

SERFF Tracking Number: SFMA-125274480 State: Arkansas
First Filing Company: State Farm Fire and Casualty Company, ... State Tracking Number: AR-PC-07-025932
Company Tracking Number: AV-22472
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AV-22472
Project Name/Number: AV-22472/AV-22472

Filing at a Glance

Companies: State Farm Fire and Casualty Company, State Farm Mutual Automobile Insurance

Product Name: AV-22472 SERFF Tr Num: SFMA-125274480 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Assigned State Tr Num: AR-PC-07-025932
Sub-TOI: 19.0001 Private Passenger Auto (PPA) Co Tr Num: AV-22472 State Status:

Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Disposition Date:
Authors: Julie Davis, Sheri Anderson
Date Submitted: 08/28/2007 Disposition Status:

Effective Date Requested (New): 12/01/2007 Effective Date (New):
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):

General Information

Project Name: AV-22472 Status of Filing in Domicile: Not Filed
Project Number: AV-22472 Domicile Status Comments: N/A
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 08/29/2007
State Status Changed: 08/29/2007 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Enclosed for filing on behalf of State Farm Mutual Automobile Insurance Company and State Farm Fire and Casualty Company are copies of endorsement 6904A Amendatory Endorsement. Endorsement 6904A will be attached to all Car Policies and makes the following changes.

In response to House Bill 2243, endorsement 6904A provides primary coverage under all coverages for all occupants of a car rented from a car rental company by the named insured and used by the named insured or resident relative. Each item of the endorsement except item 2.b. makes these changes in response to H.B. 2243.

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Item 2.b. changes the owned but not insured exclusion under Medical Payments Coverage. Policy 9804.6 included this exclusion. We recently filed policy 9804A and intended to keep the same exclusion, however, we inadvertently removed wording which excluded coverage under the policy while the insured occupies a vehicle owned by a household insured if that vehicle is not the vehicle insured under the policy. The proposed wording restores the wording as intended.

The attached comparison shows the details of the changes.

Company and Contact

Filing Contact Information

Tom Monson, tom.monson.apky@statefarm.com
 One State Farm Plaza (309) 766-2270 [Phone]
 Bloomington, IL 61710 (309) 766-0225[FAX]

Filing Company Information

State Farm Fire and Casualty Company	CoCode: 25143	State of Domicile: Illinois
1 State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533080	

State Farm Mutual Automobile Insurance	CoCode: 25178	State of Domicile: Illinois
One State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533100	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per filing X 1 filing = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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SERFF Tracking Number: SFMA-125274480 State: Arkansas
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State Farm Fire and Casualty Company	\$50.00	08/28/2007	15326189
State Farm Mutual Automobile Insurance	\$0.00	08/28/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	09/10/2007	

SERFF Tracking Number: SFMA-125274480 State: Arkansas
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Product Name: AV-22472
Project Name/Number: AV-22472/AV-22472

Disposition

Disposition Date: 09/10/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: SFMA-125274480 State: Arkansas
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 Project Name/Number: AV-22472/AV-22472

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Certificate of Compliance	Approved	Yes
Supporting Document	Comparison	Approved	Yes
Form	6904A Amendatory Endorsement	Approved	Yes

SERFF Tracking Number: SFMA-125274480 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	6904A Amendatory Endorsement	6904A		Endorseme New nt/Amendm ent/Condi tions		0.00	6904A.pdf



6904A AMENDATORY ENDORSEMENT

This endorsement is a part of the policy. Except for the changes it makes, all other provisions of the policy remain the same and apply to this endorsement.

1. LIABILITY COVERAGE

If Other Liability Coverage Applies

The first paragraph of item 2. is deleted and replaced by the following:

- 2. The Liability Coverage provided by this policy applies as primary coverage for:
 - a. the ownership, maintenance, or use of *your car* or a *trailer* attached to it;
 - b. the maintenance or use of a *car* loaned to *you* by a legally licensed automobile dealer as a *temporary substitute car* or as a demonstrator vehicle if the *car* is being maintained or used by *you* or a *resident relative*; and
 - c. the maintenance or use of a *car* rented or leased by *you* from a *car* rental company if the *car* is being maintained or used by *you* or a *resident relative*.

2. MEDICAL PAYMENTS COVERAGE, DEATH, DISMEMBERMENT AND LOSS OF SIGHT COVERAGE, AND TOTAL DISABILITY COVERAGE

Additional Definitions

- a. Item 2.b. under *Insured* is deleted and replaced by the following:
Insured means:
 - 2. any other *person* who is not provided other similar coverage as a named insured or an additional insured under another valid and collectible automobile insurance policy while:
 - b. *occupying*:
 - (1) a *car* loaned to *you* by a legally licensed automobile

dealer for use as a demonstrator vehicle; or

- (2) a *non-owned car* rented or leased by *you* from a *car* rental company.

The vehicle must be operated by *you* or a *resident relative*.

b. Exclusions

Item 1. is changed to read:

1. Medical Payments Coverage

THERE IS NO COVERAGE FOR AN *INSURED* WHILE *OCCUPYING*, OR WHO IS STRUCK AS A *PEDESTRIAN* BY, A MOTOR VEHICLE *OWNED BY* THAT *INSURED*, *YOU*, OR A *RESIDENT RELATIVE* IF IT IS NOT *YOUR CAR* OR A *NEWLY ACQUIRED CAR*.

c. If Other Medical Payments Coverage, Total Disability Coverage or Similar Vehicle Insurance Applies

The following is added:

If an *insured* sustains *bodily injury* while *occupying a car*:

- a. loaned to *you* by a legally licensed automobile dealer for use as a demonstrator vehicle; or
- b. rented or leased by *you* from a *car* rental company;

then the coverage provided by this policy for *medical expenses*, funeral expenses or *weekly indemnity* is primary to any coverage provided by the dealer or rental company.

**3. UNINSURED MOTOR VEHICLE
COVERAGE – BODILY INJURY**

a. Additional Definitions

The following is added to item 3. of *insured*:

Insured means:

3. any other *person* while *occupying*:
 - e. a *non-owned car* rented or leased by *you* from a *car* rental company. The vehicle must be operated by *you* or a *resident relative*.

b. If Other Uninsured Motor Vehicle Coverage Applies

The following is added to the first paragraph of item 2.:

The Uninsured Motor Vehicle Coverage provided by this policy also applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying* a *car* rented or leased by *you* from a *car* rental company.

**4. UNDERINSURED MOTOR VEHICLE
COVERAGE**

a. Additional Definitions

The following is added to item 3. of *insured*:

Insured means:

3. any other *person* while *occupying*:
 - e. a *non-owned car* rented or leased by *you* from a *car* rental company. The vehicle must be operated by *you* or a *resident relative*.

b. If Other Underinsured Motor Vehicle Coverage Applies

The following is added to the first paragraph of item 2.:

The Underinsured Motor Vehicle Coverage provided by this policy also applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying* a *car* rented or leased by *you* from a *car* rental company.

5. PHYSICAL DAMAGES COVERAGES

If Other Physical Damage Coverage or Similar Coverage Applies

The following is added to the first paragraph of item 3:

The physical damage coverages provided by this policy also apply as primary coverage for *loss* to a *car* rented or leased by *you* from a *car* rental company if the *car* is being driven by an *insured*.

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Product Name: AV-22472
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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 09/10/2007

Comments:

Attachments:

AR 22472 PC TD-1 - P-C Transmittal Document.pdf
AR 22472 PC FFS-1 - Form Filing Schedule.pdf

Satisfied -Name: Certificate of Compliance **Review Status:** Approved 09/10/2007

Comments:

Attachments:

AR 22472 - Certificate of Compliance _STMSCP_.pdf
AR 22472 - Certif of Compliance.pdf

Satisfied -Name: Comparison **Review Status:** Approved 09/10/2007

Comments:

Attachment:

Comparison.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
h. Subject Codes	

3.	Group Name	Group NAIC #			
	State Farm Insurance Companies	0176			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	State Farm Mutual Automobile Insurance Company	Illinois	25178	37-0533100	
	State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

5.	Company Tracking Number	AV-22472
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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
	Steve Woodard State Farm Mutual Automobile Insurance Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager and Assistant Secretary-Treasurer	(309) 766-2041	(309) 766-0225	steve.woodard.a6bo@statefarm.com
	Tom Monson State Farm Mutual Automobile Insurance Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director and Assistant Secretary-Treasurer	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Thomas W. Monson		

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

9.	Type of Insurance (TOI)	19.0
10.	Sub-Type of Insurance (Sub-TOI)	19.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Automobile Insurance
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 type="checkbox"/> Other (give description) -
14.	Effective Date(s) Requested	December 1, 2007 or as soon thereafter as the necessary procedural changes have been implemented.
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	August 28, 2007
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 #	AV-22472
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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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Enclosed for filing on behalf of State Farm Mutual Automobile Insurance Company and State Farm Fire and Casualty Company are copies of endorsement 6904A Amendatory Endorsement. Endorsement 6904A will be attached to all Car Policies and makes the following changes.

In response to House Bill 2243, endorsement 6904A provides primary coverage under all coverages for all occupants of a car rented from a car rental company by the named insured and used by the named insured or resident relative. Each item of the endorsement except item 2.b. makes these changes in response to H.B. 2243.

Item 2.b. changes the owned but not insured exclusion under Medical Payments Coverage. Policy 9804.6 included this exclusion. We recently filed policy 9804A and intended to keep the same exclusion, however, we inadvertently removed wording which excluded coverage under the policy while the insured occupies a vehicle owned by a household insured if that vehicle is not the vehicle insured under the policy. The proposed wording restores the wording as intended.

The attached comparison shows the details of the changes.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: Submitted via EFT
Amount: \$50.00

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.)**

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 #	AV-22472			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	6904A Amendatory Endorsement	6904A	<input checked="" 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		

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELFCERT



I, Thomas W. Monson
(Name)

Forms Director and Assistant Secretary-Treasurer, of
(Title of Authorized Officer)

State Farm Insurance Companies
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate

corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> ▶	No
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number AV-22472

Signature of Authorized Officer ▶			
Name of Authorized Officer ▶	Thomas W. Monson		
Title of Authorized Officer ▶	Forms Director and Assistant Secretary-Treasurer		
Email address of Authorized Officer ▶	tom.monson.apky@statefarm.com		
Telephone # of Authorized Officer ▶	(309) 766-2270	Date	August 28, 2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us AID PC SelfCert (4/30/03)

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: State Farm Mutual Automobile Insurance Company
176-25178
State Farm Fire and Casualty Company
176-25143

DESCRIPTION: Amendatory Endorsement

FORM NUMBER: 6904A

EDITION DATE: N/A

This is to certify that the above captioned property and/or casualty policy form has achieved a Flesch Reading Ease Test Score of 50, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301--23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Director - Actuarial Services

Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

Arkansas Comparison of 6904A to Current Language

Proposed

Current

LIABILITY COVERAGE

LIABILITY COVERAGE

...
If Other Liability Coverage Applies
...

...
If Other Liability Coverage Applies
...

- 2. The Liability Coverage provided by this policy applies as primary coverage for:
 - a. the ownership, maintenance, or use of **your car** or a **trailer** attached to it;
 - b. the maintenance or use of a **car** loaned to **you** by a legally licensed automobile dealer as a **temporary substitute car** or as a demonstrator vehicle if the **car** is being maintained or used by **you** or a **resident relative**; and
 - c. the maintenance or use of a **car** rented or leased by **you** from a **car** rental company if the **car** is being maintained or used by **you** or a **resident relative**.

- 2. The Liability Coverage provided by this policy applies as primary coverage for the ownership, maintenance, or use of **your car** or a **trailer** attached to it. The Liability Coverage provided by this policy also applies as primary coverage, up to the limits required by the Motor Vehicle Safety Responsibility Act, for the maintenance or use of a **car** loaned to **you** by a legally licensed automobile dealer as a **temporary substitute car** or as a demonstrator vehicle if the **car** is being maintained or used by **you** or a **resident relative**.

MEDICAL PAYMENTS COVERAGE, DEATH, DISMEMBERMENT AND LOSS OF SIGHT COVERAGE, AND TOTAL DISABILITY COVERAGE

MEDICAL PAYMENTS COVERAGE, DEATH, DISMEMBERMENT AND LOSS OF SIGHT COVERAGE, AND TOTAL DISABILITY COVERAGE

Additional Definitions

Additional Definitions

Insured means:

Insured means:

- 2. any other **person** who is not provided other similar coverage as a named insured or an additional insured under another valid and collectible automobile insurance policy while:
 - b. **occupying**:
 - (1) a **car** loaned to **you** by a legally licensed automobile dealer for use as a demonstrator vehicle; or
 - (2) a **non-owned car** rented or leased by **you** from a **car** rental company.
The vehicle must be operated by **you** or a **resident relative**.

- 2. any other **person** who is not provided other similar coverage as a named insured or an additional insured under another valid and collectible automobile insurance policy while:
 - b. **occupying** a **car** loaned to **you** by a legally licensed automobile dealer for use as a demonstrator vehicle. The vehicle must be operated by **you**.

Exclusions

Exclusions

1. Medical Payments Coverage

1. Medical Payments Coverage

THERE IS NO COVERAGE FOR AN **INSURED** WHILE **OCCUPYING**, OR WHO IS STRUCK AS A **PEDESTRIAN** BY A MOTOR VEHICLE **OWNED BY** THAT

THERE IS NO COVERAGE FOR AN **INSURED** WHO IS STRUCK AS A **PEDESTRIAN** BY A MOTOR VEHICLE, **OWNED BY** THAT **INSURED** OR **YOU** IF IT

INSURED, YOU, OR A RESIDENT RELATIVE IF IT IS NOT *YOUR CAR* OR A *NEWLY ACQUIRED CAR*.

IS NOT *YOUR CAR* OR A *NEWLY ACQUIRED CAR*.

If Other Medical Payments Coverage, Total Disability Coverage or Similar Vehicle Insurance Applies

If Other Medical Payments Coverage, Total Disability Coverage or Similar Vehicle Insurance Applies

...
If an *insured* sustains *bodily injury* while occupying a car:

- a. loaned to *you* by a legally licensed automobile dealer for use as a demonstrator vehicle; or
- b. rented or leased by *you* from a *car* rental company;

then the coverage provided by this policy for *medical expenses*, funeral expenses or *weekly indemnity* is primary to any coverage provided by the dealer or rental company.

...
UNINSURED MOTOR VEHICLE COVERAGE – BODILY INJURY

...
UNINSURED MOTOR VEHICLE COVERAGE – BODILY INJURY

...
Additional Definitions

...
Additional Definitions

- 3. any other *person* while *occupying*:
 - a. *your car*;
 - b. a *newly acquired car*;
 - c. a *temporary substitute car*;
 - d. a *car* loaned to *you* by a legally licensed automobile dealer for use as a demonstrator vehicle. The vehicle must be operated by *you* or a *resident relative*; or
 - e. a *non-owned car* rented or leased by *you* from a *car* rental company. The vehicle must be operated by *you* or a *resident relative*.

- 3. any other *person* while *occupying*:
 - a. *your car*;
 - b. a *newly acquired car*;
 - c. a *temporary substitute car*; or
 - d. a *car* loaned to *you* by a legally licensed automobile dealer for use as a demonstrator vehicle. The vehicle must be operated by *you* or a *resident relative*.

Such vehicle must be used within the scope of *your* consent. Such other *person occupying* a vehicle used to carry *persons* for a charge is not an *insured*; and

Such vehicle must be used within the scope of *your* consent. Such other *person occupying* a vehicle used to carry *persons* for a charge is not an *insured*; and

...
If Other Uninsured Motor Vehicle Coverage Applies

...
If Other Uninsured Motor Vehicle Coverage Applies

- 2. The Uninsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying your car*, or while *occupying a car* loaned to *you* by a legally licensed automobile dealer for use as a *temporary substitute car* or as a demonstrator vehicle. The Uninsured Motor

- 2. The Uninsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying your car*, or while *occupying a car* loaned to *you* by a legally licensed automobile dealer for use as a *temporary substitute car* or as a demonstrator vehicle.

Vehicle Coverage provided by this policy also applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying a car* rented or leased by *you* from a *car* rental company.

...
UNDERINSURED MOTOR VEHICLE COVERAGE

Additional Definitions

- ...
3. any other *person* while *occupying*:
a. *your car*;
b. a *newly acquired car*;
c. a *temporary substitute car*;
d. a *car* loaned to *you* by a legally licensed automobile dealer for use as a demonstrator vehicle. The vehicle must be operated by *you* or a *resident relative*; or
e. a *non-owned car* rented or leased by *you* from a *car* rental company. The vehicle must be operated by *you* or a *resident relative*.

Such vehicle must be used within the scope of *your* consent. Such other *person occupying* a vehicle used to carry *persons* for a charge is not an *insured*; and

...
If Other Underinsured Motor Vehicle Coverage Applies

- ...
2. The Underinsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying your car*, or while *occupying a car* loaned to *you* by a legally licensed automobile dealer for use as a *temporary substitute car* or as a demonstrator vehicle. The Underinsured Motor Vehicle Coverage provided by this policy also applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying a car* rented or leased by *you* from a *car* rental company.

...
PHYSICAL DAMAGES COVERAGES

...
If Other Physical Damage Coverage or Similar Coverage Applies

- ...
3. The physical damage coverages provided by this policy apply as primary coverage for *loss to your car*. The physical damage coverages provided by this policy also apply as primary coverage for *loss* to a *car* loaned to *you* by a legally licensed

...
UNDERINSURED MOTOR VEHICLE COVERAGE

Additional Definitions

- ...
3. any other *person* while *occupying*:
a. *your car*;
b. a *newly acquired car*;
c. a *temporary substitute car*;
d. a *car* loaned to *you* by a legally licensed automobile dealer for use as a demonstrator vehicle. The vehicle must be operated by *you* or a *resident relative*; or

Such vehicle must be used within the scope of *your* consent. Such other *person occupying* a vehicle used to carry *persons* for a charge is not an *insured*; and

...
If Other Underinsured Motor Vehicle Coverage Applies

- ...
2. The Underinsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying your car*, or while *occupying a car* loaned to *you* by a legally licensed automobile dealer for use as a *temporary substitute car* or as a demonstrator vehicle.

...
PHYSICAL DAMAGES COVERAGES

...
If Other Physical Damage Coverage or Similar Coverage Applies

- ...
3. The physical damage coverages provided by this policy apply as primary coverage for *loss to your car*. The physical damage coverages provided by this policy also apply as primary coverage for *loss* to a *car* loaned to *you* by a legally licensed automobile dealer as a *temporary substitute car* or

Arkansas Comparison of 6904A to Current Language

automobile dealer as a *temporary substitute car* or as a demonstrator vehicle if the *car* is being driven by an *insured*. The physical damage coverages provided by this policy also apply as primary coverage for *loss* to a *car* rented or leased by *you* from a *car* rental company if the *car* is being driven by an *insured*.

as a demonstrator vehicle if the *car* is being driven by an *insured*.