

SERFF Tracking Number: ACPC-125758942 State: Arkansas  
Filing Company: ACORD Corporation State Tracking Number: EFT \$50  
Company Tracking Number: ACORD 2008-9 (BUSINESS AUTO)  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Akansasa Commercial Auto  
Project Name/Number: AR FILING 08-04-08 ACORD:137 AR (2004/05)/9 AR: ACORD 2008-9 (Business Auto)

## Filing at a Glance

Company: ACORD Corporation

Product Name: Akansasa Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

Effective Date Requested (New):

Effective Date Requested (Renewal): 08/04/2008

State Filing Description:

SERFF Tr Num: ACPC-125758942 State: Arkansas

SERFF Status: Closed

Co Tr Num: ACORD 2008-9  
(BUSINESS AUTO)

Co Status:

Author: Daneen L. Carroll

Date Submitted: 08/05/2008

State Tr Num: EFT \$50

State Status: Fees verified and  
received

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Disposition Date: 08/08/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):  
08/04/2008

## General Information

Project Name: AR FILING 08-04-08 ACORD:137 AR (2004/05)

Project Number: 9 AR: ACORD 2008-9 (Business Auto)

Reference Organization: ACORD

Reference Title: Arkansas Commercial Auto

Filing Status Changed: 08/08/2008

State Status Changed: 08/06/2008

Corresponding Filing Tracking Number: ACORD 2008-9 (Business  
Auto)

Filing Description:

August 4, 2008

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: ACORD 137 AR (2004/05)

Advisory Org. Circular: ACORD 137 AR

Deemer Date:

Ms. Alexa Grissom

Senior Rate and Forms Analyst

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Property and Casualty Division  
Arkansas Insurance Department  
1200 West Third St.  
Little Rock, Arkansas 72201-1904

Re: ACORD Forms Filing 2008-9 (Business Auto)  
ACORD 137 AR (2004/05) Arkansas Commercial Auto

Dear Ms. Grissom:

As a licensed Advisory Organization (# 8977), we hereby file two (2) new forms.

Attached are the following:

1. Copies of Form PC TD-1, P&C Transmittal Document
2. Copies of Form PC FFS-1, Form Filing Synopsis
3. Arkansas Certificate of Compliance
4. One copy of each of the applications being filed
5. An explanation of the use of each form
6. One \$50.00 filing fee

Please do not hesitate to call me at (800) 444-3341, extension 422 or e-mail [jvolker@acord.org](mailto:jvolker@acord.org), if you need anything further.

Sincerely,

Joel V. Volker  
Staff Counsel

JVV:etb

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**Enclosures**

**Company and Contact**

**Filing Contact Information**

Daneen L Carroll, Compliance Manager dcarroll@acord.org  
 Two Blue Hill Plaza (845) 620-1700 [Phone]  
 Pearl River , NY 10965-8529 (845) 620-3693[FAX]

**Filing Company Information**

ACORD Corporation CoCode: 44 State of Domicile: New York  
 Two Blue Hill Plaza Group Code: Company Type: Non-profit  
 3rd Floor  
 Pearl River, NY 10965-8529 Group Name: State ID Number:  
 (845) 620-1700 ext. [Phone] FEIN Number: 13-2940919

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACORD Corporation	\$50.00	08/05/2008	21789288

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/08/2008	08/08/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-9 (Business Auto)	Supporting Document	Daneen L. Carroll	08/07/2008	08/07/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Missing Form	Note To Filer	Llyweyia Rawlins	08/06/2008	08/06/2008

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## **Disposition**

Disposition Date: 08/08/2008

Effective Date (New):

Effective Date (Renewal): 08/04/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ACORD 137 AR (2004/05) ACORD Cover Letter: ACORD 2008-9 (Business Auto)	Approved	Yes
Supporting Document	ACORD 137 AR (2004/05) Arkansas Certificate of Compliance: ACORD 2008-9 (Business Auto)	Approved	Yes
Supporting Document	ACORD 137 AR (2004/05) Explanation of Changes: ACORD 2008-9 (Business Auto)	Approved	Yes
Supporting Document (revised)	ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-9 (Business Auto)	Approved	Yes
Supporting Document	ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-9 (Business Auto)	Approved	No

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**Amendment Letter**

Amendment Date:

Submitted Date: 08/07/2008

**Comments:**

Please see attached ACORD 137 AR (2004/05)

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-9 (Business Auto)**

Comment: ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-9 (Business Auto)

137 AR.pdf



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 08/08/2008

**Comments:**

ACORD 137 AR (2004/05) Property & Casualty Transmittal Document PC TD-1 and Form Filing Schedule FFS-1:  
ACORD 2008-9 (Business Auto)

**Attachment:**

P&C Transmittal 2008-9 (Business Auto).pdf

**Satisfied -Name:** ACORD 137 AR (2004/05)  
Arkansas Certificate of Compliance:  
ACORD 2008-9 (Business Auto) **Review Status:** Approved 08/08/2008

**Comments:**

ACORD 137 AR (2004/05) Arkansas Certificate of Compliance: ACORD 2008-9 (Business Auto)

**Attachment:**

Certification 2008-9 (Business Auto).pdf

**Satisfied -Name:** ACORD 137 AR (2004/05)  
Explanation of Changes: ACORD  
2008-9 (Business Auto) **Review Status:** Approved 08/08/2008

**Comments:**

ACORD 137 AR (2004/05) Explanation of Changes: ACORD 2008-9 (Business Auto)

**Attachment:**

137 AR.pdf

**Satisfied -Name:** ACORD 137 AR (2004/05) ACORD  
Form: ACORD 2008-9 (Business  
Auto) **Review Status:** Approved 08/08/2008

**Comments:**

ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-9 (Business Auto)

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**Attachment:**

137 AR.pdf



## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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
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<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

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: <input type="text"/> Renewal: <input type="text"/>
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 #

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

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.)

PC TD-1 pg 2 of 2

## FORM FILING SCHEDULE

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

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

PC FFS-1



**ACORD 137 AR (2004/05), ARKANSAS COMMERCIAL AUTO,  
replaces ACORD 137 AR (2000/10)**

1. Update date field.
2. Delete border around title of form and center
3. Replace ACORD logo
4. In PRODUCER section, change Producer to Agency
5. Change Comprehensive to COMP / OTC in six locations on form.
6. In ENDORSEMENTS section, in Notice of Information Practices add space between "and privileged" and add the letter "S" to the word instruction.
7. In Fraud Statement, add the letter "P" to Application and the letter "M" to Commits.
8. Add field for National Producer Number.



**MOTOR CARRIER SECTION**

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

**ENDORSEMENTS**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

1. MEDICAL EXPENSE COVERAGE \_\_\_\_\_ (INITIALS)
2. WORK LOSS COVERAGE \_\_\_\_\_ (INITIALS)
3. ACCIDENTAL DEATH COVERAGE \_\_\_\_\_ (INITIALS)

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF I HAVE REJECTED UM AND/OR UIM COVERAGE ON ANY VEHICLE INCLUDED IN THIS APPLICATION, I HAVE ALSO SIGNED THE ARKANSAS AUTO SUPPLEMENT.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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## 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.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Supporting Document	ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-9 (Business Auto)	08/01/2008	137 AR.pdf

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