

SERFF Tracking Number: ACPC-125759009 State: Arkansas
Filing Company: ACORD Corporation State Tracking Number: EFT #50
Company Tracking Number: ACORD 2008-11 (PERSONAL AUTO)
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Arkasas Personal Auto
Project Name/Number: AR FILING 08-04-08 ACORD: 90 AR (2008/04)/AR 11: ACORD 90 AR (2008/04)

Filing at a Glance

Company: ACORD Corporation
Product Name: Arkasas Personal Auto SERFF Tr Num: ACPC-125759009 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT #50
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: ACORD 2008-11 State Status: Fees verified and received (PPA) (PERSONAL AUTO)
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi
Author: Daneen L. Carroll Disposition Date: 08/14/2008
Date Submitted: 08/05/2008 Disposition Status: Approved
Effective Date Requested (New): Effective Date (New): 08/14/2008
Effective Date Requested (Renewal): 08/04/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: AR FILING 08-04-08 ACORD: 90 AR (2008/04) Status of Filing in Domicile: Not Filed
Project Number: AR 11: ACORD 90 AR (2008/04) Domicile Status Comments:
Reference Organization: ACORD Reference Number: ACORD 90 AR (2008/04)
Reference Title: Arkansas Personal Auto Advisory Org. Circular: ACORD 90 AR
Filing Status Changed: 08/14/2008
State Status Changed: 08/07/2008 Deemer Date:
Corresponding Filing Tracking Number: ACORD 2008-11 (Personal Auto)
Filing Description:
August 4, 2008

Ms. Alexa Grissom
Senior Rate and Forms Analyst
Property and Casualty Division

SERFF Tracking Number: ACPC-125759009 *State:* Arkansas
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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	21789273

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/14/2008	08/14/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	08/07/2008	08/07/2008			
Industry						
Response						

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uninsured/Un Form derinsured Motorist Coverage Section		Daneen L. Carroll	08/11/2008	08/11/2008
Arkansas Form Personal Auto Application Section		Daneen L. Carroll	08/11/2008	08/11/2008

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Disposition

Disposition Date: 08/14/2008

Effective Date (New): 08/14/2008

Effective Date (Renewal):

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 90 AR (2008/04) ACORD Cover Letter: ACORD 2008-11 (Personal Auto)	Approved	Yes
Supporting Document	ACORD 90 AR (2008/04) Arkansas Certificate of Compliance: ACORD 2008-11 (Personal Auto)	Approved	Yes
Supporting Document	ACORD 90 AR (2008/04) Explanation of Changes: ACORD 2008-11 (Personal Auto)	Approved	Yes
Supporting Document	ACORD 90 AR (2008/04) ACORD Form: ACORD 2008-11 (Personal Auto)	Approved	Yes
Form	Uninsured/Underinsured Motorist Coverage Section	Approved	Yes
Form	Arkansas Personal Auto Application Section	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/07/2008

Submitted Date 08/07/2008

Respond By Date

Dear Daneen L Carroll,

This will acknowledge receipt of the captioned filing. Please advise where the insured is offered uninsured motorist bodily injury coverage equal to their liability limits. The election/rejection is mandated to be on the application by Ark. Code Ann. 23-89-404.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

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Amendment Letter

Amendment Date:
 Submitted Date: 08/11/2008

Comments:

Response to Objection Letter:

Ms. Grissom:

Attach to this filing is ACORD 61 AR (2002/03), Arkansas Auto Supplement, Uninsured/Underinsured Motorists Coverage Selection Form . PLeas be advised, that this form is a supplement to all ACORD auto applications in Arkansas.

Best regards,

Daneen L. Carroll

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Uninsured/Underinsured Motorist Coverage Section	ACORD 61	(2002/03)	Application/Binder/Enrollment	New				61 AR.pdf
Arkansas Personal Auto Application Section	ACORD 90 AR	(2008/04)	Application/Binder/Enrollment	New				90 AR.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Uninsured/Underinsured Motorist Coverage Section	ACORD 61	(2002/03)	Application/ New Binder/Enrollment			61 AR.pdf
Approved	Arkansas Personal Auto Application Section	ACORD 90 AR	(2008/04)	Application/ New Binder/Enrollment			90 AR.pdf

ACORDTM ARKANSAS AUTO SUPPLEMENT

AGENCY	APPLICANT/NAMED INSURED	NAIC CODE:	
CODE:	SUB CODE:	COMPANY:	EFFECTIVE DATE
		POLICY #:	

UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION

I acknowledge that I have been offered Uninsured and Underinsured Motorists coverage limits equal to the minimum limits required by law. Minimum limits are \$25,000 per person, \$50,000 per accident for Bodily Injury, \$25,000 per accident for Property Damage. I have also been offered limits equal to the liability limits of my policy. If I have rejected higher limits, my signature is provided here:

Signature of Applicant

The Arkansas Insurance Laws (Section 23-89-403 and 23-89-404), amended, permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom, and for property damage to the insured vehicle for losses in excess of two hundred dollars (\$200).

Under the Arkansas Insurance Laws (Section 23-89-209), amended, you, the insured named in the policy, are permitted to reject Underinsured Motorists Coverage. Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle. Coverage shall not be reduced by the other party's insurance coverage except to the extent that the injured party would receive compensation in excess of his/her damages.

In accordance with the Arkansas Insurance Laws (Section 23-89-403, 23-89-404 and 23-89-209), amended, the undersigned insured (and each of them):

- Agrees that both Uninsured and Underinsured Motorists Coverages afforded in the policy are hereby deleted.
- Agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy is hereby deleted.
- Agrees that only Underinsured Motorists Coverage afforded in the policy is hereby deleted.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Insured

Signature of Insured

ARKANSAS PERSONAL INJURY PROTECTION SELECTION

I understand and acknowledge that Personal Injury Protection Insurance has been offered to me. The coverages and limits I have selected are indicated in the Application. If I have rejected any of these coverages, I have so indicated below.

I reject the following coverages indicated by my initials:

_____ Medical Payments Insurance
(initials)

_____ Work Loss Coverage
(initials)

_____ Accidental Death Benefits
(initials)

I understand that the coverage selection indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Insured

Signature of Insured



AGENCY CUSTOMER ID: _____

ARKANSAS PERSONAL AUTO APPLICATION SECTION

DATE (MM/DD/YYYY)

AGENCY	NAMED INSURED(S)	
POLICY NUMBER		
CARRIER		

RESIDENCE	CURRENT RESIDENCE IS	OWNED	RENTED	GARAGING ADDRESS IF DIFF FROM CURRENT (inc county & ZIP)
CURRENT ADDRESS				VEH #

VEHICLE DESCRIPTION / USE													TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:					
VEH	YEAR	MAKE	MODEL	BODY TYPE				VIN				REG STATE	HP/CC	DATE LEASED	DATE PURCH	NEW/USED		
VEH	COST NEW	SYMBOL AGE GRP	TERR	MILE 1 WAY WK/SCHL	# DAYS WEEK	# WKS MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	GAR CODE	ODOMETER READING	ANNUAL MILEAGE	GOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)		CLASS	
VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES			CREDITS AND SURCHARGES			VEH	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 2/4	ANTI-THEFT DEVICES			CREDITS AND SURCHARGES	

COVERAGES		LIMITS OF LIABILITY				VEHICLE #	VEHICLE #	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT		\$	\$	\$	\$	\$	
BODILY INJURY LIABILITY	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	\$	
PROPERTY DAMAGE LIABILITY	\$	EA ACCIDENT		\$	\$	\$	\$	\$	
PERSONAL INJURY PROTECTION	MED PAY	\$	EA PERSON	\$	EA PEDESTRIAN	\$	\$	\$	
	WORK LOSS	\$				\$	\$	\$	
	ACC DEATH	\$				\$	\$	\$	
UNINSURED MOTORISTS	CSL/BI	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	
	PD	\$	EA ACCIDENT	\$	DEDUCTIBLE	\$	\$	\$	
UNDERINSURED MOTORISTS	CSL	\$	EA ACCIDENT		\$	\$	\$	\$	
	BI	\$	EA PERSON	\$	EA ACCIDENT	\$	\$	\$	
COMPREHENSIVE / OTC	DED	\$		\$		\$	\$	\$	
COLLISION	DED	\$		\$		\$	\$	\$	
ACV UNLESS AMOUNT STATED		\$		\$		\$	\$	\$	
TOWING & LABOR		\$		\$		\$	\$	\$	
TRANS EXP/RENTAL RE		\$ /		\$ /		\$ /	\$ /	\$	
ADDITIONAL COVERAGES/ENDORSEMENTS (Include limit, deductible, premium)		POLICY FEE: \$		TOTAL PER VEHICLE		\$	\$	\$	
						ESTIMATED TOTAL	DEPOSIT	BALANCE DUE	
						\$	\$	\$	

FORMS AND ENDORSEMENTS				
VEH #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?											YES		NO		IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.			
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION							PLACE OF ACCIDENT/CONVICTION		BI OR DEATH YES NO		AMOUNT OF PROPERTY DAMAGE					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	<input type="checkbox"/>
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)	<input type="checkbox"/>
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	<input type="checkbox"/>
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	<input type="checkbox"/>
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input type="checkbox"/>
6. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	<input type="checkbox"/>
7. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	<input type="checkbox"/>
8. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)	<input type="checkbox"/>
9. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	<input type="checkbox"/>
10. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?	<input type="checkbox"/>
11. IS THIS BROKERED BUSINESS TO THE AGENT?	<input type="checkbox"/>
12. HAS AGENT INSPECTED VEHICLE?	<input type="checkbox"/>
13. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	<input type="checkbox"/>

REMARKS / ATTACHMENTS

AGENCY CUSTOMER ID: _____

STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE

BINDER / SIGNATURE

<p>INSURANCE BINDER</p> <p>EFFECTIVE DATE EXPIRATION DATE</p>		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p>	
<p>TIME</p> <p>12:01 AM</p> <p>NOON</p>		<p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p>	
<p>COVERAGE IS NOT BOUND</p>		<p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p>	
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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.</p>			
<p>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.</p>			
<p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.</p>			
<p>PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.</p>		<p>HOW LONG HAVE YOU KNOWN THE APPLICANT?</p>	
<p>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.</p>			
<p>APPLICANT'S SIGNATURE</p>	<p>DATE</p>	<p>PRODUCER'S SIGNATURE</p>	<p>NATIONAL PRODUCER NUMBER</p>

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Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Approved** 08/14/2008

Comments:

ACORD 90 AR (2008/04) Property & Casualty Transmittal Document PC TD -1 and Form Filing Schedule FFS-1:
ACORD 2008-11 (Personal Auto)

Attachment:

P&C Transmittal 2008-11 (Personal Auto).pdf

Review Status:
Satisfied -Name: ACORD 90 AR (2008/04) ACORD Cover Letter: ACORD 2008-11 (Personal Auto) **Approved** 08/14/2008

Comments:

ACORD 90 AR (2008/04) ACORD Cover Letter: ACORD 2008-11 (Personal Auto)

Attachment:

Letter 2008-11 (Personal Auto).doc

Review Status:
Satisfied -Name: ACORD 90 AR (2008/04) Arkansas Certificate of Compliance: ACORD 2008-11 (Personal Auto) **Approved** 08/14/2008

Comments:

ACORD 90 AR (2008/04) Arkansas Certificate of Compliance: ACORD 2008-11 (Personal Auto)

Attachment:

Certification 2008-11 (Personal Auto).pdf

Review Status:
Satisfied -Name: ACORD 90 AR (2008/04) Explanation of Changes: ACORD 2008-11 (Personal Auto) **Approved** 08/14/2008

Comments:

ACORD 90 AR (2008/04) Explanation of Changes: ACORD 2008-11 (Personal Auto)

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90 AR.pdf

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Satisfied -Name: ACORD 90 AR (2008/04) ACORD Form: ACORD 2008-11 (Personal Auto) Approved 08/14/2008

Comments:

ACORD 90 AR (2008/04) ACORD Form: ACORD 2008-11 (Personal Auto)

Attachment:

90 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

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

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

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

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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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 #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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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.)

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

90 AR (2008/04)

Arkansas Personal Auto Application Section

This is one of the first revisions of a personal auto application with the new member approved Section format. It must be used in conjunction with the recently released ACORD 88, Personal Insurance Application. Since some of the information previously contained in the personal auto application will be captured in ACORD 88, that information has been eliminated with this revision, (e.g., Additional Interest section). All of the 90s (with the exception of Massachusetts) will eventually be revised to reflect this new Section format.

Please Note: This form is now three pages

Page 1

1. Rename title of form
2. Add field for AGENCY CUSTOMER ID: to the top right of the page
3. Replace IDENTIFICATION SECTION with the new "standard" format for an auto section. Fields included are: AGENCY, POLICY NUMBER, CARRIER, NAIC CODE and NAMED INSURED(S).
4. RESIDENCE section, delete YRS AT CURRENT and ADDR PREV fields
5. Revise PREVIOUS ADDRESS (if less than three years) to CURRENT ADDRESS
6. GARAGING ADDRESS section, revise to GARAGING ADDRESS IF DIFF FROM CURRENT (inc county & ZIP)
7. VEHICLE DESCRIPTION / USE section, create separate columns for MAKE, MODEL, BODY TYPE, VIN and REG STATE
8. Move RESIDENT & DRIVER INFORMATION section to page 2
9. Move ACCIDENTS / CONVICTIONS section to page 2
10. Add new section entitled, FORMS AND ENDORSEMENTS
11. In footer, replace PLEASE COMPLETE REVERSE SIDE with Page 1 of 3
12. Add, Attach to ACORD 88, to footer immediately below page numbers
13. Add -2008. All rights reserved. to ACORD copyright using the new format with dates as first item after the copyright symbol
14. Add, THE ACORD NAME AND LOGO ARE REGISTERED MARKS OF ACORD

Page 2

15. Add field for AGENCY CUSTOMER ID: to the top right of the page
16. RESIDENT & DRIVERS INFORMATION section, create separate columns for DRIVER LICENSE # and LIC STATE and expand number of rows to six
17. ACCIDENTS / CONVICTIONS section, expand number of rows to five
18. Delete ADDITIONAL INTEREST section (on ACORD 88)
19. Delete EMPLOYMENT INFORMATION section (on ACORD 88)
20. Delete PRIOR COVERAGE section (on ACORD 88)
21. GENERAL INFORMATION section, reformat YES/NO check boxes to a single field to capture Y for a "YES" response or N for a "NO" response and increase font size of questions to 7 pt. and add field below each question going across entire page
22. GENERAL INFORMATION section, delete Question 6 (on ACORD 88)
23. GENERAL INFORMATION section, delete Question 11 (on ACORD 88)

90 AR (2008/04)

Arkansas Personal Auto Application Section (continued)

Page 2 (continued)

24. Renumber remaining questions
25. GENERAL INFORMATION section, Question 2, revise to MODIFIED/SPECIAL EQUIPMENT
26. GENERAL INFORMATION section, Question 10, revise to, "DURING THE LAST THREE (3) YEARS"
27. GENERAL INFORMATION section, Question 13, revise to, "DURING THE LAST FIVE (5) YEARS"
28. Add Page 2 of 3 to footer

Page 3

29. Add field for AGENCY CUSTOMER ID: to the top right of the page
30. Rename REMARKS to REMARKS / ATTACHMENTS and reformat horizontally across page. Reduce number of blank check box/fields to three
31. BINDER / SIGNATURE section, increase font size to 9 pt
32. Revise Notice of Insurance Information Practices (Privacy) text
33. Revise FRAUD WARNING to standard
34. Add Page 3 of 3 to footer

RESIDENT & DRIVER INFORMATION [List all residents & dependents (licensed or not) and regular operators]

#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STDT >100	GOOD STDT	DRV TRAIN	ACC PREV CSE DATE	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

ACCIDENTS / CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department and other insurers)

HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST ____ YEARS?											YES		NO		IF YES, INDICATE BELOW. ALSO INCLUDE COMPREHENSIVE INSURANCE LOSSES.			
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION							PLACE OF ACCIDENT/CONVICTION		BI OR DEATH YES NO		AMOUNT OF PROPERTY DAMAGE					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	<input type="checkbox"/>
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups; indicate cost)	<input type="checkbox"/>
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	<input type="checkbox"/>
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?	<input type="checkbox"/>
5. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)	<input type="checkbox"/>
6. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)	<input type="checkbox"/>
7. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?	<input type="checkbox"/>
8. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (List driver number)	<input type="checkbox"/>
9. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)	<input type="checkbox"/>
10. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST THREE (3) YEARS?	<input type="checkbox"/>
11. IS THIS BROKERED BUSINESS TO THE AGENT?	<input type="checkbox"/>
12. HAS AGENT INSPECTED VEHICLE?	<input type="checkbox"/>
13. HAS ANY APPLICANT OR DRIVER HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?	<input type="checkbox"/>

REMARKS / ATTACHMENTS

AGENCY CUSTOMER ID: _____

STATE SUPPLEMENT	GOOD STUDENT CERTIFICATE	MOTOR VEHICLE REPORT
YOUNG DRIVER QUESTIONNAIRE	ANTI-THEFT DEVICE CERTIFICATE	PHOTOGRAPH
DRIVER TRAINING CERTIFICATE	MEDICAL STATEMENT	BILL OF SALE

BINDER / SIGNATURE

<p>INSURANCE BINDER</p> <p>EFFECTIVE DATE EXPIRATION DATE</p>		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p>	
<p>TIME</p> <p>12:01 AM</p> <p>NOON</p>		<p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p>	
<p>COVERAGE IS NOT BOUND</p>		<p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p>	
<p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. 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.</p>			
<p>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.</p>			
<p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL AND THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.</p>			
<p>PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.</p>		<p>HOW LONG HAVE YOU KNOWN THE APPLICANT?</p>	
<p>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.</p>			
<p>APPLICANT'S SIGNATURE</p>	<p>DATE</p>	<p>PRODUCER'S SIGNATURE</p>	<p>NATIONAL PRODUCER NUMBER</p>