

SERFF Tracking Number: ACPC-125759006 State: Arkansas  
Filing Company: ACORD Corporation State Tracking Number: EFT \$50  
Company Tracking Number: ACORD 2008-10 (TRUCKER)  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Commerical Auto (Trucker)  
Project Name/Number: AR FILING 08-04-08 ACORD:137 AR (2004/05)/AR10: ACORD 137 AR (2004/05)

## Filing at a Glance

Company: ACORD Corporation

Product Name: Commerical Auto (Trucker)

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

Filing Type: Form

Effective Date Requested (New):

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

State Filing Description:

SERFF Tr Num: ACPC-125759006 State: Arkansas

SERFF Status: Closed

Co Tr Num: ACORD 2008-10  
(TRUCKER)

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: 08/06/2008

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: AR10: ACORD 137 AR (2004/05)

Reference Organization: ACORD

Reference Title: Arkansas Commercial Auto (Trucker)

Filing Status Changed: 08/06/2008

State Status Changed: 08/06/2008

Corresponding Filing Tracking Number: ACORD 2008-10 (Trucker)

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

Property and Casualty Division

*SERFF Tracking Number:* ACPC-125759006 *State:* Arkansas  
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*Project Name/Number:* AR FILING 08-04-08 ACORD:137 AR (2004/05)/AR10: ACORD 137 AR (2004/05)

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  
 -----

**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACORD Corporation	\$50.00	08/05/2008	21789274

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/06/2008	08/06/2008

*SERFF Tracking Number:* ACPC-125759006                      *State:* Arkansas  
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*Project Name/Number:* AR FILING 08-04-08 ACORD:137 AR (2004/05)/AR10: ACORD 137 AR (2004/05)

## **Disposition**

Disposition Date: 08/06/2008

Effective Date (New):

Effective Date (Renewal): 08/04/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ACPC-125759006 State: Arkansas  
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 Project Name/Number: AR FILING 08-04-08 ACORD:137 AR (2004/05)/AR10: ACORD 137 AR (2004/05)

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	ACORD 137 AR (2004/05) ACORD Cover Letter: ACORD 2008-10 (Trucker)	Approved	Yes
<b>Supporting Document</b>	ACORD 137 AR (2004/05) Arkasas Certificate of Compliance: ACORD 2008-10 (Trucker)	Approved	No
<b>Supporting Document</b>	ACORD 137 AR (2004/05) Explanation of Changes: ACORD 2008-10 (Trucker)	Approved	Yes
<b>Supporting Document</b>	ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-10 (Trucker)	Approved	Yes

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 08/06/2008

**Comments:**

ACORD 137 AR (2004/05) Property & Casualty Transmittal Document PC TD-1 and Form Filing Schedule FFS-1:  
ACORD 2008-10 (Trucker)

**Attachment:**

P&C Transmittal 2008-10 (Truckers) v2.pdf

**Satisfied -Name:** ACORD 137 AR (2004/05) ACORD  
Cover Letter: ACORD 2008-10  
(Trucker) **Review Status:** Approved 08/06/2008

**Comments:**

ACORD 137 AR (2004/05) ACORD Cover Letter: ACORD 2008-10 (Trucker)

**Attachment:**

Letter 2008-10 (Truckers).doc

**Satisfied -Name:** ACORD 137 AR (2004/05) Arkasas  
Certificate of Compliance: ACORD  
2008-10 (Trucker) **Review Status:** Approved 08/06/2008

**Comments:**

ACORD 137 AR (2004/05) Arkasas Certificate of Compliance: ACORD 2008-10 (Trucker)

**Attachment:**

Certification 2008-10 (Trucker).pdf

**Satisfied -Name:** ACORD 137 AR (2004/05)  
Explanation of Changes: ACORD  
2008-10 (Trucker) **Review Status:** Approved 08/06/2008

**Comments:**

ACORD 137 AR (2004/05) Explanation of Changes: ACORD 2008-10 (Trucker)

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**Attachment:**

137 AR.pdf

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**Review Status:**

**Satisfied -Name:** ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-10 (Trucker) Approved 08/06/2008

**Comments:**

ACORD 137 AR (2004/05) ACORD Form: ACORD 2008-10 (Trucker)

**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
---	---

<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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
------------	--	--

<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (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>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

<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

*SERFF Tracking Number:* ACPC-125759006                      *State:* Arkansas  
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**Attachment "Letter 2008-10 (Truckers).doc" is not a PDF document and cannot be reproduced here.**



August 4, 2008

Ms. Alexa Grissom  
Senior Rate and Forms Analyst  
Property and Casualty Division  
Arkansas Insurance Department  
1200 West Third St.  
Little Rock, Arkansas 72201-1904

**Re: ACORD Forms Filing 2008-10 (Truckers)**  
**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
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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

Enclosures

**New York**

Two Blue Hill Plaza  
3rd Floor  
PO Box 1529  
Pearl River, NY 10965-8529  
U.S.A.

Tel +1 845 620 1700  
Fax +1 845 620 3600

**London**

London Underwriting Centre  
Suite 1/3  
3 Minster Court  
Mincing Lane  
London EC3R 7DD  
United Kingdom

Tel +44 (0)20 7617 6400  
Fax +44 (0)20 7617 6401



**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.



# ARKANSAS COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
--------	---------------------------------

**BUSINESS AUTO SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 9	CSL BI EA PER \$			
	2 7	BI EACH ACCIDENT \$			
	3 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	5	MED PAY \$ EA PER \$ EA PED	<b>PHYSICAL DAMAGE</b>		
	7	WORK LOSS \$ ACC DEATH \$	TOWING & LABOR	3 7	\$
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COMP / OTC	2 4 8 3 7	
	3 7	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS	2 4 8 3 7	
	4	PROPERTY DAMAGE \$ DED \$	COLLISION	2 4 8 3 7	
UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$			
	3 7	BI EACH ACCIDENT \$			
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF			
		EMPLOYEES VOLUNTEERS PARTNERS			
<b>COVERED AUTO SYMBOLS</b>	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	COVERAGE IS:	PRIMARY	SECONDARY
					(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS

**TRUCKERS SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
LIABILITY	41 46	CSL BI EA PER \$	COMP / OTC	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE		
	42 47	BI EACH ACCIDENT \$		42 46				\$	
	43 50	PROPERTY DAMAGE \$		43 47					
PERSONAL INJURY PROTECTION	44	MED PAY \$ EA PER \$ EA PED	SPECIFIED CAUSES OF LOSS	42 46	SCL FT LSP	\$			
	46	WORK LOSS \$ ACC DEATH \$		43 47	F FTW				
			COLLISION	42 46 43 47		\$			
			TOWING & LABOR	46		\$			
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	<b>TRAILER INTERCHANGE</b>						
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	45	PROPERTY DAMAGE \$ DED \$	COMP / OTC	48 49					
UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	SPECIFIED CAUSES OF LOSS	48 49					
	43 45	BI EACH ACCIDENT \$		48 49					
NON-TRUCKERS HIRED/BORROWED	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49					\$
HIRED/BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH					
NON-OWNED AUTO LIABILITY	YES STATES NO	GROUP TYPE NUMBER OF							
		EMPLOYEES VOLUNTEERS PARTNERS							
OTHER			OTHER						
<b>COVERED AUTO SYMBOLS</b>	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY					

**MOTOR CARRIER SECTION**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61	67	CSL	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 \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
	67		WORK LOSS \$	ACC DEATH \$		63	68	F	FTW		
					COLLISION	62	67				
						63	68				
					TOWING & LABOR	63				\$	
						67					
UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE						
	63	67	BI EACH ACCIDENT \$		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$	COMP / OTC	69					
	63	67	BI EACH ACCIDENT \$		SPECIFIED CAUSES OF LOSS	70					
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	IF ANY BASIS	COLLISION	69					\$
	NO		\$			70					
HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
	NO		\$								
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	OTHER	COVERAGE IS:		PRIMARY	SECONDARY		
	NO		EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
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
-----------------------	------	----------------------	--------------------------