

SERFF Tracking Number: APST-125351994 State: Arkansas
Filing Company: AIPSO State Tracking Number: \$50
Company Tracking Number: AR 07-07
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Proposed Amendments to the Introduction and Revised Paper Commercial Application
Project Name/Number: Proposed Amendments to the Introduction and Revised Paper Commercial Application/AR 07-07

Filing at a Glance

Company: AIPSO

Product Name: Proposed Amendments to the Introduction and Revised Paper Commercial Application SERFF Tr Num: APST-125351994 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: \$50

Sub-TOI: 20.0003 Other

Co Tr Num: AR 07-07

State Status: Fees not received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Colin O'Rourke

Disposition Date: 11/13/2007

Date Submitted: 11/08/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 11/13/2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
11/13/2007

General Information

Project Name: Proposed Amendments to the Introduction and Revised Paper Commercial Application Status of Filing in Domicile: Not Filed

Project Number: AR 07-07

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/13/2007

State Status Changed: 11/13/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We propose the format of the EASi commercial application be used for the paper commercial application. When the EASi commercial application was introduced, the format was streamlined for easier use online. Similar streamlining was not done to the paper application.

Therefore, the Electronic Format Section of the Introduction is amended by deleting reference to sample copies of the Private Passenger and Commercial EASi Applications and the current paper commercial application is replaced with the EASi commercial application format as exhibited in the attached revised paper commercial application.

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Please provide us with Acknowledgement that you have reviewed and approve of the filed changes for the Arkansas Automobile Insurance Plan.

Company and Contact

Filing Contact Information

Colin O'Rourke, Product Analyst colin.o'rourke@aipso.com
 302 Central Ave. (401) 946-2310 [Phone]
 Johnston, RI 02919 (401) 528-1468[FAX]

Filing Company Information

AIPSO CoCode: -99 State of Domicile: Rhode Island
 302 Central Avenue Group Code: 99 Company Type:
 Johnston, RI 02919 Group Name: State ID Number:
 (401) 946-2310 ext. 1319[Phone] FEIN Number: 13-2732270

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIPSO	\$0.00	11/08/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/13/2007	11/13/2007

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Disposition

Disposition Date: 11/13/2007

Effective Date (New): 11/13/2007

Effective Date (Renewal): 11/13/2007

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees.

Rate data does NOT apply to filing.

SERFF Tracking Number: APST-125351994 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Application	Approved	Yes

SERFF Tracking Number: APST-125351994 *State:* Arkansas
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/13/2007

Comments:

Attachment:

PC TD-1.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 11/13/2007

Comments:

Attachment:

07-07 Filing.pdf

Satisfied -Name: Application **Review Status:** Approved 11/13/2007

Comments:

Attachment:

AR EASi Comm App AIP2351 4-05.pdf

Property & Casualty Transmittal Document

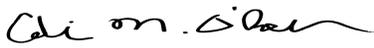
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
AIPSO				13-2732270

5. Company Tracking Number	AR 07-07
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Colin O'Rourke 302 Central Avenue Johnston, RI. 02919	Product Analyst	1-800-827-6302 x3521	401-429-1529	colin.o'rourke@aipso.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Colin M. O'Rourke		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Automobile
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Arkansas Automobile Insurance Plan
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input checked="" type="checkbox"/> Other (Plan Section)
14. Effective Date(s) Requested	Immediately Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	NA
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR 07-07
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We propose the format of the EASi commercial application be used for the paper commercial application. When the EASi commercial application was introduced, the format was streamlined for easier use online. Similar streamlining was not done to the paper application.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) NA [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR 07-07
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Arkansas Automobile Insurance Plan Commercial Application	AIP 2351 (Rev. 04/05)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



November 8, 2007

Honorable Julie Benafield Bowman, Commissioner of Insurance
Department of Insurance
State of Arkansas
1200 W. Third Street
Little Rock, AR 72201-1904

**Arkansas Automobile Insurance Plan
Commercial Auto
Proposed Amendments to the Introduction and
Revised Paper Commercial Application Form
AIPSO Filing No. AR 07-07**

Dear Commissioner Bowman:

On behalf of the subscribers to AIPSO, i.e., all subscribers to the Arkansas Automobile Insurance Plan, we are filing the attached amendments at the request of the Governing Committee.

Proposed Effective Date

Effective immediately upon approval.

Defining the Issue

The paper commercial application should be replaced with the EASi commercial application format for consistency between the applications.

Action Needed

We respectfully request your prompt consideration and approval of this filing.

Proposal

We propose the format of the EASi commercial application be used for the paper commercial application. When the EASi commercial application was introduced, the format was streamlined for easier use online. Similar streamlining was not done to the paper application.

Impact

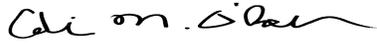
The proposal will not impact users of the application as they are familiar with the current EASi commercial application format.

Attachments

- Explanatory Memorandum
- Exhibit A—Proposed Amendments to Introduction
- Arkansas Commercial Application AIP 2351 (Rev. 04/05)

Please contact the undersigned at extension 3521 if you have any questions.

Sincerely,
Christopher A. Young, CPCU, CCP, Director

A handwritten signature in cursive script, appearing to read "Colin M. O'Rourke".

Colin M. O'Rourke
Product Analyst
Manuals and Policy Forms

Attach.

pc: Ms. Suzy Sheriff, Manager—Arkansas Automobile Insurance Plan

**Commercial Auto
Proposed Amendments to the Introduction and
Revised Paper Commercial Application Form
AIPSO Filing No. AR 07-07**

Proposed Changes

INTRODUCTION

The Electronic Format Section is amended by deleting reference to sample copies of the Private Passenger and Commercial EASi Applications.

Commercial Application Form

The current paper commercial application is replaced with the EASi commercial application format as exhibited in the attached revised paper commercial application.

ARKANSAS AUTOMOBILE INSURANCE PLAN
(Struck-out matter—deleted; Underlined matter—new)

EXHIBIT A
Page 1 of 1

INTRODUCTION

*The **Introduction** is amended as follows:*

ELECTRONIC FORMAT

The following Plan materials are available in electronic format by accessing www.aipso.com/ar:

- Arkansas Automobile Insurance Plan Manual
- Commercial Application
- Brochure on EASi
- Farm Labor Supplemental Form
- EASi Application for Registration
- ~~• Private Passenger and Commercial EASi Applications (sample only)~~
- EASi Retraction Request Form
- Policy Change Request Forms
- Order Forms for Applications and Manuals
- Private Passenger Application
- EASi Supplemental Vehicle Schedule
- EASi Supplemental Operator Schedule

**COMMERCIAL APPLICATION
ARKANSAS AUTOMOBILE INSURANCE PLAN**

NOTICE: PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING

Applicants requiring filings or a limit of liability in excess of \$500,000 Combined Single Limits will be subject to a 15 day delay in the effective date as specified in Section 23 of the Arkansas Automobile Insurance Plan.

SECTION 1. PRODUCER OF RECORD

Producer Last Name/Agency Name		Producer First Name			MI
Mailing Address		Ste./Apt. #	City	State	Zip Code
Tax ID or Social Security #	Producer License #	Telephone # (inc. area code)		Fax # (inc. area code)	

SECTION 2. APPLICANT

Last Name		First Name			MI
DBA				Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Telephone # (inc. area code)	Business Telephone # (inc. area code)	Tax ID or Social Security #			
Street Address		Ste./Apt. #	City	State	Zip Code
Headquarters Street Address (if different from above)		Ste./Apt. #	City	State	Zip Code
Business of Applicant/Nature of Operation					

SECTION 3. OWNERSHIP AND CONTROL OF APPLICANT'S ORGANIZATION

Named insured is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____		State of Incorporation	Date of Incorporation	Date actual operations commenced	
Management, Ownership and Control (List names of principals and also anyone with more than a 10% ownership interest.)					
President			Date in Position	Percent Ownership	
Vice President					
Secretary					
Treasurer					
General Manager					
Others					
List all affiliated companies					

Staple check here:
➔

Send original, signed application, with check/money order and required attachments to:

Arkansas Automobile Insurance Plan
302 Central Avenue
Johnston, RI 02919

SECTION 4. OPERATOR INFORMATION		(List all full-time, part-time, and all other operators that usually drive a vehicle.)			TOTAL OPERATORS	
Last Name	First Name	MI	Birth Date Mo./Day/Yr.	Driver's License #	State	

For applicants with more than four operators, all additional operators must be listed on an AIP 3502 EASi Supplemental Operator Schedule and mailed with the original application to the Plan.

SECTION 5. ACCIDENTS

Has applicant, or anyone who usually drives the applicant's vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? Yes No If "Yes", complete the following.

Name of Operator	Accident Date Mo./Day/Yr.	Accident Codes*	Place of Accident		Bodily Injury or Death	Prop. Damage (incl. your own) Amount	Penalty Points
			City	State			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

*Accident Codes

1. Applicant's motor vehicle lawfully parked.
2. Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident.
3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgement against such person.
4. Other person involved in accident was convicted. Applicant or operator was not convicted.
5. Police or Fire Department or First Aid Squad responding to an emergency call.
6. Other type of accident - non-chargeable under provisions of the Plan. Describe accident in space provided.

SECTION 6. CONVICTIONS

Has the applicant or anyone who usually drives the applicant's vehicle(s) been **CONVICTED** or **FORFEITED BAIL** at any time during the immediately preceding THIRTY-SIX months? Convicted Yes No Forfeited Bail Yes No If "Yes", for either item, complete the following. NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction or bail forfeiture Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Nature of Conviction	Place of Conviction		Penalty Points	Was License Suspended or Revoked?
				City	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7. COMMODITIES TRANSPORTED

Identify any hazardous materials, waste or substances being hauled.

Identify radius of operations.

Identify routes - fixed and occasional (both outgoing and return).

Trips From Place of Origin To Place of Destination	% of Revenues	# per Month	Principal Cities entered	Commodities Carried

SECTION 8. GROSS RECEIPTS (Required for Motor Carriers of Property or Passengers)

Gross Receipts	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Other than Truckers	\$	\$	\$	\$	\$
Truckers excluding receipts from trip leased equipment	\$	\$	\$	\$	\$

SECTION 9. VEHICLE INFORMATION AND USE For long distance, list cities in which vehicles operate. **TOTAL VEHICLES**

Veh. #	Year	Vehicle Identification #	Load Capacity (2)	Type of Registration	Gross Vehicle Weight (GVW) Trucks only	Purpose of Use (P or B) (S-R-C)	Seating Capacity	Loss Payee Name
	Trade Name/ Model #	Garage Location (Town/State)	State of Registration	Rating Classification	Gross Comb. Weight (GCW) Trucks-Tractors only	Bus. Rad. (L-I-LD)	Tank Capacity	Loss Payee Address
	Type (1)	Name of Registered Owner of Vehicle	Rating Territory (3)	Orig. Cost new (4) or Rating Symbol	Size (L-M-H-EH)	Spec. Industry (M-T-FD-SD-WD-F-D-O)	Final Rating	Loss Payee City, State, Zip Code
Where vehicle is permitted to operate				List all cities through and in which vehicles operate				
Veh. 1								
Veh. 2								
Veh. 3								
Veh. 4								
Veh. 5								

(1) Type - Truck=T, Truck-Tractor=TT, Trailer=TR, Semi-Trailer=ST, Public Auto=PA
 (2) Truck-Type vehicles with Private Passenger or Combination registration and load capacities of 1500 pounds or less are eligible for Basic Repairs Benefits coverage.
 (3) For public automobiles, use the highest rated territory where the vehicles pick up or discharge passengers. (4) Chassis and Body including Special Equipment.

For applicants with more than five vehicles, all additional vehicles must be listed on an EASI Supplemental Vehicle Schedule and mailed with the original application to the Plan.

SECTION 10.a. COVERAGES AND PREMIUMS		(As provided by the Rules of the Plan.)				
All vehicles written under the same policy shall have the same Limits of Liability. Check appropriate boxes to indicate limits/deductibles		Vehicle 1 Est. Prem.	Vehicle 2 Est. Prem.	Vehicle 3 Est. Prem.	Vehicle 4 Est. Prem.	Vehicle 5 Est. Prem.
Liability - Combined Single Limits <input type="checkbox"/> \$75,000 <input type="checkbox"/> Other required limits* _____ *Limits in excess of \$75,000 may be purchased only if required by law. Refer to the Plan of Operation and Plan Manual of Rules and Rates.						
Uninsured Motorist Bodily Injury Coverage (Optional) <input type="checkbox"/> None* <input type="checkbox"/> Limits _____ *If "none" is checked, please complete and sign the following: I have been offered Uninsured Motorist Bodily Injury Coverage with limits up to my automobile bodily injury limits. <input type="checkbox"/> I reject such coverage** <input type="checkbox"/> I reject maximum limits X _____ (Applicant's Signature)						
Uninsured Motorist Property Damage Coverage (Optional) <input type="checkbox"/> None* <input type="checkbox"/> \$25,000/50,000 *If "none" is checked, please sign the following: I have been offered Uninsured Motorist Property Damage Coverage (which is only available when UMBI coverage is elected), with limits of liability of \$25,000 and I reject such coverage**.						
X _____ (Applicant's Signature)						
Underinsured Motorist Bodily Injury Coverage (Optional) <input type="checkbox"/> None* <input type="checkbox"/> Limits _____ *If "none" is checked, please sign the following: I have been offered Underinsured Motorist Bodily Injury Coverage (which is only available for Private Passenger vehicles when UMBI coverage is elected), with limits of liability equal to UMBI limits and I reject such coverage**.						
X _____ (Applicant's Signature)						
Medical Payments Coverage <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000						
Freedom of Choice No-Fault Insurance: Medical Benefits Coverage <input type="checkbox"/> I elect such coverage <input type="checkbox"/> I reject such coverage** Income Disability Benefits <input type="checkbox"/> I elect such coverage <input type="checkbox"/> I reject such coverage** Accidental Death Benefits <input type="checkbox"/> I elect such coverage <input type="checkbox"/> I reject such coverage**						
X _____ (Applicant's Signature)						
Physical Damage* - Comprehensive (including Collision) Deductibles \$100 \$250 \$500 Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____ *For light commercial trucks only						
Pollution Liability						
Estimated Total Premium per vehicle		\$	\$	\$	\$	\$
Total Estimated Premium for vehicles 1 - 5						
Total Estimated Premium for supplemental vehicles						
Total Estimated Premium for all vehicles						
Employer's Non-Ownership Coverage – (Complete Section 10.b. if requested)						
Hired Auto Coverage – (Complete Section 10.c. if requested)						
Drive Other Car Coverage (Complete Section 10.d. if requested) Number of individuals to be covered: _____ <input type="checkbox"/> \$75,000 <input type="checkbox"/> Other _____ (as required by law)						
Registration Plates Not Issued for a Specific Auto - Number of sets of plates: _____						
Partnership as the Named Insured Non-Ownership Liability Number of active and inactive partners: _____						
Total Estimated Premium for all vehicles and all coverages						\$
** I understand and agree that any rejection of the above coverages shall apply to this policy and to any renewal, reinstatement, substitute, amended, or replacement policy until I request such coverage or coverages in writing. X _____ (Applicant's Signature/Date)						

SECTION 10.b. EMPLOYER'S NON-OWNERSHIP LIABILITY				
Are any other vehicles owned by the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" complete the following.		Are any vehicles hauling exclusively for one firm/carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following.		
Name of Insurance Company		Policy #	Name of Firm/Carrier	
Address of Insurance Company		Type of Business		
Description of any owned, leased, hired, and non-owned vehicles which are <i>not</i> to be insured.				
Year	Trade Make	Body Type	Vehicle Identification #	
Total # Employees	What % of the applicant's employees operate their vehicles in the business?		FAST FOOD DELIVERY ONLY ⇄	Average # Drivers
SECTION 10.c. HIRED AUTO COVERAGE				
<input type="checkbox"/> Check here if desired.	Estimated Annual Cost of Hire	Rates Per \$100		Estimated Premium
		B.I.	P.D.	B.I. P.D.
SECTION 10.d. DRIVE OTHER CAR COVERAGE For Non-Owned Automobiles				
Name of Individual (s) (If necessary, Use Remarks Section)				
SECTION 11. FILINGS OR CERTIFICATES				
Is filing or specific limit(s) of liability needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to comply with:				
<input type="checkbox"/> Motor Carrier Act of 1980 Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		<input type="checkbox"/> Bus Regulatory Act of 1982		<input type="checkbox"/> ICC Regulation - Docket # _____
<input type="checkbox"/> Local Ordinance (attach copy) <input type="checkbox"/> State Regulation		<input type="checkbox"/> U. S. DOT # _____		<input type="checkbox"/> Other _____
If block(s) are checked, list state(s) and city(ies) requiring filings or limits of liability required by law.				
Is applicant required to file evidence of financial responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following.				
Last Name		First Name	MI	Tax ID or Social Security #
Type of Filing <input type="checkbox"/> Owner's (operation of owned vehicles) <input type="checkbox"/> Operator's (operation of non-owned vehicles) <input type="checkbox"/> Both				
State(s) where Filing required		Case or file #	Reason for Filing	
SECTION 12. PAYMENT PLANS				
<input type="checkbox"/> Option 1 - Full Annual Premium		Payment by: Certified check, bank check, or money order		Check/Draft #
<input type="checkbox"/> Option 2 - Installment Premium Payments* ⇄ \$4.00 per installment charge		Total Estimated Premium		\$
<input type="checkbox"/> Premium to be Financed – Name of Premium Finance Company** _____		Amount Submitted with Application		\$
		* Not Available on Premium Financed Policies. ** Attach a copy of Premium Finance contract.		
SECTION 13. PREVIOUS AUTOMOBILE INSURANCE CARRIER				
Information for the past three years. (If a fleet, information for the past five years required.) Attach loss statements from previous carrier.				
Name of latest carrier		Policy #	Termination date	
Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", give reason terminated.		
Complete the following for Carriers of property and passengers.				
Year	Policy #	Policy Period From To	Name of Insurance Company	
1st Prior				
2nd Prior				
3rd Prior				
4th Prior				

SECTION 14. EVIDENCE OF INSURANCE AND REQUESTED EFFECTIVE DATE OF COVERAGE

This application shall be evidence of temporary insurance subject to the following conditions:

1. The application must be fully completed, duly executed, and timely delivered to the Plan as provided in Section 23 of the Plan manual.
2. Applicants requiring financial responsibility filings or limits of liability in excess of \$500,000 will be subject to a 15 day delay in the effective date as specified in Section 23 of the Plan manual.
3. The premium charged for the period of coverage provided will be in accordance with the Plan rules if the policy is not accepted.
4. The insurance afforded hereunder shall be subject to all the terms and conditions of the Plan and the Policy Form prescribed for use.
5. In no event shall coverage be effective prior to the date and hour of completion of this application.
6. The Producer of Record must forward this application to the Plan Office no later than the first working day after the application is written.

NOTE: In the event there is no U.S. postmark (a metered mail postmark, electronic stamp, or other postage service or stamp are not considered a U.S. postmark), coverage will become effective no earlier than 12:01 a.m. on the day following receipt in the Plan Office.

Applicants requiring filings or a limit of liability in excess of \$500,000 Combined Single Limits will be subject to a 15-day delay in the effective date as specified in Section 23 of the Arkansas Automobile Insurance Plan.

Requested Effective Date and Time:

Example: 11/ 01/2003 11:30 AM

IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.

SECTION 15. PRODUCER OF RECORD STATEMENT

I hereby certify that I am a licensed broker/agent of the State of Arkansas. I have read the Arkansas Automobile Insurance Plan, have explained the provisions to the applicant. I acknowledge that I am acting on behalf of the applicant in submitting this application and have no authority to establish or revise the terms or conditions of coverage. This application includes all required information given to me by the applicant. In the event of cancellation or change to the policy resulting in a reduction of premium, I agree to return the unearned premium to the insured (net of any minimum premium due the carrier) and also to return to the carrier unearned compensation for this insurance received by me as required by the Plan.

My signature hereon represents certification of the Producer of Record Statement AND I certify this application is submitted pursuant to the effective date provisions contained in the Automobile Insurance Plan of this state.

Date: _____ Hour: _____ A.M. P.M.
(Producer's Signature)

SECTION 16. APPLICANT'S STATEMENT

I, the Applicant, declare and certify that:

1. I have tried and failed to obtain automobile insurance in this state within the preceding 60 days from these carriers:
1) _____, 2) _____
2. To the best of my knowledge and belief all statements contained in this application are true and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.
3. I realize that any misleading information or failure to disclose required information will not be considered good faith on my part and will prejudice my application for insurance.
4. I hereby agree to pay all premiums when due.
5. I hereby certify that I do not owe any insurance company for automobile premiums due or contracted.
6. I designate as Producer of Record for this insurance the producer or firm named in this application. A substitute producer may be designated by the Applicant at any time and, upon designation, shall be the Producer of Record. I understand that any designated producer cannot act as an agent of the Automobile Insurance Plan or any carrier for the purpose of this insurance and that the producer has no authority to establish, alter or amend terms or conditions of coverage.
7. I duly authorize the undersigned to execute this application on my behalf if the Applicant is not a natural person.
8. I agree that no coverage will be in effect if the premium remittance, which accompanies this application, is justifiably dishonored by any financial institution.
9. I understand that the premiums shown on this application are estimated premiums. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
10. My signature authorizes the insurer to obtain a traffic violation report on the applicant or any named person in the application as a driver of the insured motor vehicle.
11. I understand that physical damage coverage will be written on an Actual Cash Value basis subject to a maximum loss payable of \$35,000.

Date: _____ Hour: _____ A.M. P.M.
(Applicant's Signature)

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received within 30 days, notify the Arkansas Automobile Insurance Plan Office, 302 Central Avenue, Johnston, RI 02919.

FAIR CREDIT REPORTING ACT NOTICE

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

FRAUD NOTICE

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.

REMARKS SECTION

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