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	SPECIFIED CAUSES OF LOSS	48 49		
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49		\$
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF	EMPLOYEES VOLUNTEERS PARTNERS	STATES # DAYS # VEH	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS
				COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS	COVERED AUTO SYMBOLS
<b>COVERED AUTO SYMBOLS</b>		(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					
	64					70					
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		COVERAGE IS:			PRIMARY	SECONDARY	
	NO		EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER					OTHER						

**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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