Filing at a Glance

Company: Government Employees Insurance Company

Product Name: 178A-Comm-Form	SERFF Tr Num: GECC-125644092	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT $50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: 2008-178A	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Ashlee Michell	Disposition Date: 06/04/2008
	Date Submitted: 05/14/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 06/04/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 06/04/2008

State Filing Description:

General Information

Project Name: 178A-Comm-Form	Status of Filing in Domicile:
Project Number: 2008-178A	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/04/2008	
State Status Changed: 05/27/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

For your review, Government Employees Insurance Company (GEICO) herewith submits policy forms for a new Commercial Automobile Program. This new program is a stand alone program that is separate and distinct from all other automobile policy forms currently on file for this company.

GEICO has given the Insurance Services Office (ISO) filing authorization for commercial forms in the state of Arkansas. The enclosed exhibits specifically list those ISO commercial automobile forms that will be used as part of this program.

There is also a list of forms that have been independently developed and are being filed for use. Copies of the independently filed forms are enclosed for your review.

The rates and rules for the new Commercial Automobile Program will be submitted in a separate filing.

Company and Contact

Filing Contact Information

Maria Papagjika, Analyst, State Filings
One GEICO Plaza
Washington, DC 20076

mpapagjika@geico.com
(301) 986-3792 [Phone]
(301) 986-3922[FAX]

Filing Company Information

Government Employees Insurance Company
4608 Willard Avenue
Chevy Chase, MD 20815
(800) 824-5404 ext. [Phone]

CoCode: 22063
Group Code: 31
Group Name:
FEIN Number: 53-0075853

State of Domicile: Maryland
Company Type:
State ID Number:

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 #
Government Employees Insurance Company	$50.00	05/14/2008	20319399

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/04/2008	06/04/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Composite Amendment	Form	Ashlee Michell	05/28/2008	05/28/2008
Punitive Damage Exclusion	Form	Ashlee Michell	05/28/2008	05/28/2008
Amendatory Endorsement	Form	Ashlee Michell	05/28/2008	05/28/2008
Abuse or Molestation Exclusion	Form	Ashlee Michell	05/28/2008	05/28/2008
Assault and Battery Exclusion	Form	Ashlee Michell	05/28/2008	05/28/2008
Elimination of World Wide Coverage	Form	Ashlee Michell	05/28/2008	05/28/2008
Split Liability Limits	Form	Ashlee Michell	05/28/2008	05/28/2008

Disposition

Disposition Date: 06/04/2008

Effective Date (New): 06/04/2008

Effective Date (Renewal): 06/04/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*GECC-125644092*	*State:*	*Arkansas*
Filing Company:	*Government Employees Insurance Company*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*2008-178A*		
TOI:	*20.0 Commercial Auto*	*Sub-TOI:*	*20.0001 Business Auto*
Product Name:	*178A-Comm-Form*		
Project Name/Number:	*178A-Comm-Form/2008-178A*		

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	Change Sheet	Approved	Yes
Supporting Document	Forms Exhibit	Approved	Yes
Supporting Document	Memo	Approved	Yes
Form	Option Form - CSL	Approved	Yes
Form	Option Form - Split Limit	Approved	Yes
Form	Privacy Notices	Approved	Yes
Form *(revised)*	Composite Amendment	Approved	Yes
Form	Composite Amendment		Yes
Form *(revised)*	Punitive Damage Exclusion	Approved	Yes
Form	Punitive Damage Exclusion		Yes
Form *(revised)*	Amendatory Endorsement	Approved	Yes
Form	Amendatory Endorsement		Yes
Form *(revised)*	Abuse or Molestation Exclusion	Approved	Yes
Form	Abuse or Molestation Exclusion		Yes
Form *(revised)*	Assault and Battery Exclusion	Approved	Yes
Form	Assault and Battery Exclusion		Yes
Form *(revised)*	Elimination of World Wide Coverage	Approved	Yes
Form	Elimination of World Wide Coverage		Yes
Form *(revised)*	Split Liability Limits	Approved	Yes
Form	Split Liability Limits		Yes
Form	Policyholder Identification Form	Approved	Yes
Form	Named Driver Exclusion	Approved	Yes
Form	Schedule of Auto Changes	Approved	Yes
Form	Declaration Pages	Approved	Yes
Form	Endorsement Form	Approved	Yes
Form	Miscellaneous Changes	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Schedule of forms and endorsements	Approved	Yes

Form	Schedule of Loss Payees	Approved	Yes
Form	Schedule of taxes, surcharges or fees	Approved	Yes

Amendment Letter

Amendment Date:

Submitted Date: 05/28/2008

Comments:

Dear Ms. Rawlins:

We noticed a typographical error to some of our forms. We inadvertently misprinted the name and signature of the Secretary at the bottom of the forms. Attached please find revised forms reflecting the corrected name and signature for the Secretary only.

We apologize for any inconvenience this may cause.

Upon your final review, please forward your stamped approval.

Thank you,
Ashlee Michell
Analyst, State Filings

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Composite Amendment	B-54-AR	09-07	Endorsement/Amendment/Conditions	New				B54AR%20(09-07).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Punitive Damage Exclusion	B5218	09-07	Endorsement/Amendment/Conditions	New				B5218%20(09-07).pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments

Amendatory Endorsement	B3797A	09-07	Endorsement/Amendment/Conditions	New					B3797a%20(09-07).pdf
Form Name	**Form Number**	**Edition Date**	**Form Type**	**Action**	**Replaced Form #**	**Previous Filing #**	**Readability Score**		**Attachments**
Abuse or Molestation Exclusion	B-4803	09-07	Endorsement/Amendment/Conditions	New					B4803%20(09-07).pdf
Form Name	**Form Number**	**Edition Date**	**Form Type**	**Action**	**Replaced Form #**	**Previous Filing #**	**Readability Score**		**Attachments**
Assault and Battery Exclusion	B-4895	01-08	Endorsement/Amendment/Conditions	New					B4895%20(01-08).pdf
Form Name	**Form Number**	**Edition Date**	**Form Type**	**Action**	**Replaced Form #**	**Previous Filing #**	**Readability Score**		**Attachments**
Elimination of World Wide Coverage	B5056	09-07	Endorsement/Amendment/Conditions	New					B5056%20(09-07).pdf
Form Name	**Form Number**	**Edition Date**	**Form Type**	**Action**	**Replaced Form #**	**Previous Filing #**	**Readability Score**		**Attachments**
Split Liability Limits	B-5174	09-07	Election/Rejection/Supplemental Applications	New					B5174%20(09-07).pdf

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Option Form - CSL	B316ARCL	09-07	Election/Rejection/Supplemental Applications	New			B316ARCL.pdf
Approved	Option Form - Split Limit	B316ARSL	09-07	Election/Rejection/Supplemental Applications	New			B316ARSL.pdf
Approved	Privacy Notices	B56	09-07	Endorsement/Amendment/Conditions	New			B56.pdf
Approved	Composite Amendment	B-54-AR	09-07	Endorsement/Amendment/Conditions	New			B54AR%20(09-07).pdf
Approved	Punitive Damage Exclusion	B5218	09-07	Endorsement/Amendment/Conditions	New			B5218%20(09-07).pdf
Approved	Amendatory Endorsement	B3797A	09-07	Endorsement/Amendment/Conditions	New			B3797a%20(09-07).pdf
Approved	Abuse or Molestation Exclusion	B-4803	09-07	Endorsement/Amendment/Conditions	New			B4803%20(09-07).pdf
Approved	Assault and Battery Exclusion	B-4895	01-08	Endorsement/Amendment/Conditi	New			B4895%20(01-08).pdf

				ons			
Approved	Elimination of World Wide Coverage	B5056	09-07	Endorsement/Amendment/Conditions	New		B5056%20(09-07).pdf
Approved	Split Liability Limits	B-5174	09-07	Election/Rejection/Supplemental Applications	New		B5174%20(09-07).pdf
Approved	Policyholder Identification Form	BPHID	09-07	Endorsement/Amendment/Conditions	New		BPHID.pdf
Approved	Named Driver Exclusion	B3841	09-07	Endorsement/Amendment/Conditions	New		B-3841.pdf
Approved	Schedule of Auto Changes	AU-AUTO CHANGES	03-06	Endorsement/Amendment/Conditions	New		AU-Auto Changes.pdf
Approved	Declaration Pages	AU-DECP	09-07	Endorsement/Amendment/Conditions	New		AUDECP.pdf
Approved	Endorsement Form	AU-MAN	01-97	Endorsement/Amendment/Conditions	New		AU-Man.pdf
Approved	Miscellaneous Changes	AU-MISC CHANGES	01-97	Endorsement/Amendment/Conditions	New		AU-MISC.pdf
Approved	Common Policy Declarations	CO-DEC	01/97	Endorsement/Amendment/Conditions	New		CO-Dec.pdf

Approved	Schedule of forms and endorsements	FORM SCHED	01-97	Endorsement/Amendment/Conditions	New	Form Sched.pdf
Approved	Schedule of Loss Payees	LOSS-PAYEE	01-97	Endorsement/Amendment/Conditions	New	Loss Payee.pdf
Approved	Schedule of taxes, surcharges or fees	TAX-FORM	01-97	Endorsement/Amendment/Conditions	New	Tax Form.pdf

GEICO

Policy Number: XXXXXXXXXXXXXXXX

ARKANSAS INFORMATION AND OPTION FORM

IMPORTANT PLEASE READ CAREFULLY

IF YOU ARE A NEW APPLICANT, and do not return this form, your policy will be adjusted to include: Combined Single Limits – Uninsured Motorist Bodily Injury/Property Damage equal to your Combined Single Limit – Bodily Injury/Property Damage Limits.

IF YOU HAVE JUST MOVED TO ARKANSAS, your policy has been adjusted to include: Combined Single Limits – Uninsured Motorist Bodily Injury/Property Damage equal to your Combined Single Limit – Bodily Injury/Property Damage Limits. If you want to make any changes to these coverages, please complete, sign and return this form.

IF YOU ARE A CURRENT POLICYHOLDER and do not return this form, no changes will be made to your coverages. If you would like to make changes, please complete, sign and return this form.

MEDICAL PAYMENTS COVERAGE

Medical Payments Coverage pays medical, dental, hospital and funeral expenses.

It is provided for you, household relatives and guest passengers injured in an auto accident.

Medical Payments Coverage also protects you and household relatives in other vehicles or if struck as pedestrians.

PLEASE MAKE YOUR SELECTION FOR THE MEDICAL PAYMENTS COVERAGE.

☐ $500 ☐ $1,000 ☐ $2,000 ☐ $5,000

☐ I reject Medical Payments Coverage.

UNINSURED MOTORIST COVERAGE - COMBINED SINGLE LIMITS

Uninsured Motorist Coverage - Combined Single Limit pays damages that you, household relatives and passengers in your insured vehicles are legally entitled to recover because of bodily injury or death caused by an uninsured or hit-and-run motorist.

Uninsured Motorist Coverage - Combined Single Limit pays up to the limit selected for any for any one person, for all persons, or for loss to your insured vehicle.

If you do not select a limit or reject this coverage in writing, Uninsured Motorist Coverage - Combined Single Limits will be added to your policy with the same limit as your Bodily Injury Combined Single Limit.

PLEASE MAKE YOUR SELECTION FOR THE UNINSURED MOTORIST BODILY INJURY COVERAGE.

☐ I select Uninsured Motorist Coverage – Combined Single Limit equal to the limit I carry for Bodily Injury – Combined Single Limit

☐ I reject Uninsured Motorist Coverage –Combined Single Limit

☐ I reject Uninsured Motorist Coverage –Combined Single Limit equal to the limit I carry for Bodily Injury – Combined Single Limit and instead want the following:

☐ $50,000	☐ $150,000	☐ $400,000
☐ $65,000	☐ $200,000	☐ $500,000
☐ $75,000	☐ $250,000	☐ $600,000
☐ $100,000	☐ $300,000	☐ $750,000
☐ $125,000	☐ $350,000	☐ $1,000,000

UNDERINSURED MOTORIST COVERAGE – COMBINED SINGLE LIMIT

Underinsured Motorist (UIM) Coverage pays damages that you, household relatives and passengers in your insured vehicles are legally entitled to recover because of bodily injury or death caused by an underinsured motorist.

An underinsured motorist is a motorist who has some liability insurance but not enough to cover the extent of your damages.

Uninsured Motorist Coverage - Combined Single Limit pays up to the limit selected for any for any one person or for all persons.

You may not select Underinsured Motorist Coverage unless Uninsured Motorist Coverage is selected.

If you do not select a limit or reject this coverage in writing, Underinsured Motorist Bodily Injury Coverage will be added to your policy with the same limit as your Uninsured Motorist Coverage limit.

PLEASE MAKE YOUR SELECTION FOR THE UNDERINSURED MOTORIST COVERAGE.

☐ I REJECT Underinsured Motorist Coverage

☐ I SELECT Underinsured Motorist Coverage limits equal to the limit I carry for Uninsured Motorist Coverage:

INSURED'S/APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read, or have had read to me, the above explanations and offers of:

- Medical Payments Coverage
- Uninsured Motorist Coverage – Combined Single Limit
- Underinsured Motorist Bodily Injury Coverage – Combined Single Limit

I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions and that payment of benefits under any of these coverages is subject to the conditions, provisions, and terms of my motor vehicle insurance policy and to the State of Arkansas' laws.

In addition, I understand that the limits of coverage I select for these coverages will apply to any renewal, reinstatement, substitute, amended, modified, transfer, or replacement policy. Subsequent to this offer, if I decide to select different options, I must notify you in writing.

If you have any questions, please call us at our toll free number: 1-866-509-9444.

_____	_____	_____
(Print Name)	**(Signature)**	**(Date)**

GEICO

Policy Number: XXXXXXXXXXXXXXXX

ARKANSAS INFORMATION AND OPTION FORM

IMPORTANT PLEASE READ CAREFULLY

IF YOU ARE A NEW APPLICANT, and do not return this form, your policy will be adjusted to include:

- Uninsured Motorist Property Damage Coverages at the required minimum limits.
- Uninsured Motorist Bodily Injury and Underinsured Motorist Coverages equal to your Bodily Injury liability limit.

IF YOU HAVE JUST MOVED TO ARKANSAS, your policy has been adjusted to include:

- Uninsured Motorist Property Damage Coverages at the required minimum limits.
- Uninsured Motorist Bodily Injury and Underinsured Motorist Coverages equal to your Bodily Injury liability limit.

If you want to make any changes to these coverages, please complete, sign and return this form.

IF YOU ARE A CURRENT POLICYHOLDER and do not return this form, no changes will be made to your coverages. If you would like to make changes, please complete, sign and return this form.

MEDICAL PAYMENTS COVERAGE

Medical Payments Coverage pays medical, dental, hospital and funeral expenses.

It is provided for you, household relatives and guest passengers injured in an auto accident.

Medical Payments Coverage also protects you and household relatives in other vehicles or if struck as pedestrians.

PLEASE MAKE YOUR SELECTION FOR THE MEDICAL PAYMENTS COVERAGE.

☐ $500 ☐ $1,000 ☐ $2,000 ☐ $5,000

☐ I reject Medical Payments Coverage.

UNINSURED MOTORIST BODILY INJURY COVERAGE

Uninsured Motorist Bodily Injury (UMBI) Coverage pays damages that you, household relatives and passengers in your insured vehicles are legally entitled to recover because of bodily injury or death caused by an uninsured or hit-and-run motorist.

UMBI Coverage pays up to the first limit for any one person and, subject to the first limit for any one person, up to the second limit for all persons injured or killed in one accident.

If you do not select a limit or reject this coverage in writing, Uninsured Motorist Bodily Injury Coverage will be added to your policy with the same limit as your Bodily Injury liability limit.

PLEASE MAKE YOUR SELECTION FOR THE UNINSURED MOTORIST BODILY INJURY COVERAGE.

☐ I select Uninsured Motorist Bodily Injury Coverage equal to my Bodily Injury Liability Coverage.

☐ I reject Uninsured Motorist Bodily Injury Coverage

☐ I reject UMBI limit equal to the limit I carry for Bodily Injury and instead want the following UMBI

☐ $25,000/$50,000 ☐ $100,000/$500,000

☐ $30,000/$60,000 ☐ $250,000/$500,000

☐ $50,000/$100,000 ☐ $500,000/$500,000

☐ $100,000/$300,000 ☐ $500,000/$1,000,000

☐ $1,000,000/$1,000,000

UNDERINSURED MOTORIST COVERAGE

Underinsured Motorist (UIM) Coverage pays damages that you, household relatives and passengers in your insured vehicles are legally entitled to recover because of bodily injury or death caused by an underinsured motorist.

An underinsured motorist is a motorist who has some liability insurance but not enough to cover the extent of your damages.

UIM Coverage pays up to the first limit for any one person and, subject to the first limit for any one person, up to the second limit for all persons injured or killed in one accident.

You may not select Underinsured Motorist Coverage unless Uninsured Motorist Bodily Injury Coverage is selected.

If you do not select a limit or reject this coverage in writing, Underinsured Motorist Bodily Injury Coverage will be added to your policy with the same limit as your Bodily Injury Liability Coverage limit.

PLEASE MAKE YOUR SELECTION FOR THE UNDERINSURED MOTORIST COVERAGE.

☐ I REJECT Underinsured Motorist Coverage

☐ I SELECT Underinsured Motorist Coverage limits equal to the limit I carry for Uninsured Motorist Bodily Injury Coverage

UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

Uninsured Motorist Property Damage (UMPD) Coverage pays up to the limit selected, for loss to your insured vehicle caused by an uninsured or hit-and-run motorist.

UMPD does not pay for loss or damage to personal property located in the vehicle.

UMPD is subject to a $200 deductible. The deductible does not apply if you carry Collision Coverage and the operator of the other vehicle has been positively identified and is solely at fault.

If you carry UMBI Coverage and do not select a limit or reject this coverage in writing, the Uninsured Motorist Property Damage Coverage will be added to your policy in the minimum limit of $25,000. You may not select a limit higher than your Property Damage Liability Coverage limit.

PLEASE MAKE YOUR SELECTION FOR THE UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE.

☐ I reject Uninsured Motorist Property Damage Coverage

☐ I reject UMPD limit equal to the limit I carry for Property Damage and instead want the following UMPD limit:

☐ $25,000 ☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $300,000 ☐ $500,000 ☐ $1,000,000*

* The $1,000,000 limit is not available with $1,000,000/$1,000,000 Uninsured Motorist Bodily Injury Coverage Limit.

INSURED'S/APPLICANT'S ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read, or have had read to me, the above explanations and offers of:

- Medical Payments Coverage
- Uninsured Motorist Bodily Injury Coverage
- Uninsured Motorist Property Damage Coverage
- Underinsured Motorist Bodily Injury Coverage

I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions and that payment of benefits under any of these coverages is subject to the conditions, provisions, and terms of my motor vehicle insurance policy and to the State of Arkansas' laws.

In addition, I understand that the limits of coverage I select for these coverages will apply to any renewal, reinstatement, substitute, amended, modified, transfer, or replacement policy. Subsequent to this offer, if I decide to select different options, I must notify you in writing.

If you have any questions, please call us at our toll free number: 1-866-509-9444.

_____	_____	_____
(Print Name)	**(Signature)**	**(Date)**

@@@@@@@@Company Name@@@@@@@@@@@@@@

GEICO

PRIVACY NOTICE

GEICO Respects Your Privacy

Protecting your privacy is very important to us. Policyholders like you have trusted us with their insurance needs for over 70 years, and we take our obligation to safeguard and secure your personal Information very seriously. We want you to understand how we protect your privacy and when we collect and use your Information.

The Information We Collect

Non-public personally identifiable Information ("Information") is Information that identifies you and is not avail-able to the general public. The following sections tell you more about how and when we collect your informa-tion.

Information We Obtain From You

During the quoting, application, or claims handling processes you may give us Information such as your:

- name
- address
- phone number
- email address
- Social Security number
- driver's license number
- date of birth

If you gave us your email address, GEICO may use it from time to time to notify you of such things as new services, special offers, or to confirm transactions.

Information About Your Transactions

We may collect Information about your transactions and experiences with us and others, such as your payment history, claims, coverage, and vehicles changes.

Information From Third Parties

We may receive Information about you from consumer reporting agencies, which provide us with motor vehicle reports and claim reports.

If you commit to purchase a policy with GEICO, we will confirm your motor vehicle record and claims history.

As permitted by law, we may also review your motor vehicle record.

The Information We Disclose

Information about our customers or former customers will only be disclosed as permitted or required by law. Information about you that has been collected is maintained in your policy and/or claims records.

We use this Information to process and service your policy; to settle claims; with your consent; or as directed by you. We may also disclose it to persons or organizations as necessary to perform transactions you request or authorize. Information about our former customers and about individuals who have obtained quotes from us is safeguarded to the same extent as Information about our current policyholders.

Following are some examples of how we may disclose Information:

We must exchange Information about you with our agents, investigators, appraisers, attorneys, and other persons who are or will become involved in processing your application and servicing your policy or any claims you may make.

When you are involved in a claim, policy Information is provided to adjusters and the businesses that will repair your vehicle.

We may share Information with persons or organizations that we have determined need the Information to perform a business, professional, or insurance function for us. These include businesses that help us with administrative functions. If the law in your state permits, we may share Information with financial institutions with which we have a joint-marketing agreement. All of these entities are obligated to keep the Information that we provide to them confidential and to use the Information only for the purpose for which the Information was provided.

Information may be provided to organizations conducting actuarial research or audits. In this case, you will not be individually identified in any research report. The organization must agree not to redisclose the Information and the Information will be returned to us or destroyed when it is no longer needed.

We may also share your Information for other permitted purposes, including:

- with another insurance company if you are involved in an accident with their insured

- with our reinsurers
- with insurance-support organizations that detect and prevent fraud
- with medical professionals or institutions in order to verify coverage or conduct operations or services audits
- with state insurance departments or other governmental or law enforcement authorities if required by law or to protect our legal interests or in cases of sus-pected fraud or illegal activities
- if ordered by a subpoena, search warrant or other court order

Confidentiality and Security

We restrict access to your Information to employees who we have determined need it in order to provide products or services to you. We train our employees to safeguard customer Information, and we require them to sign confidentiality and non-disclosure agreements. We maintain strict physical, electronic and procedural safeguards to protect your Information from unauthorized access by third parties.

Changes to This Privacy Policy

Each of our policyholders receives a copy of our privacy policy at least once per year. In addition, in the event that we make a significant change to our privacy practices, we will send a revised copy of our privacy policy to each of our current policyholders.

What to Do if You Have Privacy or Security Concerns

If you have a concern about privacy or security at GEICO, we want to hear about it by mail or email.

Please write to us at:

Privacy Administration
GEICO
One GEICO Plaza
Washington, DC 20076

or email us at privacypolicy@geico.com.

GEICO

XXXXXX Company Name XXXXXXXXXXXXX
Policy Number: XXXXXXXXXXXXXXXX

Business Auto Policy Amendment
Arkansas

Your policy provisions are amended as follows:

SECTION I-COVERED AUTOS

Symbol 7, under **A**. **Description Of Covered Auto Designation Symbols**, is revised as follows:

Symbol	Description of Covered Auto Designation Symbols	
7	**Specifically Described "Autos"**	Those "autos" described in the Schedule of Covered Autos for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to a power unit described in Item 3) and those "autos" which are borrowed but only while used in your business. A borrowed auto must be of like, type, design, and weight to those autos described in the Schedule of Covered Autos.

SECTION II - LIABILITY COVERAGES

A.2.a Supplementary Payments, item **3.,** is revised as follows:

(3) The cost of bonds to release attachments in any suit against the insured we defend, but only for bond amounts within our Limit of Insurance. We have no obligation to furnish or apply for the bond.

A.2a. Supplementary Payments, item **5.,** is revised as follows:

(5) All costs taxed against the "insured" in any "suit" against the "insured" payable under this policy.

A.2a. Supplementary Payments, item **6.,** is revised as follows:

(6) All interest on that amount of the judgment that's within our limit of liability, that accrues after the entry of the judgment in any "suit" against the "insured" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

B. Exclusions

The last paragraph of exclusion **4. Employee Indemnification and Employer's Liability** is revised as follows:

But this exclusion does not apply to "bodily injury" to "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract".

SECTION III – PHYSICAL DAMAGE COVERAGE

C. Limit of Insurance

The following limit is added:

4. The limit of our liability for “loss” for glass repair or replacement, is not to exceed the prevailing competitive price. Although you have the right to choose any glass repair facility or location, the limit of liability for “loss” to window glass is the cost to repair or replace such glass but will not exceed the prevailing competitive price. This is the price we can secure from a competent and conveniently located glass repair facility. At your request, we will identify a glass repair facility that will perform the repairs at the prevailing competitive price.

SECTION IV - BUSINESS AUTO CONDITIONS

The following condition is added:

9. Choice of Law

The policy and any amendment(s) and endorsement(s) are to be interpreted pursuant to the laws of the state of Arizona.

This amendment is affirmed.

W.C.E. Robinson
Secretary

O. M. Nicely
President

GEICO

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Policy Number: XXXXXXXXXXXXXXXX
Effective Date: XXXXXXXX

Business Auto Policy Amendment
GENERAL LIABILITY PUNITIVE DAMAGE EXCLUSION DUTY TO DEFEND

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies the insurance provided under all coverage forms.

The insuring agreement is amended to provide that this insurance does not apply to any sums awarded as punitive damages. For the purposes of this Endorsement, punitive damages include, but are not limited to, the following punitive damages, exemplary damages, treble damages, statutory damages, and any other damages which are awarded to punish or deter a wrongdoer, deter others from similar conduct, or any other similar type of damages.

Subject to all other terms, conditions and exclusions of the policy, the Company has the right to defend any suit against the insured which seeks both punitive damages and damages to which this insurance applies. However, the Company has no duty to defend any suit seeking only punitive damages or where the remaining allegations of a complaint seek only punitive damages. The Company shall have the right to settle that part or parts of a suit seeking damages other than punitive damages.

In the event of a conflict of interest between the insured and the Company due to allegations which might result in an award of punitive damages against the insured or due to other allegations not covered by this insurance, the Company shall not be obligated to retain separate counsel to represent the interests of the insured with respect to defense of non-covered allegations, but the insured shall have the right to retain separate counsel at the insured's expense to serve as co-counsel. The Company shall not be required to relinquish control of the defense to such co counsel so long as covered allegations remain in the suit.

All other terms, conditions and agreements of the policy shall remain unchanged.

This amendment is affirmed.

W.C.E. Robinson
Secretary

O. M. Nicely
President

GEICO

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Policy Number: XXXXXXXXXXXXXXXX

Business Auto Policy Amendment

Exclusion of Property Damage (to property in the care, custody or control of the insured)

THIS AMENDMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This amendment modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM

It is agreed that SECTION II - LIABILITY COVERAGE, B. EXCLUSIONS, 6. CARE, CUSTODY OR CONTROL is amended to read as follows:

This insurance does not apply to any of the following:

6. CARE, CUSTODY OR CONTROL

(a) "Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control.

(b) "Property damage" to property owned by the named insured.

This exclusionary clause does not apply to liability assumed under a sidetrack agreement.

All other terms, conditions and agreements of the policy shall remain unchanged.

This amendment is affirmed.

W.C.E. Robinson
Secretary

O. M. Nicely
President

GEICO

Business Auto Policy Amendment
Abuse Or Molestation Exclusion

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Policy Number: XXXXXXXXXXXXXXXX

PLEASE READ CAREFULLY

This amendment modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The following exclusion is added to the policy:

This insurance does not apply to "bodily injury" or "property damage" arising out of:

(a) The alleged, actual or threatened abuse, molestation or sexual contact, whether or not intentional, by anyone or any person; or

(b) The negligent:
(i) Employment;
(ii) Investigation;
(iii) Supervision; or
(iv) Retention;
of anyone or negligent entrustment to anyone whose conduct would be excluded by (a) above; or

(c) The reporting to authorities or failure to report to authorities the alleged, actual or threatened abuse, molestation or sexual contact by anyone of any person.

All other terms, conditions and agreements shall remain unchanged.

This amendment is affirmed.

W.C.E. Robinson
Secretary

O. M. Nicely
President

GEICO

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Policy Number: XXXXXXXXXXXXXXXX

Business Auto Policy Amendment
Assault And Battery Exclusion

PLEASE READ CAREFULLY

This amendment modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SECTION II - LIABILITY COVERAGE, B. EXCLUSIONS, of the BUSINESS AUTO COVERAGE FORM is changed by adding the following exclusion:

This insurance does not apply to:

Assault and Battery
"Bodily injury" or "property damage" arising out of:

(a) The alleged, actual or threatened assault, battery, or harmful or offensive contact, whether intentional, negligent or otherwise, by anyone of any person, whether caused by or at the instigation or direction of the insured, the insured's employees or patrons, or any other person whomsoever;

(b) The apprehension or fear of assault, battery, or harmful or offensive contact, whether intentional, negligent or otherwise, by anyone of any person, whether caused by or at the instigation or direction of the insured, the insured's employees or patrons, or any other person whomsoever;

(c) Any alleged or actual act or omission in connection with the prevention or suppression of an assault, battery, or harmful or offensive contact, whether intentional, negligent or otherwise, whether caused by whomsoever; or

(d) The negligent employment, investigation, supervision, training, retention or control of anyone or negligent entrustment to anyone whose conduct would be excluded by (a), (b) or (c) above.

SECTION II - LIABILITY COVERAGE, B. EXCLUSIONS, of the GARAGE COVERAGE FORM is changed by deleting exclusion 1. Expected Or Intended Injury, and replacing it with the following language:

This insurance does not apply to any of the following:

1. Expected Or Intended Injury

   "Bodily injury" or "property damage" expected or intended form the standpoint of the "insured".

All other terms, conditions and agreements of the policy shall remain unchanged.

This amendment is affirmed.

W.C.E. Robinson
Secretary

O. M. Nicely
President

GEICO

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Policy Number: XXXXXXXXXXXXXXXX

Business Auto Policy Amendment
Elimination of Limited Worldwide Coverage

THIS AMENDMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This amendment modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Section IV - Business Auto Conditions, Section V - Truckers Conditions, and Section V - Garage Conditions are changed as follows:

Paragraph **7.e** of the Policy Period, Coverage Territory Condition is deleted in its entirety.

All other terms, conditions and agreements of the policy shall remain unchanged.

This amendment is affirmed.

W.C.E. Robinson
Secretary

O. M. Nicely
President

GEICO

Business Auto Policy Amendment
Split Liability Limits

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Policy Number: XXXXXXXXXXXXXXXX
Effective Date: XXXXXXXX

This endorsement modifies insurance provided under the following:
BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

SCHEDULE

"Bodily Injury" Liability:	$	Each Person
	$	Each "Accident"
Total "Property Damage" Liability and "Covered Pollution Cost or Expense":	$	Each "Accident"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Paragraph **C. Limit of Insurance** of **Section II – Liability Coverage** is replaced by the following:

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the limit of insurance is as follows:

1. The most we will pay for all damages resulting from "bodily injury" to any one person caused by any one "accident", including all damages claimed by any one person or organization for care, loss of services or death resulting from the "bodily injury", is the limit of "Bodily Injury" Liability shown in the Schedule for each person.
2. Subject to the limit for each person, the most we will pay for all damages resulting from "bodily injury" caused by any one "accident" is the limit of "Bodily Injury" Liability shown in the Schedule for each "accident".
3. The most we will pay for the total of all damages resulting from "property damage" and "covered pollution cost or expense" combined caused by any one "accident" is the limit of "Property Damage" Liability and "Covered Pollution Cost or Expense" shown in the Schedule for each "accident".

All "bodily injury", "property damage" and "covered pollution cost or expense", resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage Endorsement, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

All other terms, conditions and agreements remain unchanged.

This amendment is affirmed.

W.C.E. Robinson
Secretary

O. M. Nicely
President

NOTICE TO POLICYHOLDER

Policyholder Identification Form

Policy Inception Date:_____

This form serves as an agreement between the company and all those undersigned below that only the two persons identified on this form as the Named Insureds will receive policy correspondence including but not limited to: declarations pages, id cards, refund checks, claims forms, and settlement checks. All partners must sign and date next to their printed name. This form must be returned to us no later than 30 days from the inception date of the policy. This form applies to all renewals. If any changes are needed to the specified Named Insureds, you must contact us at 1-866-509-9444. We can also be reached by mail at 1 Geico Blvd, Fredericksburg, VA, 22412.

By signing this form I certify that:

_____ _____ et al.

is/are to be listed on all policy correspondence, as stated above, as the Named Insured(s).

_____ _____
Signature & Date

_____ _____
Signature & Date

_____ _____
Signature & Date

_____ _____
Signature & Date

_____ _____
Signature & Date

_____ _____
Signature & Date

_____ _____
Signature & Date

_____ _____
Signature & Date

_____ _____
Signature & Date

_____ _____
Signature & Date

GEICO

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business Auto Policy Endorsement
Named Driver Exclusion

Policy Number: XXXXXXXXXXXXXXXX
Effective Date: XXXXXXXX

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy effective on the inception date of the policy or as of the date shown above, if later.

This policy does not apply to any claim or loss arising from the accidents or occurrences involving any covered "auto" while being driven or operated by:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
(Name of Excluded Operator)	(Driver's License Number)
(Name of Excluded Operator)	(Driver's License Number)
(Name of Excluded Operator)	(Driver's License Number)

If this form is sent by facsimile machine (fax), the sender adopts the document received by GEICO as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

All other terms, conditions and agreements of the policy shall remain unchanged.

Acknowledged By: _____ _____
Signature of Named Insured or Authorized Representative Date

GEICO

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business Auto Policy Endorsement
Named Driver Exclusion

Policy Number: XXXXXXXXXXXXXXXX
Effective Date: XXXXXXXX

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy effective on the inception date of the policy or as of the date shown above, if later.

This policy does not apply to any claim or loss arising from the accidents or occurrences involving any covered "auto" while being driven or operated by:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
(Name of Excluded Operator)	(Driver's License Number)
(Name of Excluded Operator)	(Driver's License Number)
(Name of Excluded Operator)	(Driver's License Number)

If this form is sent by facsimile machine (fax), the sender adopts the document received by GEICO as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

All other terms, conditions and agreements of the policy shall remain unchanged.

Acknowledged By: _____ _____
Signature of Named Insured or Authorized Representative Date

Policy Number

SCHEDULE OF AUTOS CHANGES

Endorsement No.

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Coverage affected by this change is Added, Deleted or Changed as indicated below

Covered Auto No.	Vehicle. Cov. is	DESCRIPTION Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)	PURCHASED Original Cost New	Actual Cost & NEW (N) USED (U)	TERRITORY Town & State Where The Covered Auto Will Be Principally Garaged

Covered Auto No.	CLASSIFICATION Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab.	Primary Rating Factor Phys. Damage.	Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
									See Schedule of Loss Payees, if applicable.

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.) LIABILITY Limit	LIABILITY Premium	PERSONAL INJURY PROTECTION Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	PERSONAL INJURY PROTECTION Premium	ADDED P.I.P Premium For Limit Stated In Each Added P.I.P. Endt.	PROPERTY PROTECTION (Michigan Only) Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	PROPERTY PROTECTION (Michigan Only) Premium
Total Prem.							

Policy Number

SCHEDULE OF AUTOS CHANGES (Continued)

Endorsement No.

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person	Premium
Total Prem.				

Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSESOF LOSS	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium
Total Prem.				

Covered Auto No.	COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
Total Prem.				

BUSINESS AUTO DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE
NAMED INSURED:

MAILING ADDRESS:

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____

FORM OF BUSINESS:

☐ CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ INDIVIDUAL
☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:								
AUDIT PERIOD (IF APPLICABLE)		ANNUALLY		SEMI-ANNUALLY		QUARTERLY		MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

NOTE
OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

ITEM TWO. SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		$ Combined Single Limit $ Per Person/Per Occurrence $ Property Damage	$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS $_____DED.	$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS $_____DED. FOR EACH ACCIDENT.	$
AUTO MEDICAL PAYMENTS		$	$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS $_____ EACH PERSON INCOME LOSS BENEFITS $_____ EACH PERSON	$ $
UNINSURED MOTORISTS *		$ Combined Single Limit $ Per Person/Per Occurrence $ Property Damage	$
UNDERINSURED MOTORISTS * (When not included in Uninsured Motorists Coverage)		$ Combined Single Limit $ Per Person/Per Occurrence $ Property Damage	$
PHYSICAL DAMAGE COMPREHENSIVE/ COLLISION COVERAGE		**COMPREHENSIVE COVERAGE** ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS $_____ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos". **COLLISION COVERAGE** ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS $_____ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS $_____ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired or Borrowed "Autos".	$
PHYSICAL DAMAGE TOWING AND LABOR		$_____For Each Disablement Of A Private Passenger "Auto".	$
		PREMIUM FOR ENDORSEMENTS	$
		TOTAL PREMIUM	$

*The premium charge for Uninsured/Underinsured Motorist Coverage is a policy charge; seperate premium charges are not made for individual covered autos.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION	PURCHASED		TERRITORY
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)	Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged

Covered Auto No.	CLASSIFICATION								
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
					Liab.	Phy. Dam.			

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
Total Premium							

ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES - PREMIUMS LIMITS and DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated in Each Medical Expense and Income Loss Endorsement for Each Person	Premium
1	$	$	$	$
2	$	$	$	$
3	$	$	$	$
4	$	$	$	$
5	$	$	$	$
Total Premium		$		$

Covered Auto No.	COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)					
	COMPREHENSIVE/COLLISION		SPECIFIED CAUSES OF LOSS		TOWING & LABOR	
	Limit Stated in ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	$	$	$	$	$	$
2	$	$	$	$	$	$
3	$	$	$	$	$	$
4	$	$	$	$	$	$
5	$	$	$	$	$	$
Total Premium		$		$		$

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION	PURCHASED		TERRITORY
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)	Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged

Covered Auto No.	CLASSIFICATION								
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
					Liab.	Phy. Dam.			

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium
Total Premium							

ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES - PREMIUMS LIMITS and DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated in Each Medical Expense and Income Loss Endorsement for Each Person	Premium
1	$	$	$	$
2	$	$	$	$
3	$	$	$	$
4	$	$	$	$
5	$	$	$	$
Total Premium		$		$

Covered Auto No.	COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)					
	COMPREHENSIVE/COLLISION		SPECIFIED CAUSES OF LOSS		TOWING & LABOR	
	Limit Stated in ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	$	$	$	$	$	$
2	$	$	$	$	$	$
3	$	$	$	$	$	$
4	$	$	$	$	$	$
5	$	$	$	$	$	$
Total Premium		$		$		$

Policy Number

ENDORSEMENT

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Policy Number

SCHEDULE OF MISCELLANEOUS AUTO CHANGES

Endorsement No.

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

COVERAGE AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Coverage is:	State	Estimated Cost of Hire for Each State	Rate Per Each $100 Cost of Hire	Premium
			Total Premium	

SCHEDULE FOR NON-OWNERSHIP LIABILITY

Coverage is:	Named Insured's Business	Rating Basis	Number	Premium
	Other than Social Service Agency	Number of Employees		
	Social Service Agency	Number of Employees		
		Number of Volunteers		

MISCELLANEOUS CHANGES

Coverage is:	Description	Premium
	Total Premium	

Policy Number

COMMON POLICY DECLARATIONS

Item 1. Named Insured and Mailing Address

Item 2. Policy Period From: To:

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description:

Form of Business:

Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	**Premium**
Commercial Auto (Business or Truckers) Coverage Part	
Commercial Garage Coverage Part	
Total Policy Premium	

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned:

Date: _____ By: _____

Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Policy Number

SCHEDULE OF LOSS PAYEE(S)

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Loss Payee and Mailing Address

Designation or Description of Auto(s)

Policy Number

SCHEDULE OF TAXES, SURCHARGES OR FEES

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Approved 06/04/2008

Comments:

Attachment:

AR forms filing Transmittal.pdf

Satisfied -Name: Cover Letter

Review Status: Approved 06/04/2008

Comments:

Attachment:

AR Cover Letter-forms .pdf

Satisfied -Name: Change Sheet

Review Status: Approved 06/04/2008

Comments:

Attachment:

AR forms change sheet .pdf

Satisfied -Name: Forms Exhibit

Review Status: Approved 06/04/2008

Comments:

Attachment:

AR forms exhibit.pdf

Satisfied -Name: Memo

Review Status: Approved 06/04/2008

Comments:

Attachment:

Forms test Memo-AR.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 #
	Government Employees Companies	0031

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Government Employees Insurance Company (GEICO)	MD	22063	53-0075853	

5.	Company Tracking Number	2008-178A

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Ashlee Michell Government Employees Insurance Company 4608 Willard Avenue Chevy Chase, MD 20815	Analyst, State Filings	(800) 824-5404 ext. 3288	1-301-986-3922	AMichell@geico.com

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

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

9.	**Type of Insurance (TOI)**	20.0 Commercial Auto			
10.	**Sub-Type of Insurance (Sub-TOI)**	20.0001 Business Auto			
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**	N/A			
12.	**Company Program Title** (Marketing title)	Commercial Automobile Program			
13.	**Filing Type**	[ ] Rate/Loss Cost [ ] Rules [ ] Rates/Rules [**X**] Forms [ ] Combination Rates/Rules/Forms [ ] Withdrawal[ ] Other (give description)			
14.	**Effective Date(s) Requested**	New:	Upon Approval	Renewal:	Upon Approval
15.	**Reference Filing?**	[ ] Yes [X] No			
16.	**Reference Organization** (if applicable)	N/A			
17.	**Reference Organization # & Title**	N/A			
18.	**Company's Date of Filing**	May 14, 2008			
19.	**Status of filing in domicile**	[ ] Not Filed [ ] Pending [**X**] Authorized [ ] Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-178A

21.	**Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

For your review, Government Employees Insurance Company (GEICO) herewith submits policy forms for a new Commercial Automobile Program. This new program is a stand alone program that is separate and distinct from all other automobile policy forms currently on file for this company.

GEICO has given the Insurance Services Office (ISO) filing authorization for commercial forms in Arkansas. The enclosed exhibits specifically list those ISO commercial automobile forms that will be used as part of this program. There is also a list of forms that have been independently developed and are being filed for use. Copies of the independently filed forms are enclosed for your review.

The rates and rules for the new Commercial Automobile Program will be submitted in a separate filing.

Upon receipt of your approval, this new program will be ready for implementation. With the enclosed form listing, please document the ISO forms that will be adopted. For the policy forms that are independently filed, we specifically request your approval.

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 #: N/A - 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.)**

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Effective March 1, 2007

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.)

GOVERNMENT EMPLOYEES INSURANCE COMPANY

1.	**This filing transmittal is part of Company Tracking #**	2008-178A
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	2008-178

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	Named Driver Exclusion	B-3841 (09-07)	[x] New [ ] Replacement [ ] Withdrawn		
02	Composite Amendment	B-54-AR (09-07)	[x] New [ ] Replacement [ ] Withdrawn		
03	Amendatory Endorsement	B3797a (09-07)	[x] New [ ] Replacement [ ] Withdrawn		
04	Elimination of Worldwide Coverage	B5056 (09-07)	[x] New [ ] Replacement [ ] Withdrawn		
05	Policyholder Identification Form	BPHID (09-07)	[x] New [ ] Replacement [ ] Withdrawn		
06	Abuse or Molestation Exclusion	B-4803 (09-07)	[x] New [ ] Replacement [ ] Withdrawn		
07	Assault and Battery Exclusion	B-4895 (01-08)	[x] New [ ] Replacement [ ] Withdrawn		
08	Punitive Damage Exclusion	B5218 (09-07)	[x] New [ ] Replacement [ ] Withdrawn		
09	Split Liability Limits	B-5174 (09-07)	[x] New [ ] Replacement [ ] Withdrawn		
10	Schedule of Auto Changes	AU-Auto Changes (03-06)	[x] New [ ] Replacement [ ] Withdrawn		
11	Declaration Pages	AU-DECP(09-07)	[x] New [ ] Replacement [ ] Withdrawn		
12	Endorsement Form	AU-MAN (01-97)	[x] New [ ] Replacement [ ] Withdrawn		
13	Miscellaneous Changes	AU-Misc Changes (01-97)	[x] New [ ] Replacement [ ] Withdrawn		
14	Common Policy Declarations	CO-Dec (01/97)	[x] New [ ] Replacement [ ] Withdrawn		
15	Schedule of Forms and Endorsements	Form Sched (01-97)	[x] New [ ] Replacement [ ] Withdrawn		
16	Schedule of Loss Payees	Loss-Payee (01-97)	[x] New [ ] Replacement [ ] Withdrawn		
17	Schedule of Taxes, Surcharges or Fees	Tax-Form (01-97)	[x] New [ ] Replacement [ ] Withdrawn		
18	Option Form - CSL	B-316-AR CL (09-07)	[x] New [ ] Replacement [ ] Withdrawn		

19	Option Form – Split Limits	B-316-AR SL (09-07)	[**x**] New [ ] Replacement [ ] Withdrawn		
20	Privacy Notices	B56 (09-07)	[**x**] New [ ] Replacement [ ] Withdrawn		

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GEICO

- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

ONE GEICO PLAZA ■ Washington, D.C. 20076-0001

May 14, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Government Employees Insurance Company NAIC: 031-22063
Commercial Automobile Program - Forms Manual
File No.: 2008-178A

Dear Commissioner Bowman:

For your review, Government Employees Insurance Company (GEICO) herewith submits policy forms for a new Commercial Automobile Program. This new program is a stand alone program that is separate and distinct from all other automobile policy forms currently on file for this company.

GEICO has given the Insurance Services Office (ISO) filing authorization for commercial forms in the state of Arkansas. The enclosed exhibits specifically list those ISO commercial automobile forms that will be used as part of this program. There is also a list of forms that have been independently developed and are being filed for use. Copies of the independently filed forms are enclosed for your review.

The rates and rules for the new Commercial Automobile Program will be submitted in a separate filing.

Upon receipt of your approval, this new program will be ready for implementation. With the enclosed form listing, please document the ISO forms that will be adopted. For the policy forms that are independently filed, we specifically request your approval.

Sincerely,

Ashlee Michell
Analyst, State Filings
(800) 824-5404 ext. 3288
Fax: 301-986-3922
E-mail: amichell@geico.com

Enclosures

GOVERNMENT EMPLOYEES INSURANCE COMPANY

COMMERCIAL AUTOMOBILE PROGRAM

ARKANSAS

FORMS CHANGE SHEET

POLICY SECTION: The following new forms to be placed on file:

Form ID	Form Description
B316 ARCL (09-07)	Option Form – CSL
B316 ARSL (09-07)	Option Form – Split Limit
B56 (09-07)	Privacy Notices
B-54-AR (09-07)	Composite Amendment
B5218 (09-07)	Punitive Damage Exclusion
B3797A (09-07)	Amendatory Endorsement
B-4803 (09-07)	Abuse or Molestation Exclusion
B-4895 (01-08)	Assault and Battery Exclusion
B5056 (09-07)	Elimination of World Wide Coverage
B-5174 (09-07)	Split Liability Limits
BPHID (09-07)	Policyholder Identification Form
B3841 (09-07)	Named Driver Exclusion
AU-AUTO CHANGES (03-06)	Schedule of Auto changes
AU-DECP (09-07)	Declaration Pages
AU-MAN (01-97)	Endorsement Form
AU-MISC CHANGES (01-97)	Miscellaneous Changes
CO-DEC (01/97)	Common Policy Declarations
FORM SCHED (01-97)	Schedule of forms and endorsements
LOSS-PAYEE (01-97)	Schedule of Loss Payees
TAX-FORM (01-97)	Schedule of taxes, surcharges or fees

FILE #2008-178A

Government Employees Insurance Company

Commercial Auto Program

Independent Forms

Company	Form ID	Form Description	State
GEICO	B316 ARCL (09-07)	Option Form – CSL	AR
GEICO	B316 ARSL (09-07)	Option Form – Split Limit	AR
GEICO	B56 (09-07)	Privacy Notices	AR
GEICO	B-54-AR (09-07)	Composite Amendment	AR
GEICO	B5218 (09-07)	Punitive Damage Exclusion	AR
GEICO	B3797A (09-07)	Amendatory Endorsement	AR
GEICO	B-4803 (09-07)	Abuse or Molestation Exclusion	AR
GEICO	B-4895 (01-08)	Assault and Battery Exclusion	AR
GEICO	B5056 (09-07)	Elimination of World Wide Coverage	AR
GEICO	B-5174 (09-07)	Split Liability Limits	AR
GEICO	BPHID (09-07)	Policyholder Identification Form	AR
GEICO	B3841 (09 07)	Named Driver Exclusion	AR
GEICO	AU-AUTO CHANGES (03-06)	Schedule of Auto changes	AR
GEICO	AU-DECP (09-07)	Declaration Pages	AR
GEICO	AU-MAN (01-97)	Endorsement Form	AR
GEICO	AU-MISC CHANGES (01-97)	Miscellaneous Changes	AR
GEICO	CO-DEC (01/97)	Common Policy Declarations	AR
GEICO	FORM SCHED (01-97)	Schedule of forms and endorsements	AR
GEICO	LOSS-PAYEE (01-97)	Schedule of Loss Payees	AR
GEICO	TAX-FORM (01-97)	Schedule of taxes, surcharges or fees	AR

Government Employees Insurance Company
Commercial Auto Program
Bureau (ISO) Forms

Form Description	ISO #	State
Business Auto Policy	CA 00 01 (03-06)	AR
Arkansas Changes	CA 01 62 (03-06)	AR
Reinstatement of Insurance	CA 02 38 (12-93)	AR
Lessor - Additional Insured and Loss Payee	CA 20 01 (03-06)	AR
Professional Services Not Covered	CA 20 18 (12-93)	AR
Designated Insured	CA 20 48 (02-99)	AR
Suspension of Insurance	CA 02 40 (10-01)	AR
Uninsured Motorists Coverage - Split Limits	CA 21 07 (12-93)	AR
Arkansas Uninsured Motorists Coverage	CA 21 08 (03-06)	AR
Underinsured Motorists Coverage - Split Limits	CA 21 46 (12-93)	AR
Arkansas Uninsured Motorists Coverage - Property Damage	CA 21 66 (03-06)	AR
Terrorism Exclusion	CA 23 84 (01-06)	AR
Nuclear, Biological and Chemical Terrorism	CA 23 85 (01-06)	AR
Silica Exclusion for Covered Autos	CA 23 94 (03-06)	AR
Rolling Stores	CA 23 04 (10-01)	AR
Arkansas Underinsured Motorists Coverage	CA 31 28 (03-06)	AR
Auto Medical Payments Coverage	CA 99 03 (03-06)	AR
Loss Payable Clause	CA 99 44 (12-93)	AR
Audio, Visual and Data Electronic Equipment Coverage	CA 99 60 (03-06)	AR
Common Policy Conditions	IL 00 17 (11-98)	AR
Arkansas Notice	IL 09 09 (03-98)	AR

Government Employees Insurance Company (GEICO)

EXPLANATORY MEMORANDUM - ARKANSAS

FORMS FILING #2008-178A

Government Employees Insurance Company (GEICO) proposes to implement a new Commercial Automobile Program. The forms for this new program are a combination of ISO approved forms and independently developed forms.

There are two exhibits enclosed which provide the form numbers and a brief description of the forms. For the ISO forms, GEICO has provided ISO with filing authorization. The index of ISO forms serves as documentation as to which of the ISO forms will be used as filed and approved for ISO. The other index provides a list of the independently developed forms. Copies of the independent forms are enclosed for your review.