

SERFF Tracking Number: DRCT-125563655 State: Arkansas
First Filing Company: Direct Insurance Company, ... State Tracking Number: #535 \$50
Company Tracking Number:
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: 200804-AR-PPA-Forms
Project Name/Number: /

Filing at a Glance

Companies: Direct Insurance Company, Direct National Insurance Company

Product Name: 200804-AR-PPA-Forms SERFF Tr Num: DRCT-125563655 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: #535 \$50
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: State Status: Fees verified and received (PPA)
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Author: Philip Deal Disposition Date: 04/10/2008
Date Submitted: 03/21/2008 Disposition Status: Approved
Effective Date Requested (New): 05/01/2008 Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 05/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/10/2008
State Status Changed: 04/03/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Application is being revised for DIC and DNIC. Summary of changes are attached.

Company and Contact

Filing Contact Information

Philip Deal, Product Manager philip.deal@directgeneral.com
1281 Murfreesboro Road (615) 399-5378 [Phone]

SERFF Tracking Number: DRCT-125563655 State: Arkansas
First Filing Company: Direct Insurance Company, ... State Tracking Number: #535 \$50
Company Tracking Number:
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: 200804-AR-PPA-Forms
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Nashville, TN 37217 (615) 366-3766[FAX]

Filing Company Information

Direct Insurance Company CoCode: 37220 State of Domicile: Tennessee
1281 Murfreesboro Road Group Code: 1213 Company Type:
Nashville, TN 37217 Group Name: State ID Number:
(615) 399-5375 ext. [Phone] FEIN Number: 62-1461730

Direct National Insurance Company CoCode: 23736 State of Domicile: Arkansas
1281 Murfreesboro Road Group Code: 1213 Company Type:
Nashville, TN 37217 Group Name: State ID Number:
(615) 399-5375 ext. [Phone] FEIN Number: 43-0622945

SERFF Tracking Number: DRCT-125563655 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
535	\$50.00	03/21/2008

SERFF Tracking Number: DRCT-125563655

State: Arkansas

First Filing Company: Direct Insurance Company, ...

State Tracking Number: #535 \$50

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TOI: 19.0 Personal Auto

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	04/10/2008	04/10/2008

Objection Letters and Response Letters

Objection Letters

Response Letters

Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	04/03/2008	04/03/2008	Philip Deal	04/07/2008	04/07/2008
Industry Response						

SERFF Tracking Number: DRCT-125563655 State: Arkansas
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Project Name/Number: /

Disposition

Disposition Date: 04/10/2008
Effective Date (New): 05/01/2008
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: DRCT-125563655

State: Arkansas

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State Tracking Number: #535 \$50

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: 200804-AR-PPA-Forms

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Summary	Approved	Yes
Supporting Document	Redline Version	Approved	Yes
Supporting Document	Cover letter	Approved	Yes
Form (revised)	Application - DIC	Approved	Yes
Form	Application - DIC	Approved	Yes
Form (revised)	Application - DNIC	Approved	Yes
Form	Application - DNIC	Approved	Yes

SERFF Tracking Number: DRCT-125563655 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/03/2008
Submitted Date 04/03/2008
Respond By Date
Dear Philip Deal,

This will acknowledge receipt of the captioned filing. Guest Passenger liability must be included in the liability coverage. It may not be excluded per Arkansas' Liability Law. Please amend the forms accordingly.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/07/2008
Submitted Date 04/07/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Please see attached documents.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Cover letter
Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
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<i>SERFF Tracking Number:</i>	<i>DRCT-125563655</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Direct Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#535 \$50</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>200804-AR-PPA-Forms</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Application - DIC	AR001A 02-08	Application/Binder/Enroll New ment	AR001A (02-08) Applicatio n-rev 040708.pd f
<i>Previous Version</i>			
<i>Application - DIC</i>	<i>AR001A 02-08</i>	<i>Application/Binder/Enroll New ment</i>	<i>DIC AR001A _02-08_ Personal Auto Applicatio n- clean.pdf</i>
Application - DNIC	AR001A 02-08	Application/Binder/Enroll New ment	DNIC AR001A (02-08) Applicatio n-rev 040708.pd f
<i>Previous Version</i>			
<i>Application - DNIC</i>	<i>AR001A 02-08</i>	<i>Application/Binder/Enroll New ment</i>	<i>DNIC AR001A _02-08_ Applicatio n- clean.pdf</i>

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State: Arkansas

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TOI: 19.0 Personal Auto

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Project Name/Number: /

No Rate/Rule Schedule items changed.

Sincerely,
Philip Deal

SERFF Tracking Number: DRCT-125563655 State: Arkansas
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 Company Tracking Number:
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application - DIC	AR001A	02-08	Application/ New Binder/Enrollment			AR001A (02-08) Application-rev 040708.pdf
Approved	Application - DNIC	AR001A	02-08	Application/ New Binder/Enrollment			DNIC AR001A (02-08) Application-rev 040708.pdf

DIRECT INSURANCE COMPANY

Application for Insurance - Arkansas

Administrative Office
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217
615-399-4700 • 800-627-8006 • 888-611-5301 (Espanol)

Agent # _____ Application Date: ____ / ____ / ____ Company # ____ Policy # _____

Applicant's Name, Vehicle Garaged Address, Home/Work Phone and Email Address List Mailing Address if different from Garaged Address

Home Phone: _____ Work Phone: _____

Email: _____

Payment Information: The Applicant's selected payment plan is: [PD IN FULL / INSTALL BILL / PREM FIN.]

Down Payment with Application: \$ _____ Down Payment Method of Payment: [CREDIT or DEBIT CARD / CASH / MONEY ORDER / CHECK / ACH]

Policy Term Information: Policy Effective: _____ at: _____ Policy Expiration: _____ at: 12:01 AM

Vehicle Information

No. Ter	Sym	Year	RD	Make	Model	Body	Drive	Opt	Use	Lease	Vehicle Identification No.
1											
2											
3											
4											

DRIVER INFORMATION—Complete for Applicant, spouse and all persons age 14 and older residing with Applicant (licensed or not). Also list any other operators of vehicles on this application, including children away from home or in college. All persons 14 years and older residing with Applicant (licensed or not) must be either rated or excluded.

No. Driver Name CL DOB SX MS SR EX License Number ST Pt Rel-to-Applicant

No.	Driver Name	CL	DOB	SX	MS	SR	EX	License Number	ST	Pt	Rel-to-Applicant
1											
2											
3											
4											
5											

DRIVER EXCLUSIONS: Applicant understands, and by signing this Application agrees, that NO coverage is or will be afforded under any section of the issued policy if any vehicle(s) is being maintained, used or operated by any of the excluded drivers listed below.

Excluded Driver	DOB	Relationship	Excluded Driver	DOB	Relationship

DRIVER POINT DEVELOPMENT: Explain ALL accidents, traffic violations/convictions in the past 3 years for all residents of Applicant's household and operators of Applicant's vehicle. If we learn of additional violations/accidents, they will be charged for and/or this policy may be cancelled or rescinded.

DRV#	Code	Vio-Date	PT	AAF/Details	DRV#	Code	Vio-Date	PT	AAF/Details

Requested Insurance Coverage Information:

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Bodily Injury Liability ("BI"):	_____ ea. Person / _____ ea. Accident	_____	_____	_____
Property Damage Liability ("PD"):	_____ ea. Accident	_____	_____	_____
Medical Payments:	_____	_____	_____	_____
Uninsured Motorist BI:	_____ ea. Person / _____ ea. Accident	_____	_____	_____
Underinsured Motorist BI:	_____ ea. Person / _____ ea. Accident	_____	_____	_____
Uninsured Motorist PD:	_____ / Accident, less (_____ deductible)	_____	_____	_____
Collision Loss Deductible:	_____	_____	_____	_____
Other Than Collision Loss Deductible:	_____	_____	_____	_____
Personal Injury Protection	_____	_____	_____	_____
Accidental Death:	_____	_____	_____	_____
Rental:	_____	_____	_____	_____
Towing:	_____	_____	_____	_____
Motorcycle Guest Passenger Liability*:	_____ ea. Person / _____ ea. Accident	_____	_____	_____
(*Limits must match BI Limits)				
Motorcycle Custom Parts / Equipment:	_____	_____	_____	_____
Motorcycle Towing:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
SR22 Fees: \$				
Policy Fee: \$				
MVR Fee: \$				
Total Premium: \$ _____				
Total Premium & Fees: \$ _____				

All pages of this Application must be completed and it must be signed by Applicant where indicated. This Application becomes part of any policy issued.

Lienholder (LH) and/or Additional Interest (AI) Name and Address	
1	
2	
3	

Uninsured/Underinsured Motorist Coverage ("UM/UIM") – READ BEFORE SIGNING

UM Bodily Injury: Arkansas law requires that every policy of automobile liability insurance include Uninsured Motorist Bodily Injury coverage equal to the purchased Bodily Injury Liability limits, unless such Uninsured Motorist coverage is rejected in writing or lower limits of such coverage are selected (such lower limits cannot be less than the minimum liability limits required by state law).

I REJECT UM BODILY INJURY COVERAGE ENTIRELY. **I ACCEPT UM BODILY INJURY COVERAGE AT LOWER LIMITS.**
My coverage limits are as set forth in the Requested Insurance Coverage Section.

UM Property Damage: Each Applicant who purchases Uninsured Motorist Bodily Injury coverage must also be provided the opportunity to purchase Uninsured Motorist Property Damage coverage in an amount not greater than the Property Damage Liability limits purchased by the Applicant.

I REJECT UM PROPERTY DAMAGE COVERAGE. **I ACCEPT UM PROPERTY DAMAGE COVERAGE.**
My coverage limits are as set forth in the Requested Insurance Coverage Section

UIM Bodily Injury: Each Applicant who purchases Uninsured Motorist Bodily Injury coverage must also be provided the opportunity to purchase Underinsured Motorist Bodily Injury coverage in an amount not greater than the Bodily Injury Liability limits purchased by the Applicant.

I REJECT UIM BODILY INJURY COVERAGE. **I ACCEPT UIM BODILY INJURY COVERAGE.**
My coverage limits are as set forth in the Requested Insurance Coverage Section

Applicant's UM/UIM choices as reflected above will apply to this policy and to any renewal thereof unless the Company is instructed otherwise in writing.	APPLICANT SIGNATURE:
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Personal Injury Protection Coverage ("PIP") – READ BEFORE SIGNING

Arkansas law requires that every policy of automobile liability insurance include Personal Injury Protection coverage unless rejected in writing.

I REJECT PIP COVERAGE ENTIRELY. **I ONLY REJECT THE FOLLOWING PIP COVERAGE(S):**
MEDICAL EXPENSES
WORK LOSS
ACCIDENTAL DEATH BENEFITS

Applicant's PIP choices as reflected above will apply to this policy and to any renewal thereof unless the Company is instructed otherwise in writing.	APPLICANT SIGNATURE:
--	-----------------------------

Applicant's Statement & Driver Record Permission - READ BEFORE SIGNING

I hereby apply to the company for a policy of insurance as set forth in this application on the basis of the statements contained herein.

Fraud Statement. I agree that such policy shall be null and void if such information is false or misleading or would affect acceptance of the risk by the company. I UNDERSTAND THAT 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.

MVR & Consumer Report Consent. I understand a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics and mode of living. Upon my written request, additional information as to the nature and scope of the report, if one is made, will be provided. I hereby authorize the Company or any designated representative thereof to secure from my state of residence, or as otherwise set forth below, a copy of my motor vehicle records (herein referred to as an "MVR") or other records, including but not limited to my consumer report, that it would deem relevant in assessing me as a risk and/or determining the appropriate premium for the insurance I am requesting (collectively the "Records"). I also authorize the Company to secure the same types of Records for each of the drivers in my household and I certify that they have authorized me to consent on their behalf. I understand this information will be used in rating and/or underwriting the insurance for which I have applied, and any renewal thereof. This permission will remain in effect until such time as it is canceled by me in writing. Any copy or other reproduction of this form shall be deemed an original for all purposes.

Void for NSF Acknowledgment. I understand that if I have paid my down payment or full premium payment with a check or by debit (either by card or ACH), any coverage under the policy is conditional upon there being sufficient funds in my account to cover the check or debit transaction. If there are insufficient funds in my account, or if the check is otherwise dishonored or returned by the bank unpaid for any reason, I agree that the policy will be null and void and that no coverage will be provided. I understand that an NSF service charge of \$20.00 will be assessed to the balance due on my policy if the bank or financial institution does not honor any check or debit transaction offered in payment. Imposition of such charge shall not deem the Company to have accepted the check or debit transaction unconditionally.

General Certification / Storage Transfer Authorization. I certify that all of the operators of my vehicle(s) have been reported to the Company. I ALSO CERTIFY THAT ALL PERSONS AGES 14 AND OLDER WHO LIVE WITH ME HAVE BEEN REPORTED TO THE COMPANY. I have reported any business use or commercial use of my vehicle, including pizza or newspaper delivery, to the company. I also certify that my principal residence/place of vehicle garaging is in the state set forth herein above, six (6) months each year. I hereby authorize the Company to order the transfer of any vehicle which is the subject of a loss under any policy issued by the Company, to a location where storage costs will be reduced if the vehicle is disabled. I certify that I have not suffered from blackouts, seizures or epilepsy.

Preexisting Damage Exclusion Acknowledgment. If I apply for physical damage coverage (Collision or Other Than Collision coverage), I certify that my vehicle does not have any existing physical damage. I understand that my coverage under this application will not apply to any currently existing damage.

Nonrefundable Fees Acknowledgment. I understand and agree that the application fee, all billing fees, reinstatement fees, NSF service charge, SR-22 filing and refunding fees are non-refundable and not part of the premium due.

Application Review and Accuracy Certification. I hereby certify that I have read and answered all questions in this application. I have read all of the statements and information set forth in the application, including this Applicant's Statement. I hereby certify that all information contained in this application is accurate and complete.

DATE: Time:	APPLICANT SIGNATURE:
----------------	-----------------------------

DIRECT NATIONAL INSURANCE COMPANY

Application for Insurance - Arkansas

Administrative Office
1281 MURFREESBORO ROAD
NASHVILLE, TN 37217
615-399-4700 • 800-627-8006 • 888-611-5301 (Espanol)

Agent # Application Date: / / Company # Policy #

Applicant's Name, Vehicle Garaged Address, Home/Work Phone and Email Address List Mailing Address if different from Garaged Address

Home Phone: Work Phone:

Email:

Payment Information: The Applicant's selected payment plan is: [PD IN FULL / INSTALL BILL / PREM FIN.]

Down Payment with Application:\$ Down Payment Method of Payment: [CREDIT or DEBIT CARD / CASH / MONEY ORDER / CHECK / ACH]

Policy Term Information: Policy Effective: at: Policy Expiration: at: 12:01 AM

Vehicle Information
No. Ter Sym Year RD Make Model Body Drive Opt Use Lease Vehicle Identification No.

Table with 12 columns: No. Ter, Sym, Year, RD, Make, Model, Body, Drive, Opt, Use, Lease, Vehicle Identification No. Rows 1-4.

DRIVER INFORMATION—Complete for Applicant, spouse and all persons age 14 and older residing with Applicant (licensed or not). Also list any other operators of vehicles on this application, including children away from home or in college. All persons 14 years and older residing with Applicant (licensed or not) must be either rated or excluded.

No. Driver Name CL DOB SX MS SR EX License Number ST Pt Rel-to-Applicant

Table with 12 columns: No., Driver Name, CL, DOB, SX, MS, SR, EX, License Number, ST, Pt, Rel-to-Applicant. Rows 1-5.

DRIVER EXCLUSIONS: Applicant understands, and by signing this Application agrees, that NO coverage is or will be afforded under any section of the issued policy if any vehicle(s) is being maintained, used or operated by any of the excluded drivers listed below.

Table with 6 columns: Excluded Driver, DOB, Relationship, Excluded Driver, DOB, Relationship. Rows 1-2.

DRIVER POINT DEVELOPMENT: Explain ALL accidents, traffic violations/convictions in the past 3 years for all residents of Applicant's household and operators of Applicant's vehicle. If we learn of additional violations/accidents, they will be charged for and/or this policy may be cancelled or rescinded.

Table with 10 columns: DRV#, Code, Vio-Date, PT, AAF/Details, DRV#, Code, Vio-Date, PT, AAF/Details. Rows 1-3.

Requested Insurance Coverage Information: Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4

Table with 4 columns: Coverage Description, Limits, Vehicle 1, Vehicle 2, Vehicle 3, Vehicle 4. Rows include Bodily Injury Liability, Property Damage Liability, Medical Payments, Uninsured Motorist BI, Underinsured Motorist BI, Uninsured Motorist PD, Collision Loss Deductible, Other Than Collision Loss Deductible, Personal Injury Protection, Accidental Death, Rental, Towing, Motorcycle Guest Passenger Liability*, Motorcycle Custom Parts / Equipment, Motorcycle Towing, Other, SR22 Fees, Policy Fee, MVR Fee, Total Premium, Total Premium & Fees.

All pages of this Application must be completed and it must be signed by Applicant where indicated. This Application becomes part of any policy issued.

Lienholder (LH) and/or Additional Interest (AI) Name and Address	
1	
2	
3	
Uninsured/Underinsured Motorist Coverage ("UM/UIM") – READ BEFORE SIGNING	
<p>UM Bodily Injury: Arkansas law requires that every policy of automobile liability insurance include Uninsured Motorist Bodily Injury coverage equal to the purchased Bodily Injury Liability limits, unless such Uninsured Motorist coverage is rejected in writing or lower limits of such coverage are selected (such lower limits cannot be less than the minimum liability limits required by state law).</p> <p>I REJECT UM BODILY INJURY COVERAGE ENTIRELY. I ACCEPT UM BODILY INJURY COVERAGE AT LOWER LIMITS. My coverage limits are as set forth in the Requested Insurance Coverage Section.</p>	
<p>UM Property Damage: Each Applicant who purchases Uninsured Motorist Bodily Injury coverage must also be provided the opportunity to purchase Uninsured Motorist Property Damage coverage in an amount not greater than the Property Damage Liability limits purchased by the Applicant.</p> <p>I REJECT UM PROPERTY DAMAGE COVERAGE. I ACCEPT UM PROPERTY DAMAGE COVERAGE. My coverage limits are as set forth in the Requested Insurance Coverage Section</p>	
<p>UIM Bodily Injury: Each Applicant who purchases Uninsured Motorist Bodily Injury coverage must also be provided the opportunity to purchase Underinsured Motorist Bodily Injury coverage in an amount not greater than the Bodily Injury Liability limits purchased by the Applicant.</p> <p>I REJECT UIM BODILY INJURY COVERAGE. I ACCEPT UIM BODILY INJURY COVERAGE. My coverage limits are as set forth in the Requested Insurance Coverage Section</p>	
<p>Applicant's UM/UIM choices as reflected above will apply to this policy and to any renewal thereof unless the Company is instructed otherwise in writing.</p>	<p>APPLICANT SIGNATURE:</p>
Personal Injury Protection Coverage ("PIP") – READ BEFORE SIGNING	
<p>Arkansas law requires that every policy of automobile liability insurance include Personal Injury Protection coverage unless rejected in writing.</p> <p>I REJECT PIP COVERAGE ENTIRELY. I ONLY REJECT THE FOLLOWING PIP COVERAGE(S): MEDICAL EXPENSES WORK LOSS ACCIDENTAL DEATH BENEFITS</p>	
<p>Applicant's PIP choices as reflected above will apply to this policy and to any renewal thereof unless the Company is instructed otherwise in writing.</p>	<p>APPLICANT SIGNATURE:</p>

Applicant's Statement & Driver Record Permission - READ BEFORE SIGNING

I hereby apply to the company for a policy of insurance as set forth in this application on the basis of the statements contained herein.

Fraud Statement. I agree that such policy shall be null and void if such information is false or misleading or would affect acceptance of the risk by the company. I UNDERSTAND THAT 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.

MVR & Consumer Report Consent. I understand a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics and mode of living. Upon my written request, additional information as to the nature and scope of the report, if one is made, will be provided. I hereby authorize the Company or any designated representative thereof to secure from my state of residence, or as otherwise set forth below, a copy of my motor vehicle records (herein referred to as an "MVR") or other records, including but not limited to my consumer report, that it would deem relevant in assessing me as a risk and/or determining the appropriate premium for the insurance I am requesting (collectively the "Records"). I also authorize the Company to secure the same types of Records for each of the drivers in my household and I certify that they have authorized me to consent on their behalf. I understand this information will be used in rating and/or underwriting the insurance for which I have applied, and any renewal thereof. This permission will remain in effect until such time as it is canceled by me in writing. Any copy or other reproduction of this form shall be deemed an original for all purposes.

Void for NSF Acknowledgment. I understand that if I have paid my down payment or full premium payment with a check or by debit (either by card or ACH), any coverage under the policy is conditional upon there being sufficient funds in my account to cover the check or debit transaction. If there are insufficient funds in my account, or if the check is otherwise dishonored or returned by the bank unpaid for any reason, I agree that the policy will be null and void and that no coverage will be provided. I understand that an NSF service charge of \$20.00 will be assessed to the balance due on my policy if the bank or financial institution does not honor any check or debit transaction offered in payment. Imposition of such charge shall not deem the Company to have accepted the check or debit transaction unconditionally.

General Certification / Storage Transfer Authorization. I certify that all of the operators of my vehicle(s) have been reported to the Company. I ALSO CERTIFY THAT ALL PERSONS AGES 14 AND OLDER WHO LIVE WITH ME HAVE BEEN REPORTED TO THE COMPANY. I have reported any business use or commercial use of my vehicle, including pizza or newspaper delivery, to the company. I also certify that my principal residence/place of vehicle garaging is in the state set forth herein above, six (6) months each year. I hereby authorize the Company to order the transfer of any vehicle which is the subject of a loss under any policy issued by the Company, to a location where storage costs will be reduced if the vehicle is disabled. I certify that I have not suffered from blackouts, seizures or epilepsy.

Preexisting Damage Exclusion Acknowledgment. If I apply for physical damage coverage (Collision or Other Than Collision coverage), I certify that my vehicle does not have any existing physical damage. I understand that my coverage under this application will not apply to any currently existing damage.

Nonrefundable Fees Acknowledgment. I understand and agree that the application fee, all billing fees, reinstatement fees, NSF service charge, SR-22 filing and refiling fees are non-refundable and not part of the premium due.

Application Review and Accuracy Certification. I hereby certify that I have read and answered all questions in this application. I have read all of the statements and information set forth in the application, including this Applicant's Statement. I hereby certify that all information contained in this application is accurate and complete.

<p>DATE: Time:</p>	<p>APPLICANT SIGNATURE:</p>
-------------------------------	------------------------------------

SERFF Tracking Number: DRCT-125563655

State: Arkansas

First Filing Company: Direct Insurance Company, ...

State Tracking Number: #535 \$50

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: 200804-AR-PPA-Forms

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: DRCT-125563655

State: Arkansas

First Filing Company: Direct Insurance Company, ...

State Tracking Number: #535 \$50

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: 200804-AR-PPA-Forms

Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status:

Approved 04/10/2008

Comments:

Attachments:

DIC industry_rates0508_PCtransDoc_intelligent[1].pdf
DNIC industry_rates0508_PCtransDoc_intelligent[1].pdf

Satisfied -Name: Summary

Review Status:

Approved 04/10/2008

Comments:

Attachments:

DIC Cover Letter.pdf
DIC Summary of Changes.pdf
DNIC 3-20-08 Cover Letter.pdf
DNIC Summary of Changes.pdf

Satisfied -Name: Redline Version

Review Status:

Approved 04/10/2008

Comments:

Attachments:

DIC AR001A _02-08_ Personal Auto Application-red.pdf
DNIC AR001A _02-08_ Application-red.pdf

Satisfied -Name: Cover letter

Review Status:

Approved 04/10/2008

Comments:

Attachment:

4-7-08 Cover Letter.pdf

Property & Casualty Transmittal Document (Revised 1/1/05)

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: f. State Filing #: g. SERFF Filing #:
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

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

9.	Type of Insurance (TOI)	
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)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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	New: _____ Renewal: _____
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input 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 #	
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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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]
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.)

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.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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			[] Replacement [] Withdrawn [] Neither		
02			[] Replacement [] Withdrawn [] Neither		
03			[] Replacement [] Withdrawn [] Neither		
04			[] Replacement [] Withdrawn [] Neither		
05			[] Replacement [] Withdrawn [] Neither		
06			[] Replacement [] Withdrawn [] Neither		
07			[] Replacement [] Withdrawn [] Neither		
08			[] Replacement [] Withdrawn [] Neither		
09			[] Replacement [] Withdrawn [] Neither		
10			[] Replacement [] Withdrawn [] Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #		
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)		
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)			
3.	Overall percentage rate impact for this filing		
%			
4.	Effect of Rate Filing – Written premium change for this program		
5.	Effect of Rate Filing – Number of policyholders		
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		
7.	Rate Change by Company		
	Company Name	Percentage Change for this program	# of policyholders for this program
			Written premium for this program
8.	Overall percentage of last rate revision		
%			
9.	Effective Date of last rate revision		
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

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Property & Casualty Transmittal Document (Revised 1/1/05)

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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #

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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

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7.	Signature of authorized filer				
8.	Please print name of authorized filer				

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

9.	Type of Insurance (TOI)	
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11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
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13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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	New: _____ Renewal: _____
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
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18.	Company's Date of Filing	
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Property & Casualty Transmittal Document—

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(Do not refer to the body of the filing for the component/exhibit listing.)

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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		
3.	Overall percentage rate impact for this filing	%
4.	Effect of Rate Filing – Written premium change for this program	
5.	Effect of Rate Filing – Number of policyholders	
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
7.	Rate Change by Company	
	Company Name	Percentage Change for this program
		# of policyholders for this program
		Written premium for this program
8.	Overall percentage of last rate revision	%
9.	Effective Date of last rate revision	
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

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01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

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6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

DIRECT GENERAL CORPORATION

2813 Business Park Drive, Airport Business Park, Building I
Memphis, Tennessee 38118

Telephone (866) 841-6994

Facsimile (866) 841-6994

Email Address: Jill.Fritts@directgeneral.com

March 20, 2008

Ms. Alexa Grissom, Certified Analyst
Property and Casualty Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201

RE: *Direct Insurance Company Private Passenger Automobile Form Filing*
NAIC # 37220
FEIN # 62-1461730

Dear Ms. Grissom:

Direct Insurance Company respectfully submits for your review and approval the enclosed private passenger automobile insurance form filing. This filing is comprised of the following:

1. Cover Letter (2 copies)
2. Summary of Changes
3. Property & Casualty Transmittal Document, PC TD-1
4. Form Filing Schedule, PC FFS-1
5. Application for Insurance, AR001A (02-08)
6. Self-addressed stamped envelope

Direct Insurance would like to implement the above-referenced form on May 1, 2008, or at approval, whichever is sooner.

If you have any questions after you have had the opportunity to review the foregoing, please do not hesitate to contact me at (866) 841-6994. Thanking you in advance for your kind cooperation in this matter.

Sincerely,

Jill A. Fritts
Attorney

Enclosures

SUMMARY OF CHANGES

A. Application for Insurance, AR001A (02-08)

1. This will replace our existing approved form, AR001A (07-07).
2. In the Applicant's Statement, under General Certification / Storage Transfer Authorization, we changed the garaging requirement from ten to six months.
3. In the Applicant's Statement, under General Certification / Storage Transfer Authorization, we removed diabetes from the list of conditions addressed.
4. We deleted the Licensed / Qualified Driver Acknowledgment from the Applicant's Statement.

DIRECT GENERAL CORPORATION

2813 Business Park Drive, Airport Business Park, Building I
Memphis, Tennessee 38118

Telephone (866) 841-6994

Facsimile (866) 841-6994

Email Address: Jill.Fritts@directgeneral.com

March 20, 2008

Ms. Alexa Grissom, Certified Analyst
Property and Casualty Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201

RE: *Direct National Insurance Company (formerly known as National Insurance Underwriters)*
Private Passenger Automobile Form Filing
NAIC #: 23736
FEIN #: 43-0622945

Dear Ms. Grissom:

Direct National Insurance Company respectfully submits for your review and approval the enclosed private passenger automobile insurance form filing. This filing is comprised of the following:

1. Cover Letter (2 copies)
2. Summary of Changes
3. Property & Casualty Transmittal Document, PC TD-1
4. Form Filing Schedule, PC FFS-1
5. Application for Insurance, AR001A (02-08)
6. Self-addressed stamped envelope

Direct Insurance would like to implement the above-referenced form on May 1, 2008, or at approval, whichever is sooner.

If you have any questions after you have had the opportunity to review the foregoing, please do not hesitate to contact me at (866) 841-6994. Thanking you in advance for your kind cooperation in this matter.

Sincerely,

Jill A. Fritts
Attorney

Enclosures

SUMMARY OF CHANGES

A. Application for Insurance, DNIC AR001A (02-08)

1. This will replace our existing approved form, DNIC AR001A (07-07).
2. In the Applicant's Statement, under General Certification / Storage Transfer Authorization, we changed the garaging requirement from ten to six months.
3. In the Applicant's Statement, under General Certification / Storage Transfer Authorization, we removed diabetes from the list of conditions addressed.
4. We deleted the Licensed / Qualified Driver Acknowledgment from the Applicant's Statement.

Administrative Office
 1281 MURFREESBORO ROAD
 NASHVILLE, TN 37217
 615-399-4700 • 800-627-8006 • 888-611-5301 (Español)

Agent # _____ Application Date: ____/____/____ Company # ____ Policy # _____

Applicant's Name, Vehicle Garaged Address, Home/Work Phone and Email Address List Mailing Address if different from Garaged Address

Home Phone: _____ Work Phone: _____

Email: _____

Payment Information: The Applicant's selected payment plan is: [PD IN FULL / INSTALL BILL / PREM FIN.]
 Down Payment with Application: \$ _____ Down Payment Method of Payment: [CREDIT or DEBIT CARD / CASH / MONEY ORDER / CHECK / ACH]

Policy Term Information: Policy Effective: _____ at: _____ Policy Expiration: _____ at: 12:01 AM

No. Ter	Sym	Year	RD	Make	Vehicle Information					Vehicle Identification No.
					Model	Body	Drive	Opt	Use	
1										
2										
3										
4										

DRIVER INFORMATION—Complete for Applicant, spouse and all persons age 14 and older residing with Applicant (licensed or not). Also list any other operators of vehicles on this application, including children away from home or in college. All persons 14 years and older residing with Applicant (licensed or not) must be either rated or excluded.

No. Driver Name	CL	DOB	SX	MS	SR	EX	License Number	ST	Pt	Rel-to-Applicant
1										
2										
3										
4										
5										

DRIVER EXCLUSIONS: Applicant understands, and by signing this Application agrees, that NO coverage is or will be afforded under any section of the issued policy if any vehicle(s) is being maintained, used or operated by any of the excluded drivers listed below.

Excluded Driver	DOB	Relationship	Excluded Driver	DOB	Relationship

DRIVER POINT DEVELOPMENT: Explain ALL accidents, traffic violations/convictions in the past 3 years for all residents of Applicant's household and operators of Applicant's vehicle. If we learn of additional violations/accidents, they will be charged for and/or this policy may be cancelled or rescinded.

DRV#	Code	Vio-Date	PT	AAF/Details	DRV#	Code	Vio-Date	PT	AAF/Details

Requested Insurance Coverage Information:

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Bodily Injury Liability ("BI"):	_____ ea. Person / _____ ea. Accident	_____	_____	_____
Property Damage Liability ("PD"):	_____ ea. Accident	_____	_____	_____
Medical Payments:	_____	_____	_____	_____
Uninsured Motorist BI:	_____ ea. Person / _____ ea. Accident	_____	_____	_____
Underinsured Motorist BI:	_____ ea. Person / _____ ea. Accident	_____	_____	_____
Uninsured Motorist PD:	_____ / Accident, less (_____ deductible)	_____	_____	_____
Collision Loss Deductible:	_____	_____	_____	_____
Other Than Collision Loss Deductible:	_____	_____	_____	_____
Personal Injury Protection	_____	_____	_____	_____
Accidental Death:	_____	_____	_____	_____
Rental:	_____	_____	_____	_____
Towing:	_____	_____	_____	_____
Motorcycle Guest Passenger Liability:	_____ ea. Person / _____ ea. Accident	_____	_____	_____
Motorcycle Custom Parts / Equipment:	_____	_____	_____	_____
Motorcycle Towing:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
SR22 Fees: \$	_____	_____	_____	_____
Policy Fee: \$	_____	_____	_____	_____
MVR Fee: \$	_____	_____	_____	_____
Total Premium: \$	_____	_____	_____	_____
Total Premium & Fees: \$	_____	_____	_____	_____

All pages of this Application must be completed and it must be signed by Applicant where indicated. This Application becomes part of any policy issued.

Deleted: 7

Deleted: 7

Lienholder (LH) and/or Additional Interest (AI) Name and Address	
1	
2	
3	
Uninsured/Underinsured Motorist Coverage ("UM/UIM") – READ BEFORE SIGNING	
<p>UM Bodily Injury: Arkansas law requires that every policy of automobile liability insurance include Uninsured Motorist Bodily Injury coverage equal to the purchased Bodily Injury Liability limits, unless such Uninsured Motorist coverage is rejected in writing or lower limits of such coverage are selected (such lower limits cannot be less than the minimum liability limits required by state law).</p> <p>I REJECT UM BODILY INJURY COVERAGE ENTIRELY. I ACCEPT UM BODILY INJURY COVERAGE AT LOWER LIMITS. My coverage limits are as set forth in the Requested Insurance Coverage Section.</p>	
<p>UM Property Damage: Each Applicant who purchases Uninsured Motorist Bodily Injury coverage must also be provided the opportunity to purchase Uninsured Motorist Property Damage coverage in an amount not greater than the Property Damage Liability limits purchased by the Applicant.</p> <p>I REJECT UM PROPERTY DAMAGE COVERAGE. I ACCEPT UM PROPERTY DAMAGE COVERAGE. My coverage limits are as set forth in the Requested Insurance Coverage Section</p>	
<p>UIM Bodily Injury: Each Applicant who purchases Uninsured Motorist Bodily Injury coverage must also be provided the opportunity to purchase Underinsured Motorist Bodily Injury coverage in an amount not greater than the Bodily Injury Liability limits purchased by the Applicant.</p> <p>I REJECT UIM BODILY INJURY COVERAGE. I ACCEPT UIM BODILY INJURY COVERAGE. My coverage limits are as set forth in the Requested Insurance Coverage Section</p>	
Applicant's UM/UIM choices as reflected above will apply to this policy and to any renewal thereof unless the Company is instructed otherwise in writing.	APPLICANT SIGNATURE:
Personal Injury Protection Coverage ("PIP") – READ BEFORE SIGNING	
<p>Arkansas law requires that every policy of automobile liability insurance include Personal Injury Protection coverage unless rejected in writing.</p> <p>I REJECT PIP COVERAGE ENTIRELY. I ONLY REJECT THE FOLLOWING PIP COVERAGE(S): MEDICAL EXPENSES WORK LOSS ACCIDENTAL DEATH BENEFITS</p>	
Applicant's PIP choices as reflected above will apply to this policy and to any renewal thereof unless the Company is instructed otherwise in writing.	APPLICANT SIGNATURE:
Applicant's Statement & Driver Record Permission - READ BEFORE SIGNING	

I hereby apply to the company for a policy of insurance as set forth in this application on the basis of the statements contained herein.

Fraud Statement. I agree that such policy shall be null and void if such information is false or misleading or would affect acceptance of the risk by the company. I UNDERSTAND THAT 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.

MVR & Consumer Report Consent. I understand a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics and mode of living. Upon my written request, additional information as to the nature and scope of the report, if one is made, will be provided. I hereby authorize the Company or any designated representative thereof to secure from my state of residence, or as otherwise set forth below, a copy of my motor vehicle records (herein referred to as an "MVR") or other records, including but not limited to my consumer report, that it would deem relevant in assessing me as a risk and/or determining the appropriate premium for the insurance I am requesting (collectively the "Records"). I also authorize the Company to secure the same types of Records for each of the drivers in my household and I certify that they have authorized me to consent on their behalf. I understand this information will be used in rating and/or underwriting the insurance for which I have applied, and any renewal thereof. This permission will remain in effect until such time as it is canceled by me in writing. Any copy or other reproduction of this form shall be deemed an original for all purposes.

Void for NSF Acknowledgment. I understand that if I have paid my down payment or full premium payment with a check or by debit (either by card or ACH), any coverage under the policy is conditional upon there being sufficient funds in my account to cover the check or debit transaction. If there are insufficient funds in my account, or if the check is otherwise dishonored or returned by the bank unpaid for any reason, I agree that the policy will be null and void and that no coverage will be provided. I understand that an NSF service charge of \$20.00 will be assessed to the balance due on my policy if the bank or financial institution does not honor any check or debit transaction offered in payment. Imposition of such charge shall not deem the Company to have accepted the check or debit transaction unconditionally.

General Certification / Storage Transfer Authorization. I certify that all of the operators of my vehicle(s) have been reported to the Company. I ALSO CERTIFY THAT ALL PERSONS AGES 14 AND OLDER WHO LIVE WITH ME HAVE BEEN REPORTED TO THE COMPANY. I have reported any business use or commercial use of my vehicle, including pizza or newspaper delivery, to the company. I also certify that my principal residence/place of vehicle garaging is in the state set forth herein above, six (6) months each year. I hereby authorize the Company to order the transfer of any vehicle which is the subject of a loss under any policy issued by the Company, to a location where storage costs will be reduced if the vehicle is disabled. I certify that I have not suffered from blackouts, seizures or epilepsy.

Preexisting Damage Exclusion Acknowledgment. If I apply for physical damage coverage (Collision or Other Than Collision coverage), I certify that my vehicle does not have any existing physical damage. I understand that my coverage under this application will not apply to any currently existing damage.

Nonrefundable Fees Acknowledgment. I understand and agree that the application fee, all billing fees, reinstatement fees, NSF service charge, SR-22 filing and refiling fees are non-refundable and not part of the premium due.

Application Review and Accuracy Certification. I hereby certify that I have read and answered all questions in this application. I have read all of the statements and information set forth in the application, including this Applicant's Statement. I hereby certify that all information contained in this application is accurate and complete.

DATE: Time:	APPLICANT SIGNATURE:
------------------------------	-----------------------------

AR001A (02-08)

- Deleted: ten
- Deleted: 10
- Deleted: ,
- Deleted: or diabetes
- Deleted: **Licensed/Qualified Driver Acknowledgment.** I understand and agree that no coverage is afforded under the policy applied for if the insured vehicle is being operated by a person who is not a qualified, licensed driver, or is without a valid driver's license, or whose driver's license is expired, revoked or suspended, or is in violation of any condition of his or her driving privilege or is without privilege to drive for any reason. ¶
- Deleted: 7
- Deleted: 7

Administrative Office
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Agent # _____ Application Date: ____/____/____ Company # ____ Policy # _____

Applicant's Name, Vehicle Garaged Address, Home/Work Phone and Email Address List Mailing Address if different from Garaged Address

Home Phone: _____ Work Phone: _____
 Email: _____

Payment Information: The Applicant's selected payment plan is: [PD IN FULL / INSTALL BILL / PREM FIN.]
 Down Payment with Application: \$ _____ Down Payment Method of Payment: [CREDIT or DEBIT CARD / CASH / MONEY ORDER / CHECK / ACH]

Policy Term Information: Policy Effective: _____ at: _____ Policy Expiration: _____ at: 12:01 AM

No. Ter	Sym	Year	RD	Make	Vehicle Information					Vehicle Identification No.
					Model	Body	Drive	Opt	Use	
1										
2										
3										
4										

DRIVER INFORMATION—Complete for Applicant, spouse and all persons age 14 and older residing with Applicant (licensed or not). Also list any other operators of vehicles on this application, including children away from home or in college. All persons 14 years and older residing with Applicant (licensed or not) must be either rated or excluded.

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DRV#	Code	Vio-Date	PT	AAF/Details	DRV#	Code	Vio-Date	PT	AAF/Details

Requested Insurance Coverage Information: Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4

Bodily Injury Liability ("BI"): _____ ea. Person / _____ ea. Accident
 Property Damage Liability ("PD"): _____ ea. Accident
 Medical Payments: _____
 Uninsured Motorist BI: _____ ea. Person / _____ ea. Accident
 Underinsured Motorist BI: _____ ea. Person / _____ ea. Accident
 Uninsured Motorist PD: _____ less (_____ deductible)
 Collision Loss Deductible: _____
 Other Than Collision Loss Deductible: _____
 Personal Injury Protection: _____
 Accidental Death: _____
 Rental: _____
 Towing: _____
 Motorcycle Guest Passenger Liability: _____
 Motorcycle Custom Parts / Equipment: _____
 Motorcycle Towing: _____
 Other: _____
 SR22 Fees: \$ _____
 Policy Fee: \$ _____
 MVR Fee: \$ _____
 Total Premium: \$ _____
 Total Premium & Fees: \$ _____

All pages of this Application must be completed and it must be signed by Applicant where indicated. This Application becomes part of any policy issued.

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MVR & Consumer Report Consent. I understand a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics and mode of living. Upon my written request, additional information as to the nature and scope of the report, if one is made, will be provided. I hereby authorize the Company or any designated representative thereof to secure from my state of residence, or as otherwise set forth below, a copy of my motor vehicle records (herein referred to as an "MVR") or other records, including but not limited to my consumer report, that it would deem relevant in assessing me as a risk and/or determining the appropriate premium for the insurance I am requesting (collectively the "Records"). I also authorize the Company to secure the same types of Records for each of the drivers in my household and I certify that they have authorized me to consent on their behalf. I understand this information will be used in rating and/or underwriting the insurance for which I have applied, and any renewal thereof. This permission will remain in effect until such time as it is canceled by me in writing. Any copy or other reproduction of this form shall be deemed an original for all purposes.

Void for NSF Acknowledgment. I understand that if I have paid my down payment or full premium payment with a check or by debit (either by card or ACH), any coverage under the policy is conditional upon there being sufficient funds in my account to cover the check or debit transaction. If there are insufficient funds in my account, or if the check is otherwise dishonored or returned by the bank unpaid for any reason, I agree that the policy will be null and void and that no coverage will be provided. I understand that an NSF service charge of \$20.00 will be assessed to the balance due on my policy if the bank or financial institution does not honor any check or debit transaction offered in payment. Imposition of such charge shall not deem the Company to have accepted the check or debit transaction unconditionally.

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DNIC AR001A (02-08)

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DIRECT GENERAL CORPORATION

2813 Business Park Drive, Airport Business Park, Building I
Memphis, Tennessee 38118

JILL A. FRITTS
ATTORNEY

Telephone (866) 841-6994
Facsimile (866) 841-6994
Email Address: Jill.Fritts@directgeneral.com

April 7, 2008

Ms. Alexa Grissom, Certified Analyst
Property and Casualty Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201

RE: SERFF filing #: DRCT-125563655

*Direct Insurance Company Private Passenger Automobile Form Filing
NAIC # 37220
FEIN # 62-1461730*

*Direct National Insurance Company (formerly known as National Insurance Underwriters)
Private Passenger Automobile Form Filing
NAIC #: 23736
FEIN #: 43-0622945*

Dear Ms. Grissom:

Pursuant to our telephone conversation on today's date, please find enclosed the attached revised Application, AR001A (02-08). Specifically, we added a note beneath Guest Passenger Liability Coverage on the Requested Coverage Section that specifies that the limits for Guest Passenger coverage must match the limits for BI Liability, as per your request.

Please recall from our conversation, that while we have a separate rate filed and approved for Guest Passenger Liability Coverage, it is a required coverage per our Underwriting Guidelines and the limits for such coverage must match the selected BI Liability limits.

If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Jill A. Fritts
Attorney

Enclosures

SERFF Tracking Number: DRCT-125563655 State: Arkansas
 First Filing Company: Direct Insurance Company, ... State Tracking Number: #535 \$50
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: 200804-AR-PPA-Forms
 Project Name/Number: /

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Application - DIC	03/20/2008	DIC AR001A _02-08_ Personal Auto Application- clean.pdf
No original date	Form	Application - DNIC	03/20/2008	DNIC AR001A _02-08_ Application- clean.pdf

Administrative Office
 1281 MURFREESBORO ROAD
 NASHVILLE, TN 37217
 615-399-4700 • 800-627-8006 • 888-611-5301 (Espanol)

Agent # _____ Application Date: ____ / ____ / ____ Company # ____ Policy # _____

Applicant's Name, Vehicle Garaged Address, Home/Work Phone and Email Address **List Mailing Address if different from Garaged Address**

Home Phone: _____ Work Phone: _____

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Payment Information: The Applicant's selected payment plan is: [PD IN FULL / INSTALL BILL / PREM FIN.]
 Down Payment with Application: \$ _____ Down Payment Method of Payment: [CREDIT or DEBIT CARD / CASH / MONEY ORDER / CHECK / ACH]

Policy Term Information: Policy Effective: _____ at: _____ Policy Expiration: _____ at: 12:01 AM

No.	Ter	Sym	Year	RD	Make	Vehicle Information				Lease	Vehicle Identification No.
						Model	Body	Drive	Opt Use		
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DRIVER INFORMATION—Complete for Applicant, spouse and all persons age 14 and older residing with Applicant (licensed or not). Also list any other operators of vehicles on this application, including children away from home or in college. All persons 14 years and older residing with Applicant (licensed or not) must be either rated or excluded.

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DRIVER POINT DEVELOPMENT: Explain ALL accidents, traffic violations/convictions in the past 3 years for all residents of Applicant's household and operators of Applicant's vehicle. If we learn of additional violations/accidents, they will be charged for and/or this policy may be cancelled or rescinded.

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Collision Loss Deductible:	_____	_____
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Personal Injury Protection	_____	_____
Accidental Death:	_____	_____
Rental:	_____	_____
Towing:	_____	_____
Motorcycle Guest Passenger Liability:	_____ ea. Person / _____ ea. Accident	_____
Motorcycle Custom Parts / Equipment:	_____	_____
Motorcycle Towing:	_____	_____
Other:	_____	_____
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DIRECT NATIONAL INSURANCE COMPANY

Application for Insurance - Arkansas

Administrative Office
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