



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

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

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
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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	COVERAGES	LIMITS	DEDUCTIBLE				
	46 <input type="checkbox"/>	WORK LOSS \$	ACC DEATH \$								
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$		COMP / OTC	42 <input type="checkbox"/>	47 <input type="checkbox"/>	\$			
UNINSURED MOTORIST	43 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	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 \$	SPECIFIED CAUSES OF LOSS	42 <input type="checkbox"/>	47 <input type="checkbox"/>	SCL <input type="checkbox"/>	FT <input type="checkbox"/>	LSP <input type="checkbox"/>	\$
NON-TRUCKERS HIRED / BORROWED	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	43 <input type="checkbox"/>		F <input type="checkbox"/>	FTW <input type="checkbox"/>		\$
	NO		\$			46 <input type="checkbox"/>					\$
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	TOWING & LABOR	46 <input type="checkbox"/>				\$
	NO		\$			TRAILER INTERCHANGE					
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		TRAILER VALUE	\$				
	NO		EMPLOYEES			STATES	# DAYS	# VEH			
			VOLUNTEERS								
OTHER			PARTNERS			OTHER					
COVERED AUTO SYMBOLS			(44) OWNED AUTOS SUBJECT TO NO-FAULT	(46) SPECIFICALLY DESCRIBED AUTOS	(49) YOUR TRAILERS IN THE POSSESSION OF						
(41) ANY AUTO	(42) OWNED AUTOS ONLY	(43) OWNED COMMERCIAL AUTOS ONLY	(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(47) HIRED AUTOS ONLY	(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(50) NON-OWNED AUTOS ONLY					

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

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

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

COVERED AUTO SYMBOLS
 (61) ANY AUTO (64) OWNED COMMERCIAL AUTOS ONLY (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF
 (62) OWNED AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER
 (63) OWNED PRIVATE PASS AUTOS ONLY (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT INTERCHANGE AGREEMENT
 (71) NON-OWNED AUTOS ONLY

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