

SERFF Tracking Number: ARKS-125745727 State: Arkansas
Filing Company: Alfa Specialty Insurance Corp State Tracking Number: #94635 \$120
Company Tracking Number: ASIC AR PPF (07/08)
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: Alfa Specialty Insurance Corp
Product Name: n/a
TOI: 19.0 Personal Auto
Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Filing Type: Form

SERFF Tr Num: ARKS-125745727 State: Arkansas
SERFF Status: Closed State Tr Num: #94635 \$120
Co Tr Num: ASIC AR PPF (07/08) State Status: Fees verified and received
Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Author: Disposition Date: 09/09/2008
Date Submitted: 07/23/2008 Disposition Status: Approved
Effective Date (New): 12/04/2008
Effective Date (Renewal):

Effective Date Requested (New):
Effective Date Requested (Renewal):
State Filing Description:

General Information

Project Name:
Project Number:
Reference Organization:
Reference Title:
Filing Status Changed: 09/09/2008
State Status Changed: 08/07/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

NA NA,
NA
NA, AR 00000

NA@NA.com
(123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125745727

State: Arkansas

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State Tracking Number: #94635 \$120

Company Tracking Number: ASIC AR PPF (07/08)

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: n/a

Project Name/Number: /

Filing Company Information

Alfa Specialty Insurance Corp
210 Westwood Place, Suite 210
Brentwood, TN 37027
(877) 884-7466 ext. 2509[Phone]

CoCode: 11004
Group Code:
Group Name:
FEIN Number: 63-1232537

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

SERFF Tracking Number: ARKS-125745727

State: Arkansas

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Product Name: n/a

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	09/09/2008	09/09/2008

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						

SERFF Tracking Number: ARKS-125745727

State: Arkansas

Filing Company: Alfa Specialty Insurance Corp

State Tracking Number: #94635 \$120

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TOI: 19.0 Personal Auto

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Product Name: n/a

Project Name/Number: /

Disposition

Disposition Date: 09/09/2008

Effective Date (New): 12/04/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125745727 *State:* Arkansas
Filing Company: Alfa Specialty Insurance Corp *State Tracking Number:* #94635 \$120
Company Tracking Number: ASIC AR PPF (07/08)
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: n/a
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125745727		Yes

SERFF Tracking Number: ARKS-125745727 State: Arkansas
Filing Company: Alfa Specialty Insurance Corp State Tracking Number: #94635 \$120
Company Tracking Number: ASIC AR PPF (07/08)
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: n/a
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/07/2008

Submitted Date 08/07/2008

Respond By Date

Dear NA NA,

This will acknowledge receipt of the captioned filing. Please amend UMPD for compliance with Ark. Code Ann. 23-89-404(2)(d).

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

SERFF Tracking Number: ARKS-125745727

State: Arkansas

Filing Company: Alfa Specialty Insurance Corp

State Tracking Number: #94635 \$120

Company Tracking Number: ASIC AR PPF (07/08)

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: n/a

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125745727

State: Arkansas

Filing Company: Alfa Specialty Insurance Corp

State Tracking Number: #94635 \$120

Company Tracking Number: ASIC AR PPF (07/08)

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: n/a

Project Name/Number: /

Supporting Document Schedules

Unsatisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

09/09/2008

Comments:

Satisfied -Name: ARKS-125745727

Review Status:

09/09/2008

Comments:

Attachments:

ARKS-125745727.pdf

ARKS-125745727-a.pdf

ARKS-125745727-b.pdf

ARKS-125745727-c.pdf

ARKS-125745727-d.pdf

ARKS-125745727-e.pdf

Alexa Grissom

ARIS-125745727

From: SGrizzle@vision-ins.com
Sent: Tuesday, September 09, 2008 11:26 AM
To: Alexa Grissom
Subject: RE: Alfa Specialty Initial Forms Filing

Auto - 11004

Our plan is to file the rates and rules portion of the new Alfa Specialty program in the next 2-3 weeks. Our tentative effective date for this new program is 12-4-08. Is that acceptable?

Steve Grizzle
Senior Product Manager
The Vision Insurance Group, LLC
615-312-2509
sgrizzle@vision-ins.com

Alexa.Grissom@arkansas.gov

To SGrizzle@vision-ins.com
cc
Subject RE: Alfa Specialty Initial Forms Filing

09/08/2008 02:23 PM

Approved until withdrawn
or revoked

SEP 09 2008

Arkansas Insurance Department
By:

ABC

The forms are acceptable. What effective date do you want?

Alexa B. Grissom
Certified Analyst
Property & Casualty
(501) 371-2803

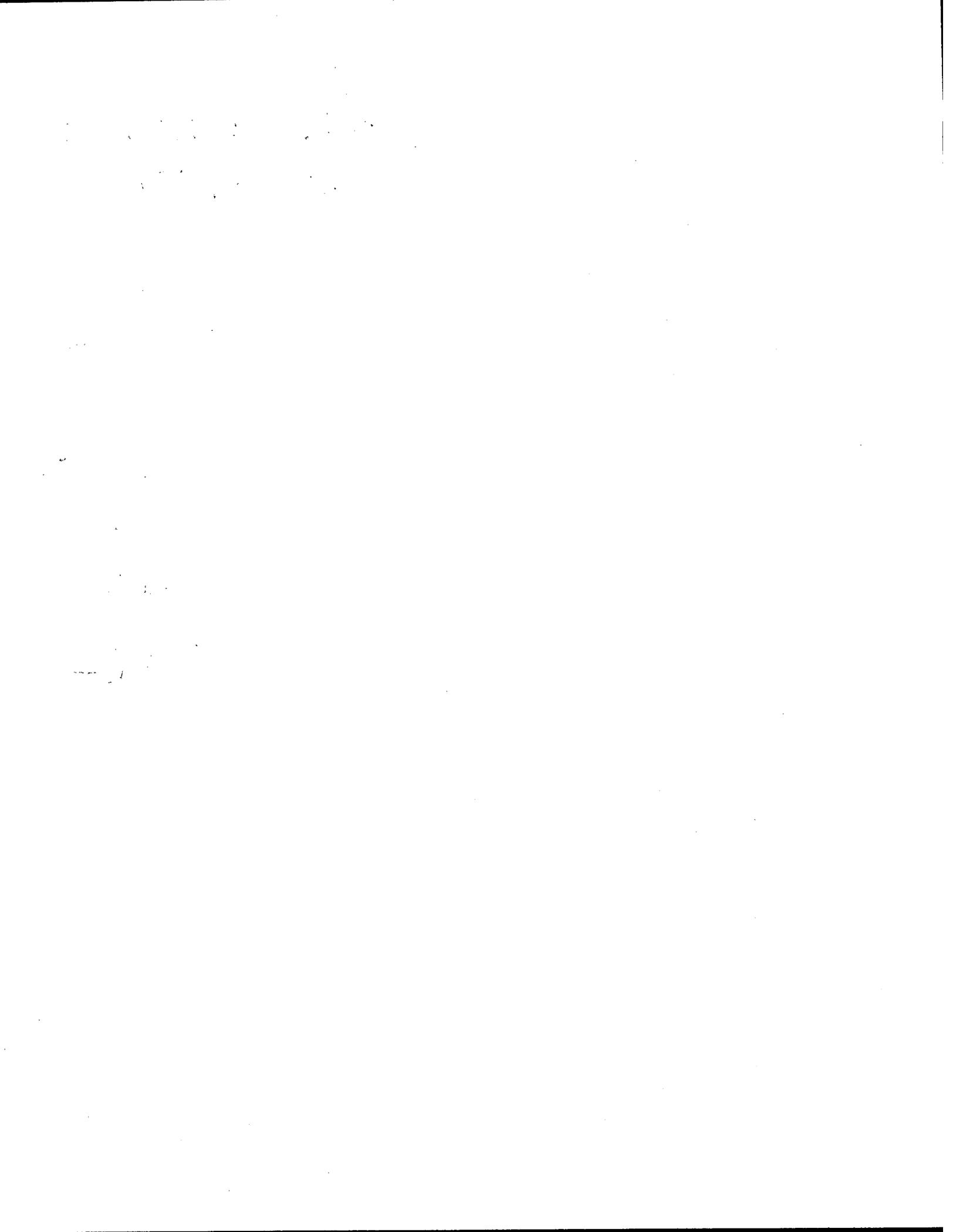
From: SGrizzle@vision-ins.com [mailto:SGrizzle@vision-ins.com]
Sent: Thursday, September 04, 2008 1:25 PM
To: Alexa Grissom
Subject: Alfa Specialty Initial Forms Filing

Dear Ms. Grissom:

We last communicated a month ago on the Alfa Specialty forms filing. In that August 7 email, I attached a requested change to our Uninsured Motorists language in the Policy. Can you tell me if there has been additional movement on this filing? It will take some weeks for the initial printing of these documents and we are anxious to get this process started if possible.

Thanks you for your attention to this email.

9/9/2008



Agreement

In return for payment of the premium and subject to all the terms of this policy, we agree with you as follows:

Definitions

- A. Throughout this policy, "you" and "your" refer to:
 - 1. The "named insured" shown in the Declarations; and
 - 2. The spouse if a resident of the same household.
- B. "We," "us" and "our" refer to the Company providing this insurance.
- C. For purposes of this policy, a private passenger type auto shall be deemed to be owned by a person if leased or rented:
 - 1. Under a written agreement to that person; and
 - 2. For a continuous period of at least 6 months.
- Other words and phrases are defined. They are in quotation marks when used.
- D. "Bodily injury" means bodily harm, sickness or disease, including death that results.
- E. "Business" includes trade, profession, or occupation.
- F. "Family member" means a person related to you by blood, marriage, or adoption who is a resident of your household. This includes a ward or foster child.
- G. "Occupying" means in, upon, getting in, on, out or off.
- H. "Property damage" means physical injury to, destruction of or loss of use of tangible property.
- I. "Trailer" means a vehicle designed to be pulled by a:
 - 1. Private passenger auto; or
 - 2. Pickup or van.

It also means a farm wagon or farm implement while towed by a vehicle listed in 1. or 2. above.

- J. "Your covered auto" means:
 - 1. Any vehicle shown in the Declarations.
 - 2. Any of the following types of vehicles on the date you become the owner:
 - a. a private passenger auto; or
 - b. a pickup or van that:
 - (1) has a Gross Vehicle Weight of less than 10,000 lbs.; and
 - (2) is not used for the delivery or transportation of

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904



2

Alexa Grissom

To: sgrizzle@vision-ins.com

Subject: Alfa Specialty Ins. Corp.

Dear Mr. Grizzle

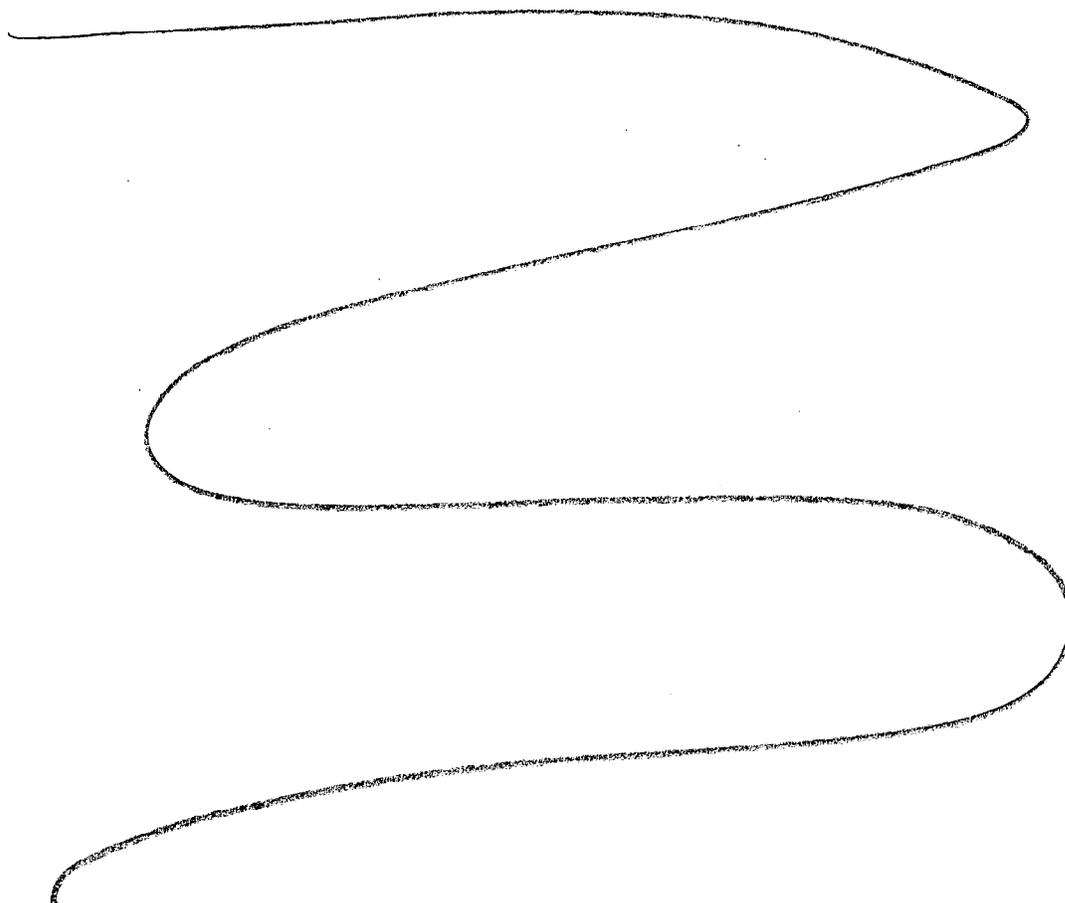
This will acknowledge receipt and review of the above-captioned filing.

Please amend the uninsured motorist property damage section to include loss of use of the vehicle in accordance with Ark. Code Ann. 23-89-404 (2)(d).

If I may be of assistance, please advise.

Sincerely

Alexa B. Grissom
Certified Analyst
Property & Casualty
(501) 371-2803



3

8/7/2008





94635
120.00

AG

ARKS-125745727

July 22, 2008

Ms. Alexa Grissom
Property and Casualty Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RECEIVED

JUL 23 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Re: Private Passenger Auto Form Filing
Alfa Specialty Insurance Corporation (NAIC #11004)
Effective: September 1, 2008 New Business

Dear Ms. Grissom:

Please accept the initial form filing for the Private Passenger automobile program for Alfa Specialty Insurance Corporation (ASIC). We are designating this filing as prior approval with a proposed effective date of September 1, 2008 for New Business.

This filing represents the initial documents for use in the newly licensed Alfa Specialty Insurance Corporation program. In each case, the filed document is the same one currently approved and in use in the Alfa Vision Insurance Corporation Program (NAIC# 12188).

Enclosed are the required filing forms, the filing fee of \$120.00, a duplicate copy of this cover letter to be stamped and returned upon your approval, and a postage-paid envelope for that purpose.

We attest that these forms are in compliance with the applicable laws of Arkansas.

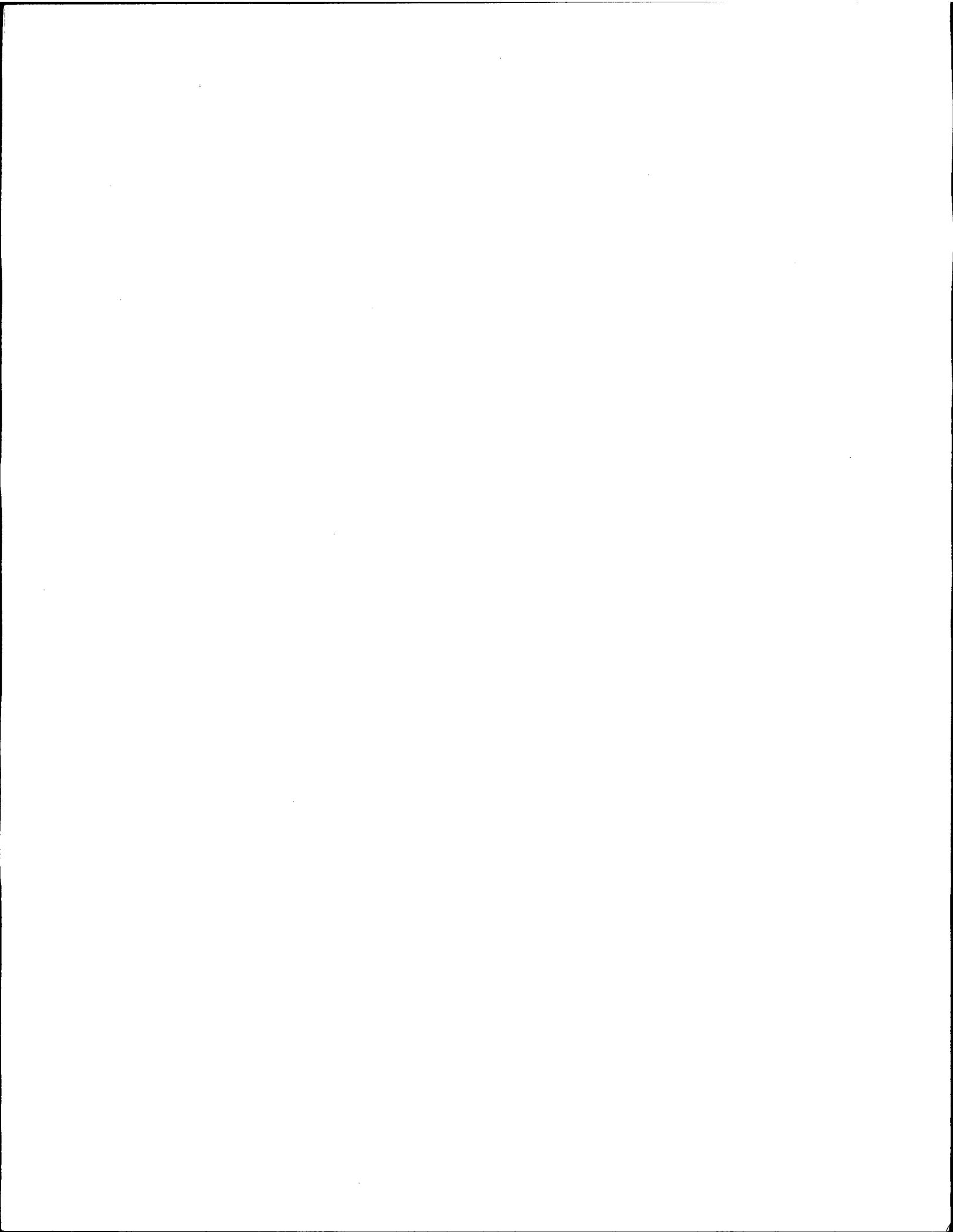
If you have any questions or require additional information, please contact me (877/884-7466, ext. 2509). Thank you for your time and attention to this filing.

Sincerely,

Steve Grizzle

Mr. Steven L. Grizzle
Senior Product Manager
Vision Insurance Group
210 Westwood Place
Brentwood, TN 37027

4



Explanatory Memorandum

Forms

New Business Application 14 PA AR AP (7/08)

Full UM Rejection 14 PA AR UM1 (7/08) – Contained within application

UMPD Rejection 14 PA AR UM2 (7/08) – Contained within application

UIMBI Rejection 14 PA AR UM3 (7/08) – Contained within application

UIMBI/UMPD Rejection 14 PA AR UM4 (7/08) - Contained within application

Higher Limit UM Rejection 14 PA AR UM5 (7/08) – Contained within application

Full PIP Rejection 14 PA AR PIP1 (7/08) – Contained within application

Partial PIP Rejection 14 PA AR PIP2 (7/08) – Contained within application

Original Declarations Page 14 PA AR DE (7/08)

Private Passenger Auto Policy 14 PA AR PO (7/08)

1950
1950
1950
1950
1950

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: **RECEIVED**

e. Effective date of filing: **JUL 23 2008**

 New Business

 Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

3. Group Name	Alfa Insurance Corporation				Group NAIC #	0005
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Alfa Specialty Insurance Corporation	Alabama	11004	63-1232537			

5. Company Tracking Number ASIC AR PPF (07/08)

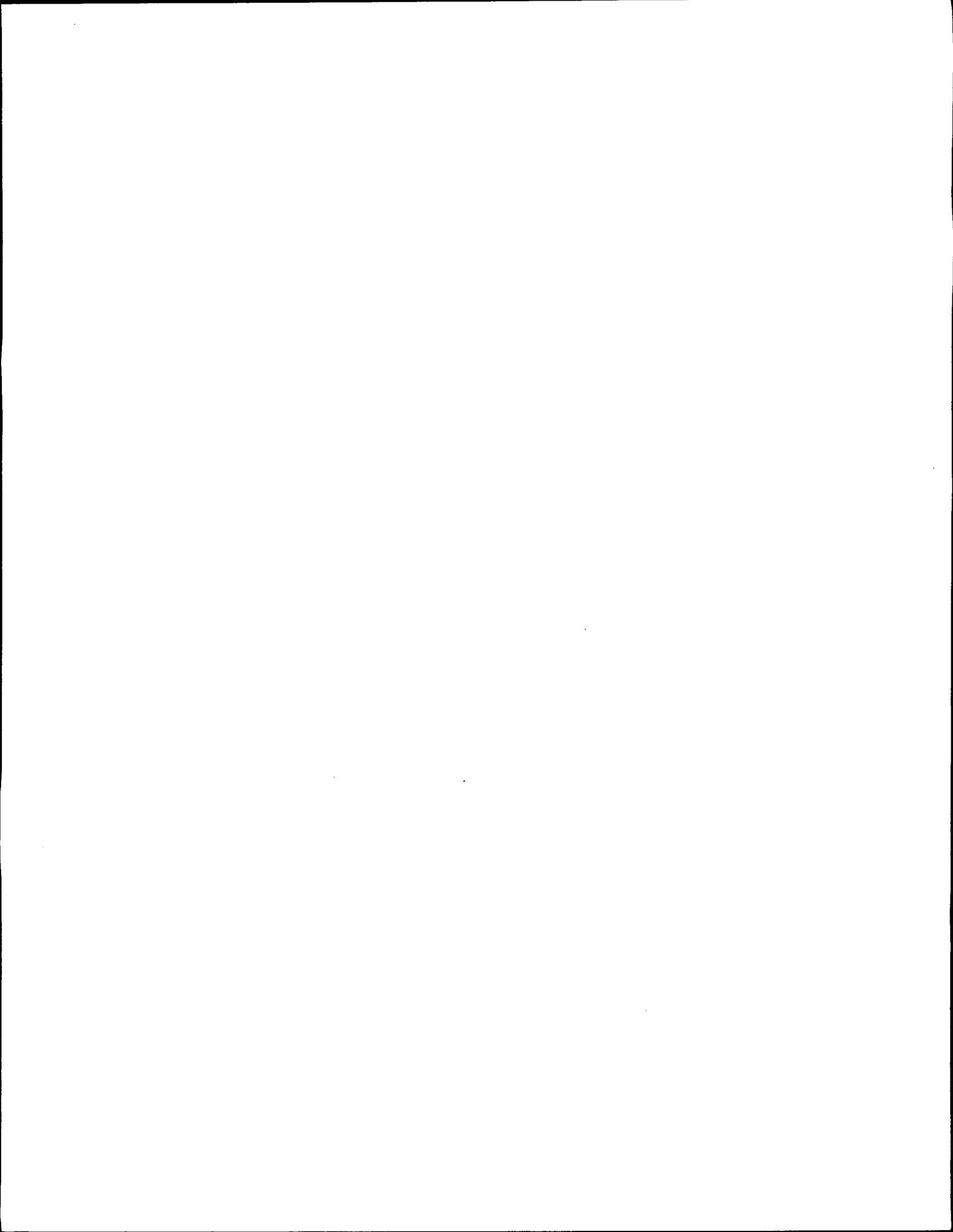
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Steve Grizzle 210 Westwood Place, Suite 210 Brentwood, TN 37027	Senior Product Manager	615-312-2509	615-312-2559	sgrizzle@vision-ins.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Steve Grizzle		

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

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Alfa Specialty Auto
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 9/1/08 Renewal: 3/1/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	7/22/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

6



Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # ASIC AR PPF (07/08)

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

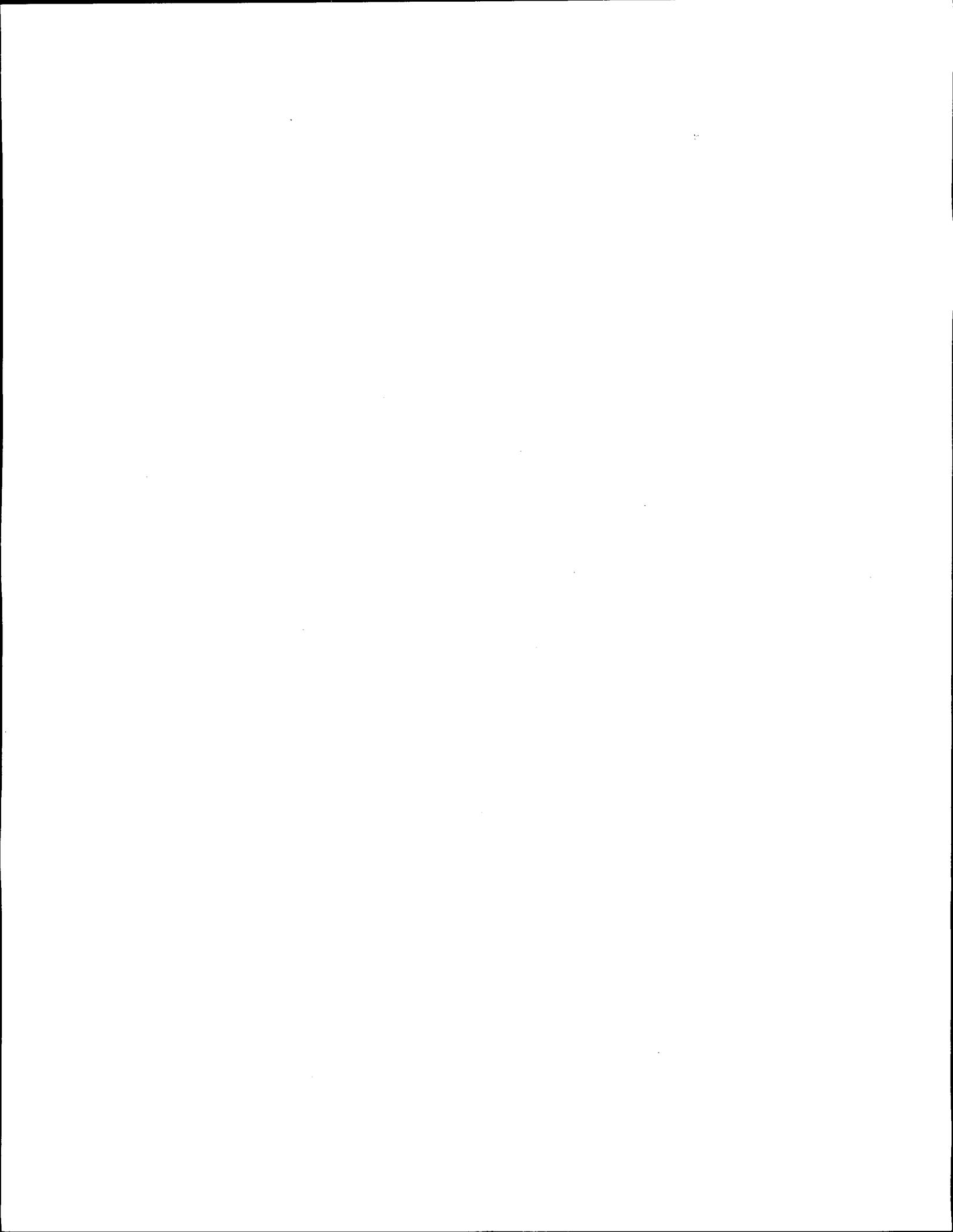
[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



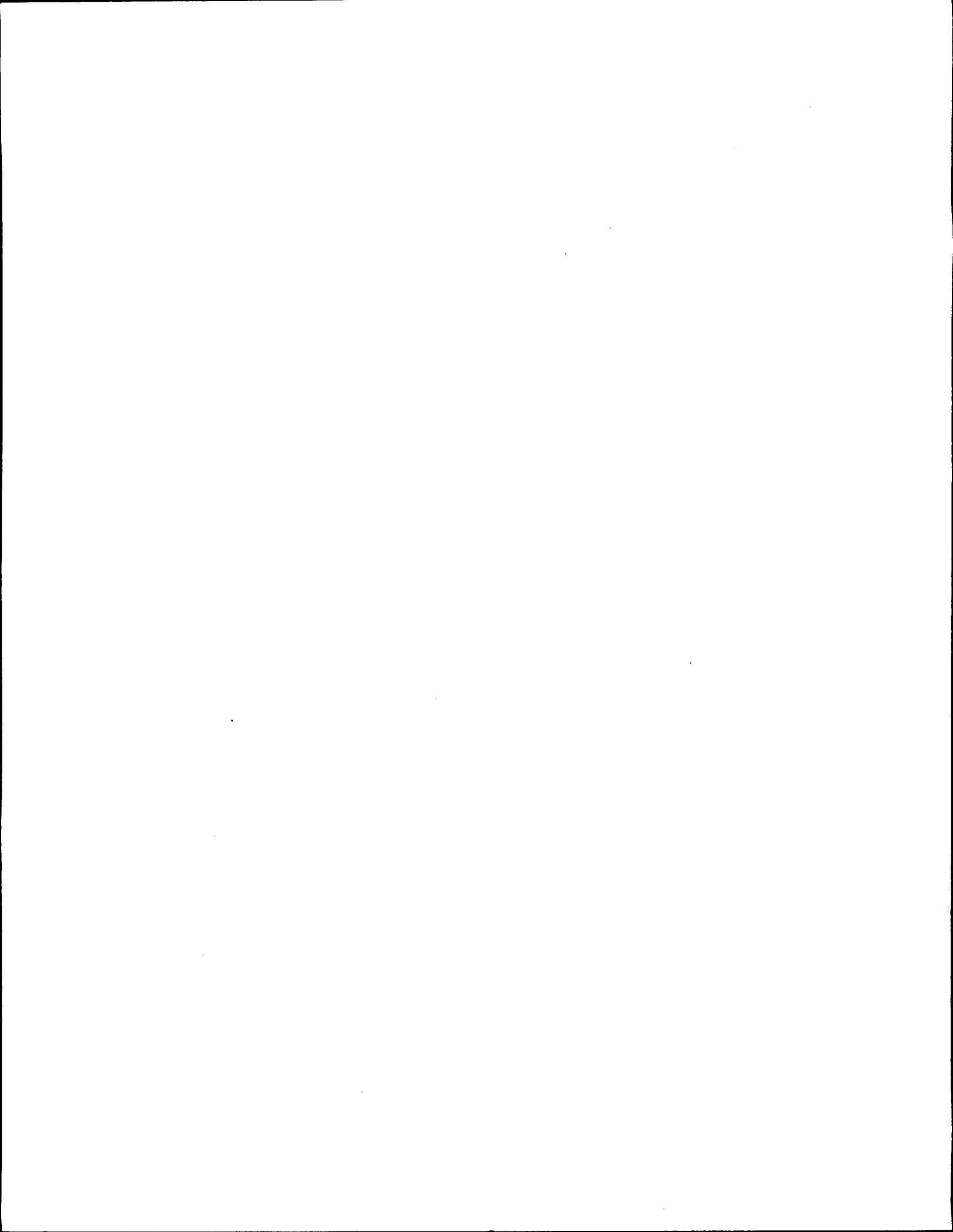
FORM FILING SCHEDULE

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

1.	This filing transmittal is part of Company Tracking #	ASIC AR PPF (07/08)
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Not yet filed

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	New Business Application	14 PA AR AP (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Full UM Rejection	14 PA AR UM1 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	UMPD Rejection	14 PA AR UM2 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	UIMBI Rejection	14 PA AR UM3 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	UIMBI/UMPD Rejection	14 PA AR UM4 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Higher Limit UM Rejection	14 PA AR UM5 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Full PIP Rejection	14 PA AR PIP1 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Partial PIP Rejection	14 PA AR PIP2 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Original Declarations Page	14 PA AR DE (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Private Passenger Auto Policy	14 PA AR PO (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1





Application for Insurance
Please review, sign where indicated.

Policy number: 14-03-999999999

Policyholder: James D. Insured
Mary Alice Insured2

Jan 10, 2008
Page 1 of 10

Note: This Page prints on all policies that are sold.

Policy and premium information for policy number 14-03-999999999

Note: The name of the actual insuring entity will print below.

Note: Per state requirements print the insurance company information in bold text and in 12 pt. font type.

Insurance company: **Alfa Specialty Insurance Corp**
PO Box 2328
Brentwood, TN 37024 2328

Note: Agency name, mailing address and information will print below.

Agent: AAA Insurance
123 Main Street
Conway, AR 72032 2807
Note: Print the agency number below
030125
501-123-1234
Note: Future Use – Currently nothing will print, including the title.
Producer name: xxxxxxx
Producer license number: 999999999

Note: "Named Insured" will print for heading if additional named insured is not present.

Named insureds: James D. Insured
Mary Alice Insured2
Note: Named insured's mailing address will print below if different than garaging address.
Mailing Address: PO Box 248
Conway, AR 72032
Garaging Address: Note: Named insured's garaging address will print below.
111 Alfa Specialty Dr
Conway, AR 72032
County: Faulkner
e-mail address: Jamesdemo@aol.com
Home: 501-336-1111
Work: 501-336-2222
Note: Future Use - If no membership number, nothing will print, including the title.
Membership number: 9999999

Note: Future Use – The field below will print when credit has been pulled. The name and phone number of the vendor will print.

Financial responsibility vendor: ChoicePoint Consumer Service Center
800-456-6004

Note: The date and time below will print on all applications for policies that are sold

Effective date and time: January 10, 2008 at 12:00 A.M.

Note: The date and time below will print on all applications for policies that are sold

Expiration date and time: January 10, 2009 at 12:01 A.M.

Total policy premium: \$781.00

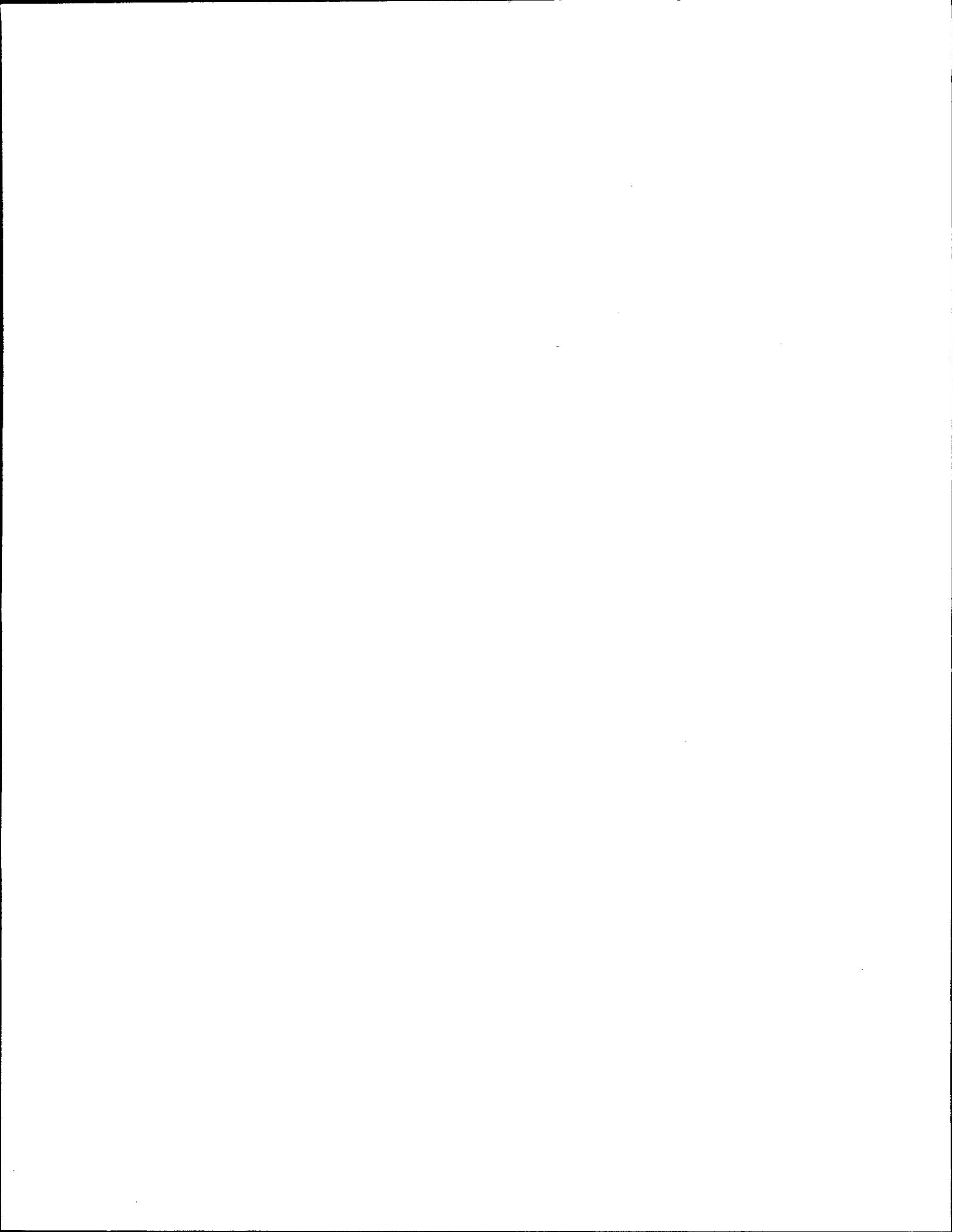
Initial payment received: \$781.00

Note: This field will print when there is an outstanding customer balance.

Unpaid balance: \$xxx.xx

Payment plan # payments

9



Drivers and household residents

Note: The first line in the text section below, will populate the appropriate minimum driver age.

The applicant, spouse and all household residents 14 years of age or older, all regular operators of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally are listed below.

Name	Date of birth	Sex	Marital status	Relationship
James D. Insured Driver status: Principal	Oct 12, 1967	Male	Single	Insured
Mary Alice Insured2 Driver status: Principal	Dec 12, 1967	Female	Single	Insured

Note: The section below prints only when there is a driver with a filing.

SR22 driver filing

Filing type	State	Case number	Effective date
James D. Insured	SR-22	AR	9999999999 Jul 31, 2007

Note: The section below prints the appropriate coverages selected by the insured for the state.

Outline of coverage

Note: The message below regarding policy limits needs to print directly underneath the "Outline of coverage" heading when there is more than one vehicle on the policy and at least one vehicle has Liability coverage.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Note: The section below is repeated for each vehicle

2006 ACURA MDX 4 DOOR MPV (Commuter)

VIN: XXX2222222222222222

Garaging Zip Code: 44102

	Limits	Deductible	Premium
Liability To Others			\$329
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident		
Uninsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		17
Uninsured Motorist Property Damage	\$25,000 each accident		27
Underinsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		18
PIP Medical and Hospital	\$5,000		25
PIP Income Disability	\$5,000		25
PIP Accidental Death	\$5,000		25
Comprehensive		\$500	53
Collision		\$500	233
Rental Reimbursement	\$20 each day/maximum 30 days		12
Additional Equipment	\$1,000		10
Towing and Labor	\$25.00 each disablement		7
Total premium for 2006 ACURA			\$781

Note: The subtotal section prints when there are fees or taxes charged

Subtotal policy premium \$781

SR-22 Filing Fee	xx
Policy Fee	xx

Note: ",with paid in full discount" will print only when discount applies.

Total 6 month policy premium, with paid in full discount \$781

10

Note: Each section below prints when discounts apply.

Premium discounts

Policy

14-03-999999999 home owner, paid in full and multi-car

Driver

Mary Alice Insured2 good student, drivers education

Vehicle

Note: This section below prints when there are surcharges.

Additional policy information

Policy

Driver

Vehicle

2006 ACURA MDX Business Use

Driving history

Note: The section below only prints when there is driver with a violation.

Please review the following information carefully because your driving history is used to determine your rate.

All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that proves the accident was not-at-fault. We obtain your driving history from the following sources:

- Your application (APP)
- Motor Vehicle Reports - provided by state agencies (MVR)
- Alfa Specialty claims history (ASIC)
- Comprehensive Loss Underwriting Exchange - provided by ChoicePoint, Inc. (CLUE)

Note: The sentence below only prints when all drivers have a clean driving record.

Alfa Specialty Insurance uses your driving history to determine your rate. There are no accidents or violations for drivers on this policy.

Driver	Description	Date	Source
James D. Insured	Failure to obey traffic sign	Jul 8, 2007	MVR
James D. Insured	speeding	Jan 4, 2006	APP

Note: The section below prints the visible questions.

Prior insurance and underwriting questions

Note: Will print customer's prior insurance.

Prior insurance: Yes with no lapse

Note: Prior insurance company name, (if provided), and policy number will print if customer had prior insurance.

SAFECO INS CO OF AMERICA, policy number: X1234567

Note: Will print if customer had prior insurance.

Bodily injury limits: Greater than \$25,000/\$50,000 but less than \$100,000/\$300,000

Note: If customer had prior insurance, 'Comp claims' 'AAF' and 'Not at fault accidents' may print here if applies.

Comp claims: 1 Not at-fault accidents: 1

Note: May print 'reason for new policy'.

XXXXXXXXXXXXXXXXXXXXXXXXXX



Note: The heading below prints when there is a Lienholder and Additional Interest.

Lienholder and Additional Interest information

Note: The section below only prints when there is a Lienholder.

Lienholder information

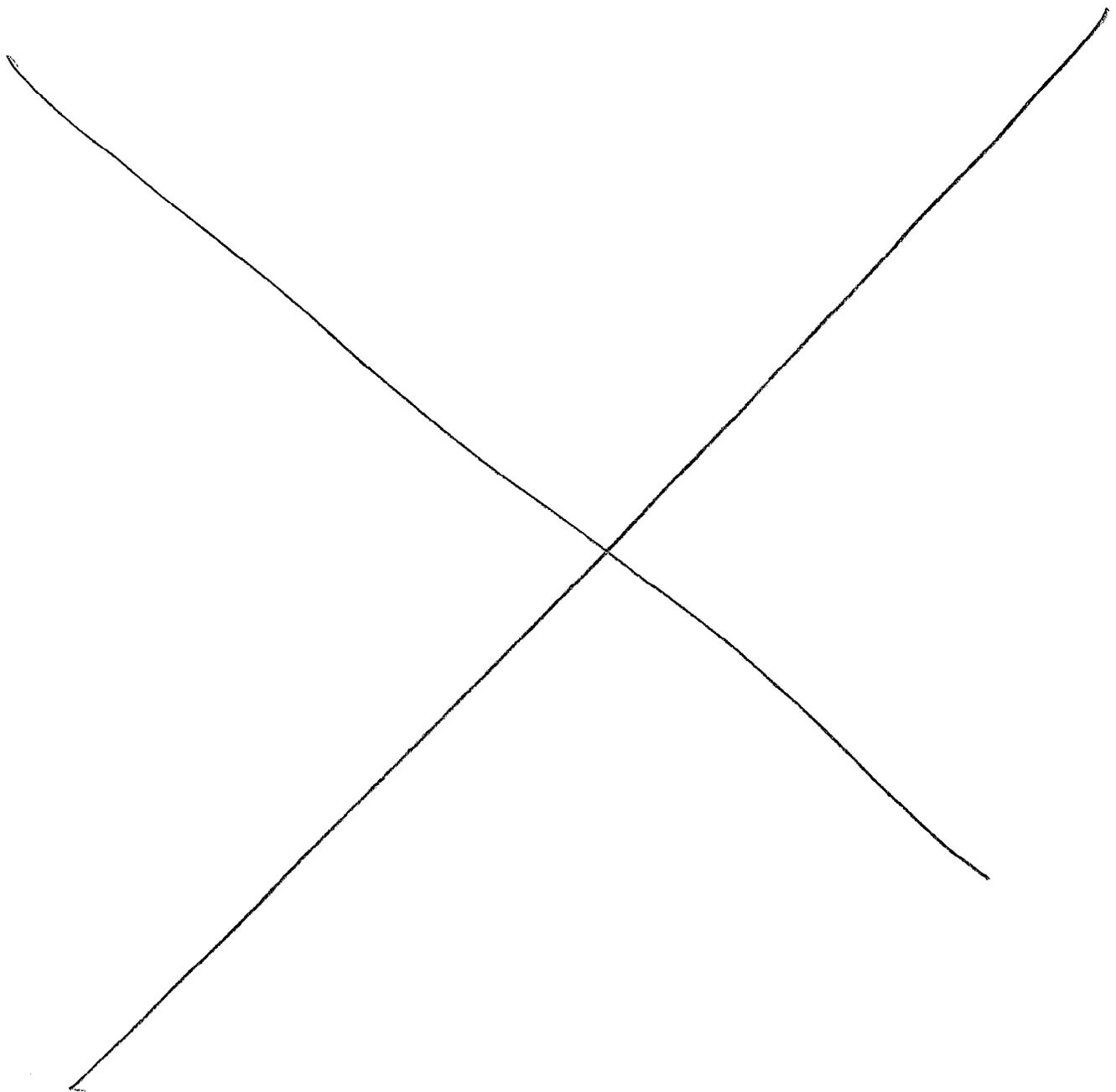
Lienholder: LP #1
123 FIRST MAIN, FL 44102
2006 ACURA MDX (XXX222222222222222)

Note: This section below will only print when there is an Additional Interest.

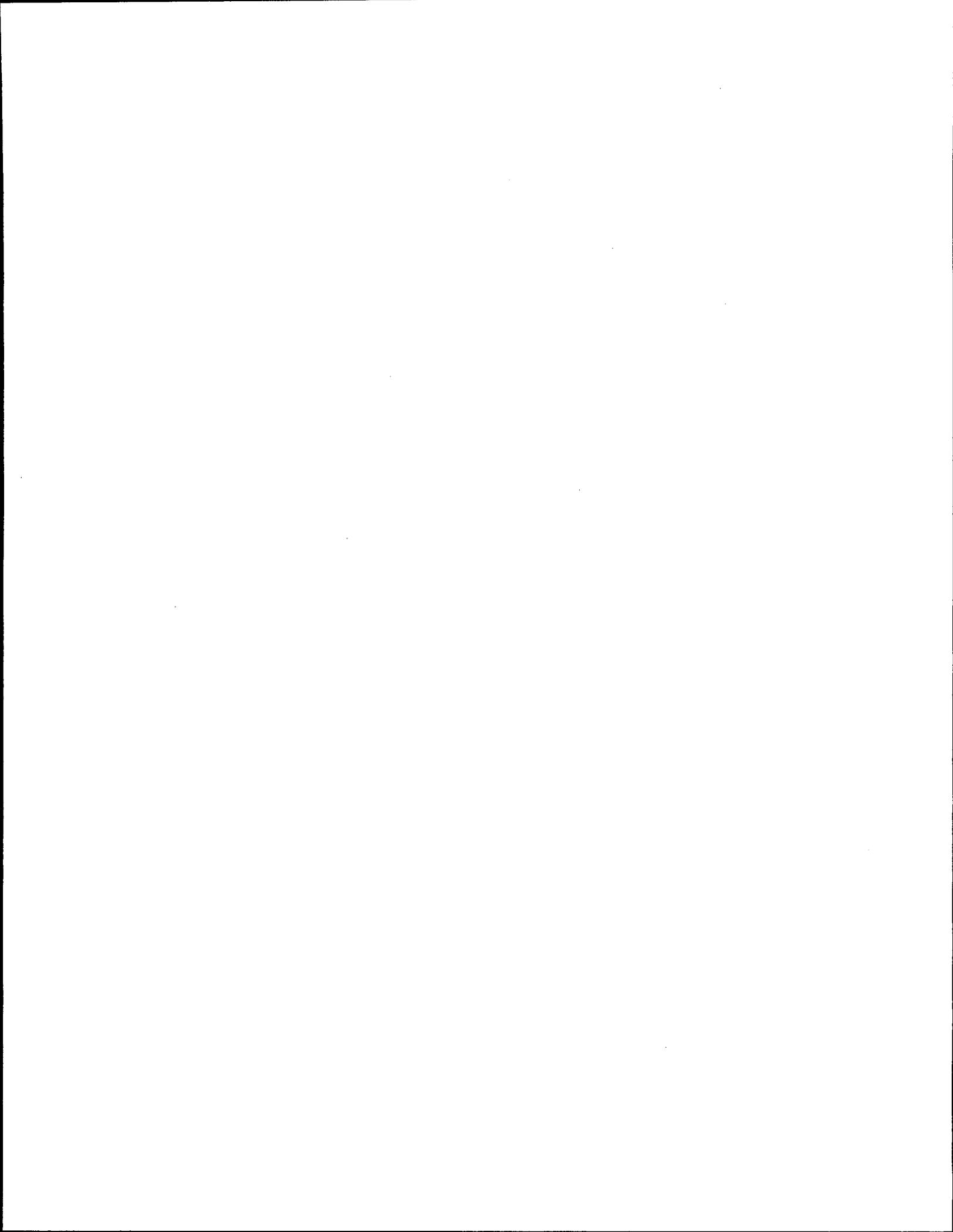
Additional Interest information

Note: The sections below prints the Lienholder and additional interest address on file.

Additional Interest: ADDITIONAL INTEREST
123 FIRST MAIN, FL 441



12



Note: This section always prints.

Applicant questionnaire

Please have the applicant complete this section and initial each response.

Note: The first line in the text section below, will populate the appropriate minimum driver age.

1. Have all the household residents 14 years of age or older, all regular operators of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, been disclosed in the "Drivers and household residents" section? (If no, please explain below)

Yes No _____ Initial

2. Is the address listed on the application the same for all drivers? (If no, please explain below)

Yes No _____ Initial

3. Does any driver listed on the application reside outside the state of Arkansas for 2 months or more per year? (If yes, you are not eligible for this insurance)

Yes No _____ Initial

4. Is the garaging address of each vehicle the same as the mailing address listed on the application? (If no, please explain below)

Yes No _____ Initial

5. Are any of your vehicles used for delivery, limousine or taxi service; for courier or escort service; or for commercial pick up or deliver purposes, including but not limited to delivery of magazines, pizza, food, mail, newspaper or farm produce? (If yes, you are not eligible for this insurance)

Yes No _____ Initial

6. Are any listed vehicles used in the course of any driver's business or occupation (other than driving back and forth to work)? (If yes, you are not eligible for this insurance)

Yes No _____ Initial

7. Are there other vehicles in your household not listed on this application? If yes, please provide information:

Vehicle: _____ Driver: _____ Vehicle Insurer: _____

Yes No _____ Initial

Explanation:

Note: No UM/UIM rejection verbiage required when there is a full acceptance of UM/UIM with limits that equal the BI/PD limits.

Note: The following form prints when there is a full rejection of UM/UIM.

Rejection Uninsured/Underinsured Motorist Coverage

Arkansas law requires that all liability policies include Uninsured Motorist Coverage unless the Insured rejects such coverage. Uninsured/Underinsured Motorist Bodily Injury Coverage is available in an amount equal to the limits of your liability coverage. Uninsured/Underinsured Motorist Bodily Injury Coverage protects you, your resident relatives, and occupants of a covered vehicle if any sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist) or does not have enough insurance (an underinsured motorist). The policy limits you select for Underinsured Motorist Coverage shall not be reduced by those amounts available for payment under all applicable bodily injury liability insurance policies covering persons liable to the injured insured, except to the extent that the injured insured would receive compensation in excess of verifiable damages.

Uninsured Property Damage Coverage is available in an amount equal to the limits of your liability coverage. Uninsured Motorist Property Damage Coverage protects your covered vehicle in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist).

I understand and agree that this rejection shall be binding on all persons injured under the policy, and that this rejection shall apply to any renewal, reinstatement, substitute, amended, or replacement policy with this company or any affiliated company, unless a named insured submits a written request to add the coverage and pays the additional premium.

I reject Uninsured/Underinsured Motorist Coverage in its entirety.

Signature of named insured

Date

X

14 AR PA UM1 (7/08)

Note: The following form prints when there is a rejection of UMPD Only.

Rejection Uninsured Motorist Coverage

Uninsured Property Damage Coverage is available in an amount equal to the limits of your liability coverage. Uninsured Motorist Property Damage Coverage protects your covered vehicle in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist).

I understand and agree that this rejection shall be binding on all persons injured under the policy, and that this rejection shall apply to any renewal, reinstatement, substitute, amended, or replacement policy with this company or any affiliated company, unless a named insured submits a written request to add the coverage and pays the additional premium.

I reject Uninsured Motorist Coverage as respects Property Damage Liability in its entirety.

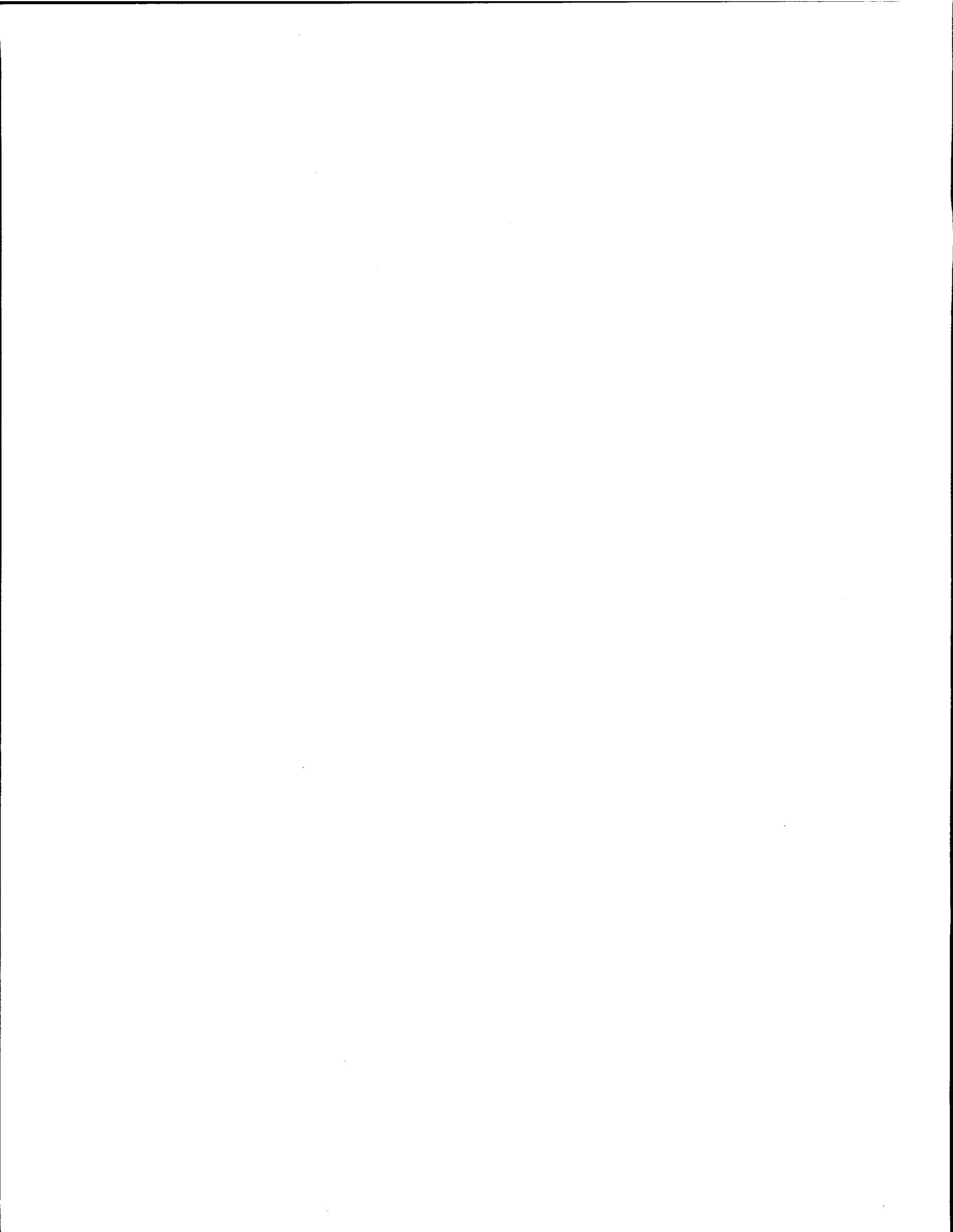
Signature of named insured

Date

X

14 AR PA UM2 (7/08)

14



Note: The following form prints when there is a rejection of UIMBI Only.

Rejection Uninsured Motorist Coverage

Uninsured/Underinsured Motorist Bodily Injury Coverage is available in an amount equal to the limits of your liability coverage. Uninsured/Underinsured Motorist Bodily Injury Coverage protects you, your resident relatives, and occupants of a covered vehicle if any sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist) or does not have enough insurance (an underinsured motorist). The policy limits you select for Underinsured Motorist Coverage shall not be reduced by those amounts available for payment under all applicable bodily injury liability insurance policies covering persons liable to the injured insured, except to the extent that the injured insured would receive compensation in excess of verifiable damages.

I understand and agree that this rejection shall be binding on all persons injured under the policy, and that this rejection shall apply to any renewal, reinstatement, substitute, amended, or replacement policy with this company or any affiliated company, unless a named insured submits a written request to add the coverage and pays the additional premium.

I reject Underinsured Motorist Coverage in its entirety.

Signature of named insured

Date

X

14 AR PA UM3 (7/08)

Note: The following form prints when there is a rejection of both UMPD and UIMBI.

Rejection Uninsured/Underinsured Motorist Coverage

Uninsured/Underinsured Motorist Bodily Injury Coverage is available in an amount equal to the limits of your liability coverage. Underinsured Motorist Bodily Injury Coverage protects you, your resident relatives, and occupants of a covered vehicle if any sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have enough insurance (an underinsured motorist). The policy limits you select for Underinsured Motorist Coverage shall not be reduced by those amounts available for payment under all applicable bodily injury liability insurance policies covering persons liable to the injured insured, except to the extent that the injured insured would receive compensation in excess of verifiable damages.

Uninsured Property Damage Coverage is available in an amount equal to the limits of your liability coverage. Uninsured Motorist Property Damage Coverage protects your covered vehicle in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist).

I understand and agree that this rejection shall be binding on all persons injured under the policy, and that this rejection shall apply to any renewal, reinstatement, substitute, amended, or replacement policy with this company or any affiliated company, unless a named insured submits a written request to add the coverage and pays the additional premium.

I reject Underinsured Motorist Coverage in its entirety.

I reject Uninsured Motorist Coverage as respects Property Damage Liability in its entirety.

Signature of named insured

Date

X

14 AR PA UM4 (7/08)

Note: The following form prints when the limit(s) of UM selected is greater than zero but less than the limits of bodily injury liability selected.

Rejection of Higher Limit(s) for Uninsured/Underinsured Motorist Coverage

I have been offered and I have rejected the option to purchase Uninsured Motorist Coverage for Bodily Injury and/or Property Damage and Underinsured Motorist Coverage for Bodily Injury in an amount equal to the limit(s) of the appropriate liability coverages that I have selected. Instead, I elect the lower limits of Uninsured Motorist Coverage or Underinsured Motorist Coverage for Bodily Injury and/or Property Damage shown below.

Note: This will be programmed to insert the limit selected.
\$25,000 each person/\$50,000 each accident

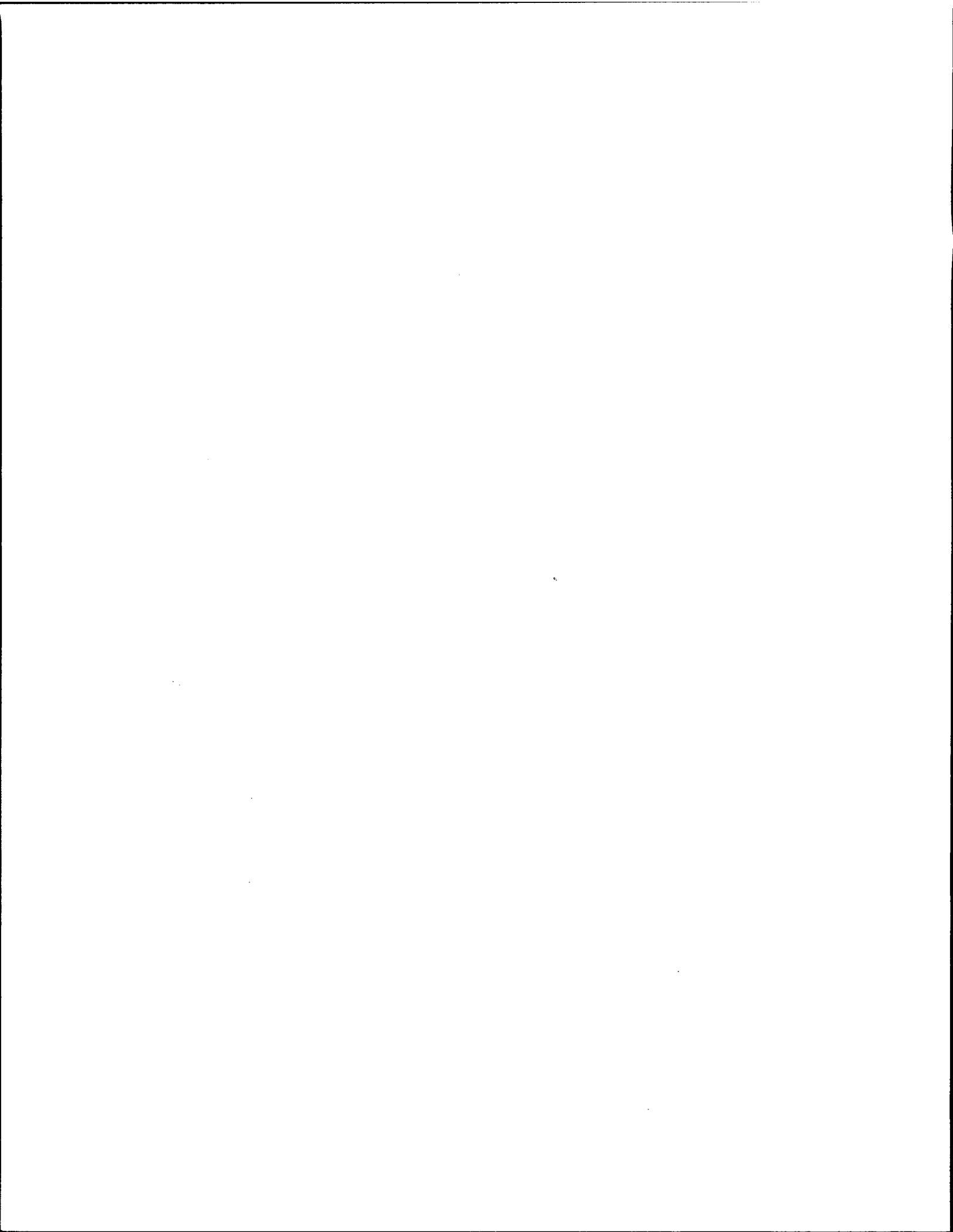
Signature of named insured

Date

X

14 AR PA UM5 (7/08)

15



Note: No PIP rejection verbiage required when there is a full acceptance of PIP with all available options.

Note: The following form prints when there is a full rejection of PIP.

Rejection Personal Injury Protection Coverage

I have been offered Personal Injury Protection Coverage as part of my personal auto policy. I have fully rejected the option to purchase Personal Injury Protection coverage. Arkansas law requires that all Liability policies offer No-Fault Personal Injury Protection Coverage in amounts no less than the statutory limits, unless a named insured rejects such coverage. I understand that Personal Injury Protection Coverage provides protection for me and any family member or any other person occupying my covered auto with my permission, injured while occupying or when struck by a motor vehicle designed mainly for use on public roads. I understand that Personal Injury Protection Coverage could provide up to \$5,000 Medical and Hospital Benefits, a \$5,000 Accidental Death Benefit, and Statutory Income Disability Benefits.

I understand and agree that this rejection of Personal Injury Protection Coverage shall be binding on all persons Injured under the policy, and that this election shall also apply to any renewal, reinstatement, substitute, amended, Altered, modified, or replacement policy with this company or any affiliated company, unless a named insured submits a written request to add the coverage and pays the additional premium.

Signature of named insured

Date

X

14 PA AR PIP1 (7/08)

Note: The following form prints when there is partial rejection of PIP.

Rejection Personal Injury Protection Coverage

I have been offered Personal Injury Protection Coverage as part of my personal auto policy. I have chosen to reject purchase of Personal Injury Protection coverage benefits as defined below. Arkansas law requires that all Liability policies offer No-Fault Personal Injury Protection Coverage in amounts no less than the statutory limits, unless a named insured rejects such coverage. I understand that Personal Injury Protection Coverage provides protection for me and any family member or any other person occupying my covered auto with my permission, injured while occupying or when struck by a motor vehicle designed mainly for use on public roads. I understand that Personal Injury Protection Coverage could provide up to \$5,000 Medical and Hospital Benefits, a \$5,000 Accidental Death Benefit, and Statutory Income Disability Benefits.

Note: This will be programmed to insert the coverages that are rejected.
\$5,000 Medical & Hospital Benefits
\$5,000 Accidental Death Benefits
Statutory Income Disability Benefits

I understand and agree that this rejection of Personal Injury Protection Coverage shall be binding on all persons injured under the policy, and that this election shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured submits a written request to add the coverage and pays the additional premium.

Signature of named insured

Date

X

14 PA AR PIP2 (7/08)

Note: This section always prints in it's entirety.

Application agreement

Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented. I acknowledge that this application was fully and completely explained to me by an authorized Alfa Specialty agent of my own choosing.

Notice of information practices

I acknowledge that, in connection with this application and premium quotation, the Company may collect information from consumer reporting agencies, such as driving record, claims, and credit history reports. The Company may use an insurance credit score based on the information contained in that credit history report. This information will be used to underwrite my insurance and provide an accurate quote in an appropriate underwriting company. Future reports may be used to update or renew the insurance.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

116

I affirm that

None of the vehicles listed in this application will be used to pick up or deliver persons or property for compensation or a fee, including, but not limited to, delivery of magazines, newspapers, mail, food (including pizza), or any other products.

All my vehicles insured for Comprehensive and Collision will need to be inspected by a representative of Alfa Specialty within seven (7) days from the effective date of this policy.

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If a transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay Company, for any reason whatsoever, upon the Company's request.

Agent compensation disclosure

The insurance producer that sold you this policy is a licensed insurance agent authorized by Alfa Specialty and by other insurance companies to solicit business on their behalf. We will pay your agent a commission for placing your policy with us. Your agent may also be eligible for additional compensation, based upon the volume and profitability of certain business he or she places with us.

Other charges

I agree to pay the fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. I also understand that the amount of these fees may change if my premium is increased due to inaccurate or incomplete information in this application.

I understand that a service charge of \$XX.XX will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a reinstatement fee of \$X.XX during the policy term and each renewal term when my coverage is reinstated following a cancellation or lapse. I understand that my acknowledgement of a reinstatement fee does not obligate the company to reinstate coverage following a cancellation or lapse.

Signature of named insured

Date

X

Producer signature

The undersigned warrants and certifies that the information contained herein is correct to his/her knowledge; that this application was fully and completely explained to the insured; that this application was completed and then signed by the insured; that a completed copy has been given to the insured; and that the undersigned will retain a signed copy hereof.

Signature of producer

Date

Time

X

Note: This section prints on all applications. This page must print on a page by itself.

Named Driver Exclusion Election

You have named the following persons in your household as excluded drivers under this policy:

Name	Date of birth	Relationship
XXXXXXXX X. XXXXXXXXXXXXXXXXXXXX	Oct 12, 1967	XXXXXXXXXXXXXXXXXXXXX
XXXXXXXX X. XXXXXXXXXXXXXXXXXXXX	Oct 12, 1967	XXXXXXXXXXXXXXXXXXXXX

No coverage is provided for any claim arising from an accident or loss involving a motorized vehicle being operated by an excluded driver. This includes any claim for damages made against any named insured, resident relative, or any other person or organization that is vicariously liable for an accident or loss arising out of the operation of a motorized vehicle by the excluded driver.

This form must be signed by the named insured.

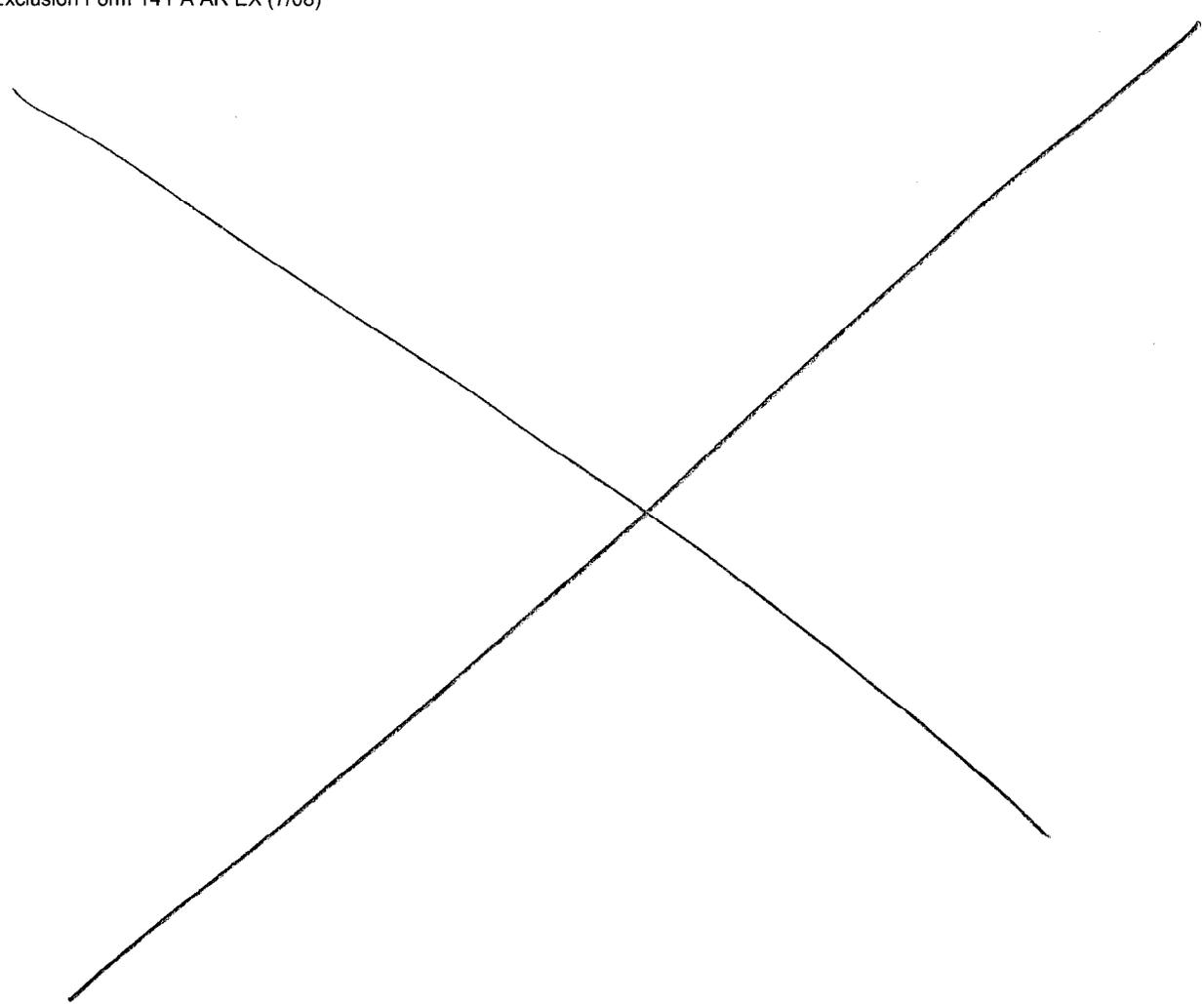
I understand and agree that this Named Driver Exclusion election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured revokes this election.

Signature of named insured

Date

X

Exclusion Form 14 PA AR EX (7/08)



Account Number: 000137994
 Policy Number: 14-03-000137994
 Prior Policy Number:
 Agent Number: 014 030001
 NAIC #: 11004

Alfa Specialty Insurance Corporation
 C/O The Vision Insurance Group
 P.O. Box 2328
 Brentwood, TN 37024-2328

Policy Period from: July 1, 2008
 To: January 1, 2009
 12:01 AM Standard Time at the address
 of the named insured as stated herein
 Date Processed: July 1, 2008

Page 1 of 3

Original Declarations
ARKANSAS PERSONAL AUTO POLICY

Named Insured and Mailing Address
SAMPLE DECLARATIONS
ARKANSAS INSURED
 123 MAIN STREET
 LITTLE ROCK, AR 72201

Agent: (123) 456 - 7890
ARKANSAS TEST AGENT
 321 MAIN STREET
 LITTLE ROCK, AR 72201

INSURED VEHICLES: Description of auto or trailer:

Auto	Year	Make	Model	Description	Identification	Symbol	Use	Terr	Rated Driver
1	2000	DODG	NEONHG/ES	DODGE NEON HIGHLINE	1B3ES46CXD514582	325-12		01	1
2	2001	PONT	BONNEV SSE	PONTIAC BONN SSE	1G2HY54C5L1221478	285-14		01	3
3	1995	FORD	TARS GL/SE	FORD TAURUS GL	1FALP52U9SA234193	300-10		01	2

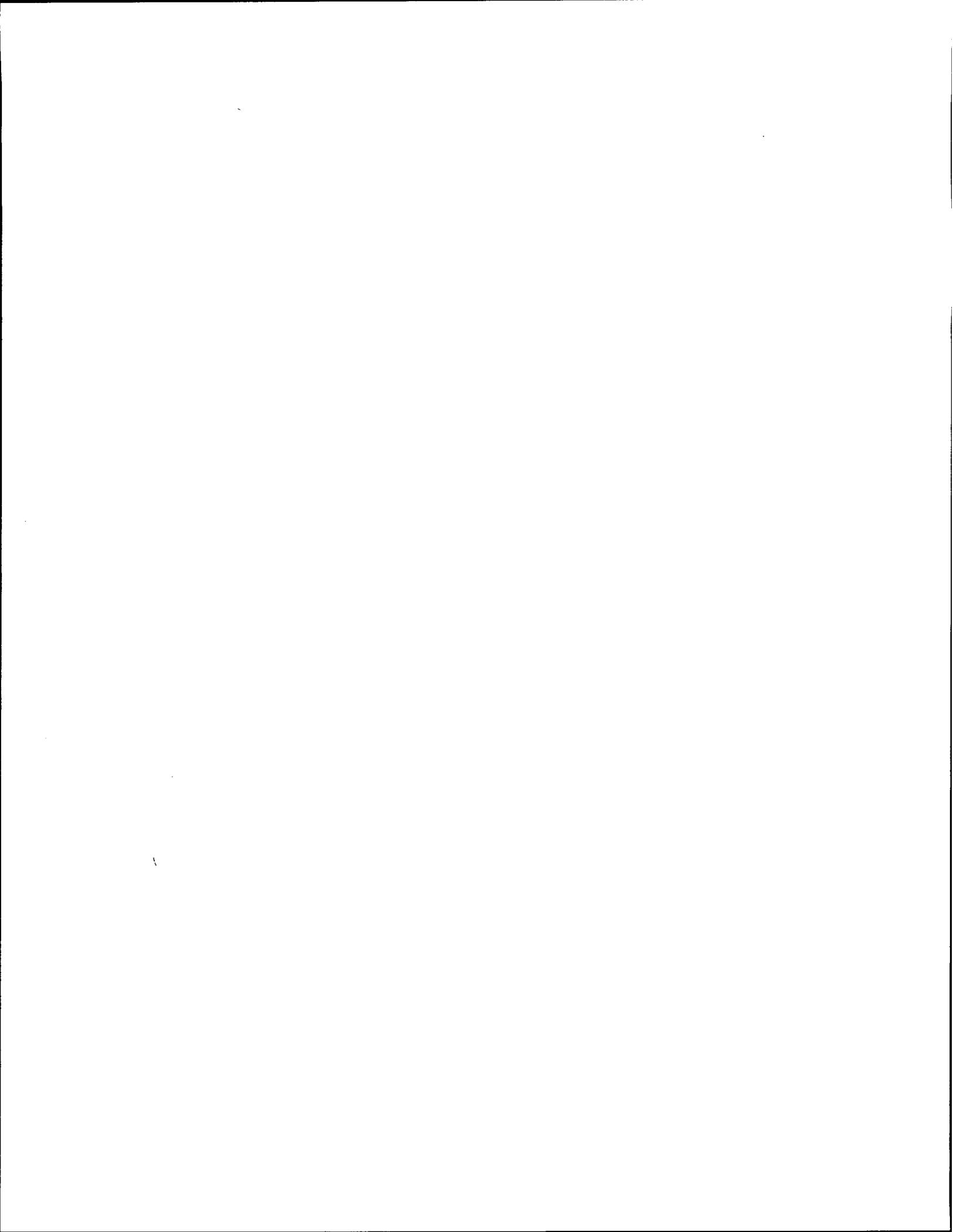
DISCOUNTS AND SURCHARGES: The vehicles on this policy qualified for policy discounts or surcharges as shown below:

Auto Driver	Trans/ Renew	Muti-Car	Home- owner
1	1	Y	Y
2	2	Y	Y
3	3	Y	Y

COVERAGES: Coverage is provided where a premium and a limit of liability are shown for the coverage.

Coverages	Limits, Options, Deductibles	Premium Auto 1	Premium Auto 2	Premium Auto 3	
LIABILITY	Bodily Injury	\$25,000 Each Person \$50,000 Each Accident	200.00	225.00	175.00
	Property Damage	\$25,000 Each Accident	200.00	225.00	175.00
PERSONAL INJURY PROTECTION	Medical & Hospital	\$5,000 Each Person	N/A	N/A	N/A
	Income Disability	Statutory Limits	N/A	N/A	N/A
	Accidental Death	\$5,000 Each Person	N/A	N/A	N/A
UNINSURED MOTORISTS	Bodily Injury	\$25,000 Each Person \$50,000 Each Accident	75.00	75.00	75.00
	Property Damage	\$25,000 Each Accident	60.00	60.00	60.00
UNDERINSURED MOTORISTS	Bodily Injury	\$25,000 Each Person \$50,000 Each Accident	60.00	60.00	60.00
COVERAGE FOR DAMAGE TO YOUR AUTO	Comprehensive	Ded: Veh 1: 500 Veh 2: n/a Veh 3: n/a	335.00	n/a	n/a
	Collision	Ded: Veh 1: 1000 Veh 2: n/a Veh 3: n/a	716.00	n/a	n/a
	Rental		n/a	n/a	n/a
	Reimbursement	n/a	n/a	n/a	n/a
	Towing & Labor	n/a	n/a	n/a	n/a
ADD. EQUIPMENT	n/a	n/a	n/a	n/a	
ACCIDENTAL DEATH	\$5,000 principle amount	n/a	n/a	n/a	
Subtotal Premium		1646.00	645.00	645.00	
		Total Premium	2936.00		
		Filing Fee	15.00		
		Other Fees			
		Total Charges	\$2951.00		

19



Account Number: 000137994
Policy Number: 14-03-000137994
Prior Policy Number:
Agent Number: 014 030001
NAIC #: 11004

Alfa Specialty Insurance Corporation
C/O The Vision Insurance Group
P.O. Box 2328
Brentwood, TN 37024-2328

Policy Period from: July 1, 2008
To: January 1, 2009
12:01 AM Standard Time at the address
of the named insured as stated herein
Date Processed: July 1, 2008

Page 2 of 3

Original Declarations
ARKANSAS PERSONAL AUTO POLICY

DRIVERS: The following people are listed as drivers on the policy:

Driver Name	Type of Driver	Marital Status	Gender	Rated Age	Rated Points	Filing Required?
1 SAMPLE DECLARATIONS	Principal	Married	Male	53		No
2 DRIVER 2 SAMPLE	Principal	Married	Female	46		No
3 DRIVER 3 SAMPLE	Principal	Single	Male	18		Yes

LIENHOLDERS/ADDITIONAL INTERESTS: Any loss under Part D is payable as interest may appear to the named insured and:

Auto	Lienholder(s)/Additional Interest(s)	Address	City	State	ZIP Code	Type
1	GMAC	C/O PDP SERVICES	HUNT VALLEY	MD	21031-1053	Lien
5	TOYOTA CREDIT CO.	303 INTERNATIONAL CI	HUNT VALLEY	MD	21031	Lien
7	NISSAN ACCEPTANCE CO	P O BOX 390888	MINNEAPOLIS	MN	55439	Lien

FORMS: Form numbers of endorsements attached to policy at date of issue:

Form Name and Number	Form Name and Number
14 PA AR AP (X/XX) APPLICATION	14 PA AR PO (X/XX) PRIVATE PASSENGER AUTO POLICY

GARAGING ADDRESSES: The Auto(s) or Trailer(s) described in this policy is principally garaged at the above address unless otherwise stated:

Address	Town or City	State	ZIP Code
123 MAIN STREET	LITTLE ROCK	AR	72113

ORIGINAL

INSURED COPY

(OVER)

00 PA US DE (7/08)

20

Account Number: 000137994
Policy Number: 14-03-000137994
Prior Policy Number:
Agent Number: 014 030001
NAIC #: 11004

Alfa Specialty Insurance Corporation
C/O The Vision Insurance Group
P.O. Box 2328
Brentwood, TN 37024-2328

Policy Period from: July 1, 2008
To: January 1, 2009
12:01 AM Standard Time at the address
of the named insured as stated herein
Date Processed: July 1, 2008

Page 3 of 3

Original Declarations
ARKANSAS PERSONAL AUTO POLICY

Payment	Due Date	Monthly Payment	Amount Received	Amount Due
Down Payment	7/1/08	590.00	590.00	0.00
1	8/1/08	480.20	0.00	480.20
2	9/1/08	480.20	0.00	480.20
3	10/1/08	480.20	0.00	480.20
4	11/1/08	480.20	0.00	480.20
5	12/1/08	480.20	0.00	480.20
Billing Summary		2991.00	590.00	2401.00

21

Alfa Specialty Insurance Corporation



Underwritten by

**ALFA SPECIALTY
INSURANCE
CORPORATION**

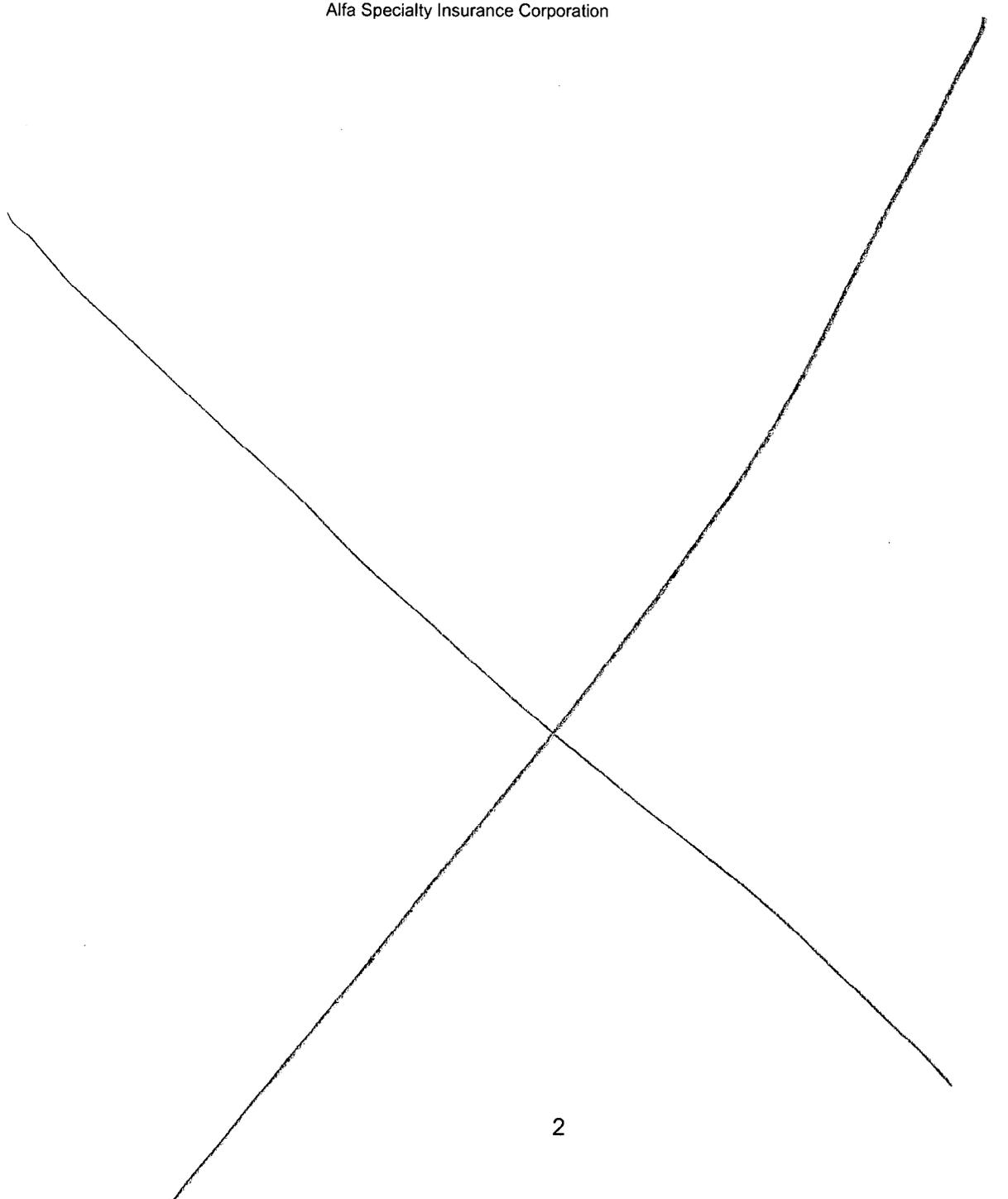
2108 East South Boulevard
Montgomery, AL 36116
(NAIC # 11004)

**PRIVATE
PASSENGER AUTO
POLICY**

ARKANSAS

14 PA AR PO (7/08)

Alfa Specialty Insurance Corporation



Alfa Specialty Insurance Corporation

Your Quick Reference Guide

Agreement	5
Definitions	5
Part A: Liability Coverage	6
Insuring Agreement	6
Supplementary Payments	7
Limit of Liability	10
Out of State Coverage	11
Financial Responsibility	11
Other Insurance	11
Additional Interest	12
Part B: Medical Payments Coverage	12
Insuring Agreement	12
Exclusions	12
Other Insurance	15
Part C: Uninsured Motorists Coverage	15
Insuring Agreement	15
Exclusions	17
Limit of Liability	18
Other Insurance	19
Arbitration	20
Part D: Coverage for Damage to Your Auto	21
Insuring Agreement	21
Rental Reimbursement	22
Towing and Labor	22
Exclusions	23
Limit of Liability	27
Payment of Loss	27
No Benefit to Bailee	28
Other Sources of Recovery	28
Appraisal	28
Loss Payable Clause	29
Part E: Duties after an Accident or Loss	29
Part F: General Provisions	30
Bankruptcy	30
Changes	31
Fraud	31
Legal Action against Us	31
Our Right To Recover Payment	32
Policy Period and Territory	33
Termination	33
Other Termination Provisions.	35
Transfer of Your Interest in This Policy	35

Alfa Specialty Insurance Corporation	
Two or More Auto Policies	36
Part G: Underinsured Motorists Coverage	36
Insuring Agreement	36
Exclusions	38
Limit of Liability	39
Other Insurance	40
Arbitration	41
Additional Duties	41
Part H: Personal Injury Protection Coverage	42
Insuring Agreement	42
Definitions	43
Exclusions	45
Payment of Benefits	48
Coordination of Coverage	48
Limit of Liability	49
Other Insurance	49
Non-Owner Coverage Endorsement	50
Replacement Parts	53
Privacy Notice	53

Alfa Specialty Insurance Corporation
14 PA AR PO (07/08)

Agreement

In return for payment of the premium and subject to all the terms of this policy, we agree with you as follows:

Definitions

- A. Throughout this policy, "you" and "your" refer to:
1. The "named insured" shown in the Declarations; and
 2. The spouse if a resident of the same household.
- B. "We," "us" and "our" refer to the Company providing this insurance.
- C. For purposes of this policy, a private passenger type auto shall be deemed to be owned by a person if leased or rented:
1. Under a written agreement to that person; and
 2. For a continuous period of at least 6 months.
- Other words and phrases are defined. They are in quotation marks when used.
- D. "Bodily injury" means bodily harm, sickness or disease, including death that results.
- E. "Business" includes trade, profession, or occupation.
- F. "Family member" means a person related to you by blood, marriage, or adoption who is a resident of your household. This includes a ward or foster child.
- G. "Occupying" means in, upon, getting in, on, out or off.
- H. "Property damage" means physical injury to, destruction of or loss of use of tangible property.
- I. "Trailer" means a vehicle designed to be pulled by a:
1. Private passenger auto; or
 2. Pickup or van.
- It also means a farm wagon or farm implement while towed by a vehicle listed in 1. or 2. above.
- J. "Your covered auto" means:
1. Any vehicle shown in the Declarations.
 2. Any of the following types of vehicles on the date you become the owner:
 - a. a private passenger auto; or
 - b. a pickup or van that:
 - (1) has a Gross Vehicle Weight of less than 10,000 lbs.; and
 - (2) is not used for the delivery or transportation of

Alfa Specialty Insurance Corporation

goods and materials unless such use is:

- (a) incidental to your "business" of installing, maintaining or repairing furnishings or equipment; or
- (b) for farming or ranching.

This provision (J.2.) applies only if:

- a. you acquire the vehicle during the policy period;
- b. you ask us to insure it within 30 days after you become the owner; and
- c. with respect to a pickup or van, no other insurance policy provides coverage for that vehicle.

If the vehicle you acquire replaces one shown in the Declarations, it will have the same coverage as the vehicle it replaced. If the vehicle you acquire is in addition to any shown in the Declarations, it will have the broadest coverage we now provide for any vehicle shown in the Declarations.

- 3. Any "trailer" you own.
- 4. Any auto or "trailer" you do not own while used as a temporary substitute for any other vehicle described in this definition which is out of normal use because of its:
 - a. breakdown;
 - b. repair;
 - c. servicing;
 - d. loss; or
 - e. destruction

This provision (J.4.) does not apply to Coverage for Damage to Your Auto.

- 5. With respect to Coverage for Damage to Your Auto only, any vehicle provided by a duly licensed automobile dealer to you or a "family member" for use as a temporary substitute for any other vehicle described in this definition while it is out of normal use because of its breakdown, repair or servicing.

Part A: Liability Coverage

Insuring Agreement

- A. We will pay damages, other than punitive or exemplary, for "bodily injury" or "property damage" for which any "insured" becomes legally responsible because of an auto accident. Damages include prejudgment interest awarded against the "insured". We will settle or defend, as we consider appropriate, any claim or suit asking for these damages. In addition to our limit of liability, we will pay all defense costs we

Alfa Specialty Insurance Corporation

incur. Our duty to settle or defend ends when our limit of liability for this coverage has been exhausted. We have no duty to defend any suit or settle any claim for "bodily injury" or "property damage" not covered under this policy.

If a duly licensed automobile dealer provides a vehicle to you or a "family member" for use as a temporary substitute for any other vehicle described in the definition of "your covered auto" while it is out of normal use because of its breakdown, repair or servicing, coverage shall extend to such loaned vehicle only to the extent of the coverage provided, if any, to the automobile being repaired or serviced.

B. "Insured" as used in this Part means:

1. You or any "family member" for the ownership, maintenance, or use of any auto or "trailer".
2. Any person using "your covered auto".
3. For "your covered auto", any person or organization but only with respect to legal responsibility for acts or omissions of a person for whom coverage is afforded under this Part.
4. For any auto or "trailer", other than "your covered auto", any other person or organization but only with respect to legal responsibility for acts or omissions of you or any "family member" for whom coverage is afforded under this Part. This provision (B.4.) applies only if the person or organization does not own or hire the auto or "trailer".

Supplementary Payments

In addition to our limit of liability, we will pay on behalf of an "insured":

1. Premiums on appeal bonds and bonds to release attachments in any suit we defend.
2. Interest accruing after a judgment is entered in any suit we defend. Our duty to pay interest ends when we offer to pay that part of the judgment which does not exceed our limit of liability for this coverage.
3. Other reasonable expenses incurred at our request.

Exclusions

- A. We do not provide Liability Coverage for any "insured":**
1. Who intentionally causes "bodily injury" or "property damage".
 2. For "property damage" to property owned or being transported by that "insured".
 3. For "property damage" to property:

Alfa Specialty Insurance Corporation

- a. rented to;
 - b. used by; or
 - c. in the care of
- that "insured". This exclusion (A.3.) does not apply to "property damage" to a residence or private garage.
4. For "bodily injury" to an employee of that "insured" occurring during the course of employment. This exclusion (A.4.) does not apply to "bodily injury" to a domestic employee unless workers' compensation benefits are required or available for that domestic employee.
 5. For that "insured's" liability arising out of the ownership or operation of a vehicle while it is being used as a public or livery conveyance. This exclusion (A.5.) does not apply to:
 - a. that "insured's" liability for "bodily injury" sustained by a passenger who is not charged a fee; or
 - b. a share-the-expense car pool.
 6. While employed or otherwise engaged in the "business" of:
 - a. selling;
 - b. repairing;
 - c. servicing;
 - d. storing; or
 - e. parkingvehicles designed for use mainly on public highways. This includes road testing and delivery. This exclusion (A.6.) does not apply to the ownership, maintenance, or use of "your covered auto" by:
 - a. you;
 - b. any "family member"; or
 - c. any partner, agent, or employee of you or any "family member".
 7. Maintaining or using any vehicle while that "insured" is employed or otherwise engaged in any "business" (other than farming or ranching) not described in exclusion A.6. This exclusion (A.7.) does not apply to the maintenance or use of a:
 - a. private passenger auto;
 - b. pickup or van that:
 - (1) you own; or
 - (2) you do not own while used as a temporary substitute for "your covered auto" which is out of normal use because of its:
 - (a) breakdown;
 - (d) loss; or

29

Alfa Specialty Insurance Corporation

- (b) repair;
 - (c) servicing;
 - (e) destruction; or
 - c. "trailer" used with a vehicle described in a. or b. above.
 - 8. Using a vehicle without a reasonable belief that that "insured" is entitled to do so. Without limiting this exclusion, any "insured" operating a motor vehicle without a valid, in force, operator's license or permit cannot reasonably believe that he or she is entitled to operate a motor vehicle.
 - 9. For "bodily injury" or "property damage" for which that "insured":
 - a. is an insured under a nuclear energy liability policy; or
 - b. would be an insured under a nuclear energy liability policy but for its termination upon exhaustion of its limit of liability.

A nuclear energy liability policy is a policy issued by any of the following or their successors:

 - a. American Nuclear Insurers;
 - b. Mutual Atomic Energy Liability Underwriters; or
 - c. Nuclear Insurance Association of Canada.
 - 10. For "bodily injury" to you or any "family member".
- B.** We do not provide Liability Coverage for the ownership, maintenance or use of:
- 1. Any vehicle which:
 - a. has more or less than four wheels; or
 - b. is designed mainly for use off public roads.

This exclusion (B.1.) does not apply to any "trailer."
 - 2. Any vehicle, other than "your covered auto", which is:
 - a. owned by you; or
 - b. furnished or available for your regular use.
 - 3. Any vehicle, other than "your covered auto", which is:
 - a. owned by any "family member"; or
 - b. furnished or available for the regular use of any "family member".
 - 4. Any vehicle, located inside a facility designed for racing, for the purpose of:
 - a. competing in; or
 - b. practicing or preparing for;

any prearranged or organized racing or speed contest.
 - 5. Any vehicle when rented to others or while being used to

Alfa Specialty Insurance Corporation

carry persons or property for compensation or a fee, including, but not limited to, delivery of magazines, mail, newspapers, pizza, other types of food, or any other products. This exclusion (B.5.) does not apply to shared expense car pools.

C. We do not provide Liability Coverage for any "insured" for:

1. Any liability assumed by an "insured" under any contract or bailment.
2. "Bodily injury" or "property damage" due to nuclear reaction, radiation, or contamination.
3. Any obligation for which the United States Government is liable under the Federal Tort Claims Act.
4. "Bodily injury" or "property damage" caused by the dumping, discharge, or escape of any irritants, pollutants or contaminants other than the fluids necessary for the operation of "your covered auto".
5. "Bodily injury" or "property damage" caused by explosives, other than the fluids necessary for the operation of "your covered auto".
6. Punitive or exemplary damages which are imposed to:
 - a. punish a wrongdoer; and
 - b. deter others from similar conduct.
7. "Bodily injury" or "property damage" caused by a "family member" or any other resident of your household who is not listed as a driver or operator on the application or in the Declarations.

Limit of Liability

- A.** The limit of liability shown in the Declarations for each person for Bodily Injury Liability is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of "bodily injury" sustained by any one person in any one auto accident. Subject to this limit for each person, the limit of liability shown in the Schedule or in the Declarations for each accident for Bodily Injury Liability is our maximum limit of liability for all damages for "bodily injury" resulting from any one auto accident.

The limit of liability shown in the Declarations for each accident for Property Damage Liability is our maximum limit of liability for all "property damage" resulting from any one auto accident.

This is the most we will pay regardless of the number of:

1. "Insureds";

31

Alfa Specialty Insurance Corporation

limit of liability for all damages for "bodily injury" resulting from any one accident.

3. The limit of Property Damage Liability for all damages resulting from any one accident will be the lesser of:
- a. the limit of liability shown in the Declarations; or
 - b. the actual cash value of "your covered auto".

An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of loss.

The limits of liability applicable to Uninsured Motorists Coverage are the most we will pay regardless of the number of:

1. "Insureds";
 2. Claims made;
 3. Vehicles or premiums shown in the Declarations; or
 4. Vehicles involved in the accident.
- B. No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and Part A, Part B, Part D, Underinsured Motorists Coverage or Personal Injury Protection Coverage of this policy.
- C. We will not pay for any element of loss if an "insured" is entitled to receive payment for the same element of loss under any of the following or similar laws:
1. workers' compensation law; or
 2. disability benefits law
- D. We will not make a duplicate payment under this coverage for any element of loss for which payment has been made by or on behalf of persons or organizations who may be legally responsible.

Other Insurance

If there is other applicable insurance available under one or more policies or provisions of coverage:

1. Any recovery for damages under all such policies or provisions of coverage may equal but not exceed the highest applicable limit for any one vehicle under any insurance providing coverage on either a primary or excess basis.
2. Any insurance we provide with respect to a vehicle you do not own shall be excess over any collectible insurance providing coverage on a primary basis.
3. If the coverage under this policy is provided:

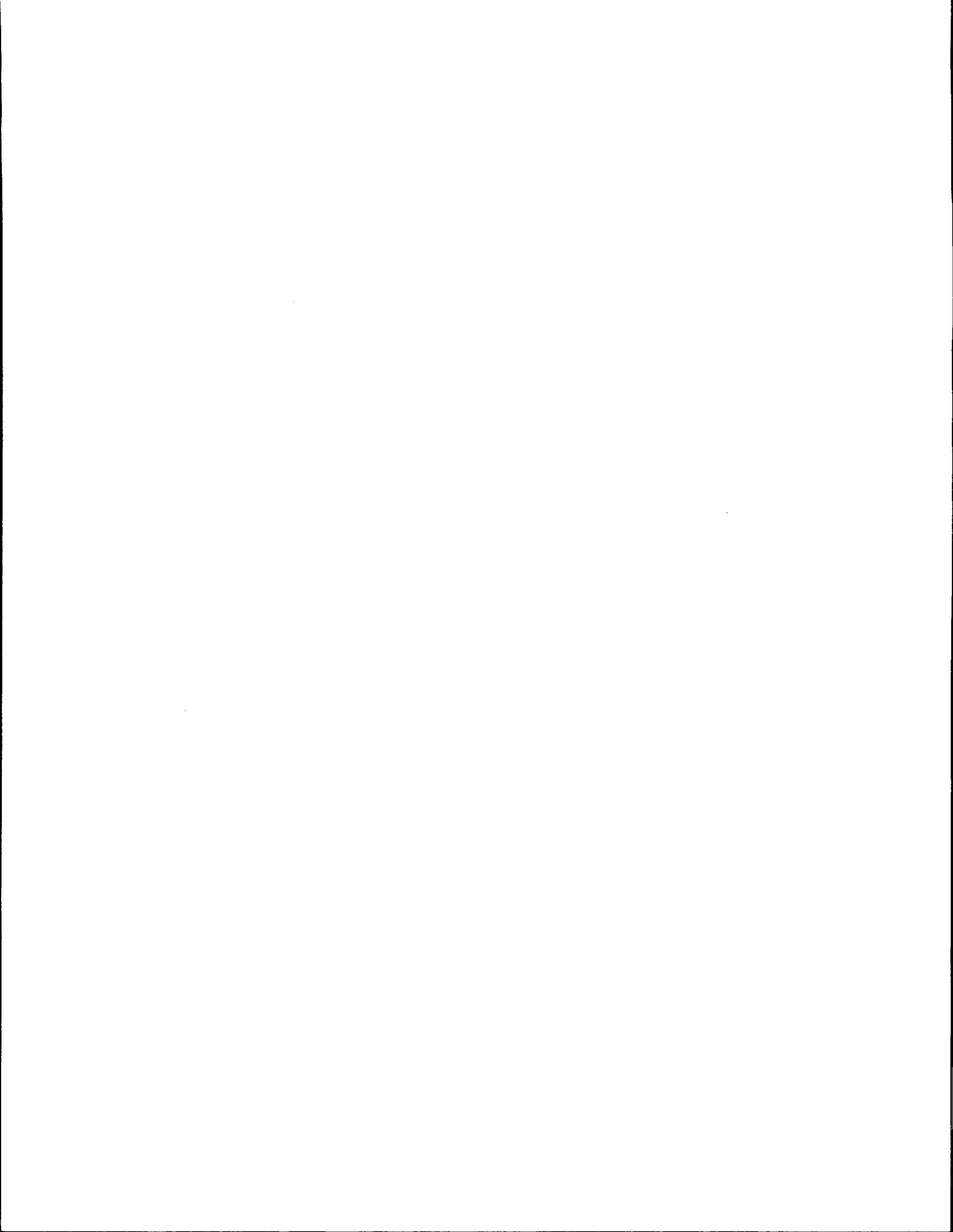
Alfa Specialty Insurance Corporation

- a. on a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on a primary basis.
 - b. on an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on an excess basis.
4. However, if a duly licensed automobile dealer provides a vehicle to you or a "family member":
- a. for use as a temporary substitute while "your covered auto" is out of normal use because of its breakdown, repair or servicing; or
 - b. to demonstrate the vehicle;
- then we will provide primary insurance.

Arbitration

- A. If we and an "insured" do not agree:
- 1. Whether that "insured" is legally entitled to recover damages; or
 - 2. As to the amount of damages which are recoverable by that "insured";
- from the owner or operator of an "uninsured motor vehicle" then the matter may be arbitrated. However, disputes concerning coverage under this Part may not be arbitrated.
- Arbitration will take place only if both we and the "insured" agree, voluntarily, to have the matter arbitrated. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction.
- B. Any decision of the arbitrators will not be binding on either party.
- C. Each party will:
- 1. Pay the expenses it incurs; and
 - 2. Bear the expenses of the third arbitrator equally.
- D. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to procedure and evidence will apply.

41



Part D: Coverage for Damage to Your Auto

Insuring Agreement

A. We will pay for direct and accidental loss to "your covered auto" or any "non-owned auto", including their equipment, minus any applicable deductible shown in the Declarations. We will pay for loss to "your covered auto" caused by:

1. Other than "collision" only if the Declarations indicate that Other Than Collision Coverage is provided for that auto.
2. "Collision" only if the Declarations indicate that Collision Coverage is provided for that auto.

If there is a loss to a "non-owned auto," we will provide the broadest coverage applicable to any "your covered auto" shown in the Declarations.

If a duly licensed automotive dealer provides a vehicle to you or a "family member" for use as a temporary substitute for any other vehicle described in the definition of "your covered auto" while it is out of normal use because of its breakdown, repair or servicing, coverage shall extend to such loaned vehicle only to the extent of the coverage provided, if any, to the automobile being repaired or serviced.

B. "Collision" means the upset of "your covered auto" or a "non-owned auto" or their impact with another vehicle or object. Loss caused by the following is considered other than "collision":

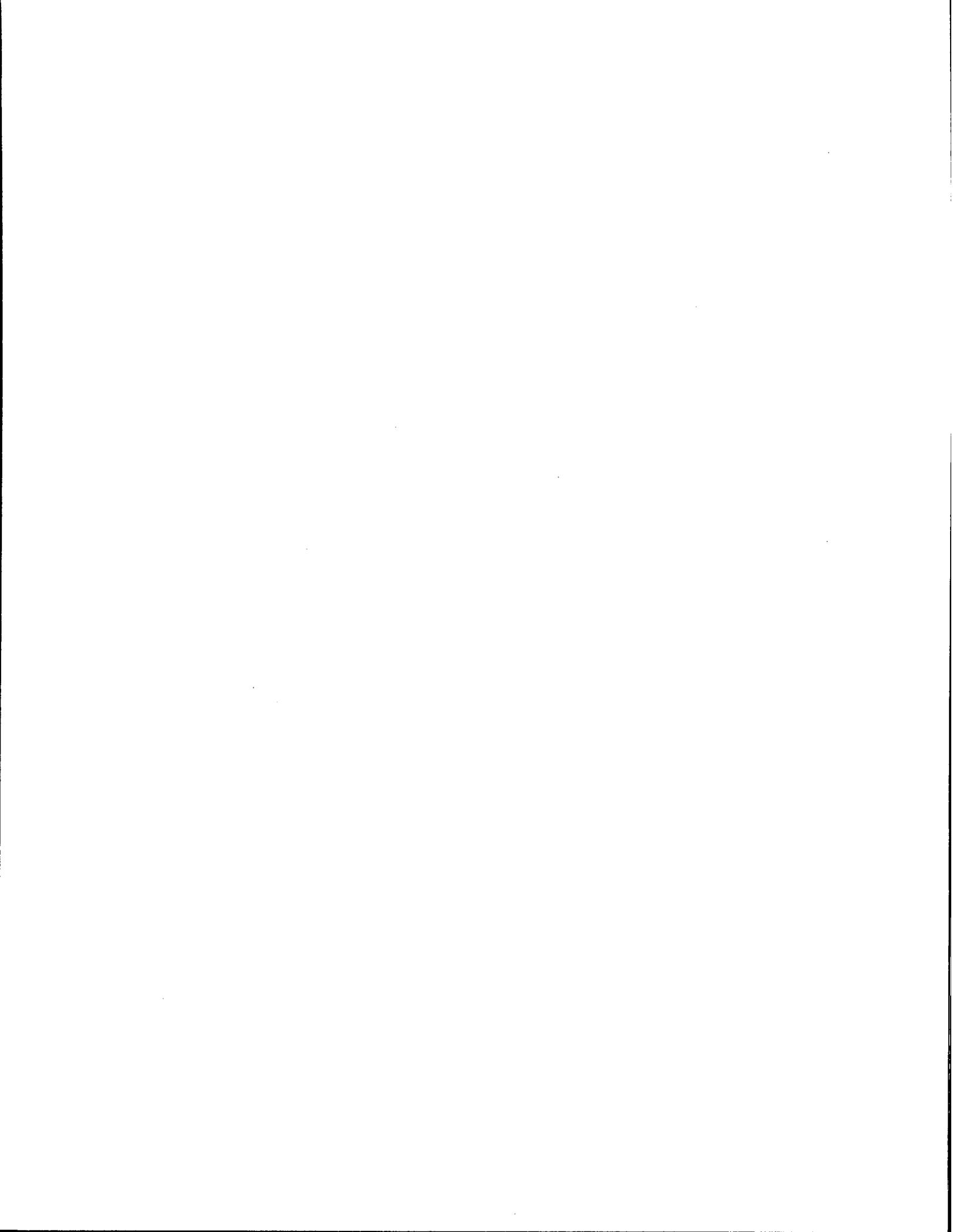
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|---------------------------------|-------------------------------------|
| 1. Missiles or falling objects; | 6. Hail, water, or flood; |
| 2. Fire; | 7. Malicious mischief or vandalism; |
| 3. Theft or larceny; | 8. Riot or civil commotion; |
| 4. Explosion or earthquake; | 9. Contact with bird or animal; or |
| 5. Windstorm; | 10. Breakage of glass. |

If breakage of glass is caused by a "collision", you may elect to have it considered a loss caused by "collision".

C. "Non-owned auto" means:

1. Any private passenger auto, pickup, van or "trailer" not owned by or furnished or available for the regular use of you or any "family member" while in the custody of or being operated by you or any "family member"; or
2. Any auto or "trailer" you do not own while used as a temporary substitute for "your covered auto" which is out of normal use because of its:

42



Alfa Specialty Insurance Corporation

- a. breakdown;
- b. repair;
- c. servicing;
- d. loss; or
- e. destruction.

However, non-owned auto does not include any vehicle provided by a duly licensed automobile dealer to you or a "family member" for use as a temporary substitute for "your covered auto" while it is out of normal use because of its breakdown, repair or servicing.

Rental Reimbursement

We will pay, without application of a deductible, up to the limit shown in the Declarations as applicable to that vehicle, for:

1. Temporary transportation expenses incurred by you in the event of a loss to "your covered auto". We will pay for such expenses if the loss is caused by:
 - a. other than "collision" only if the Declarations indicate that Other Than Collision Coverage is provided for that auto.
 - b. "collision" only if the Declarations indicate that Collision Coverage is provided for that auto.
2. Loss of use expenses for which you become legally responsible in the event of loss to a "non-owned auto". We will pay for loss of use expenses if the loss is caused by:
 - a. other than "collision" only if the Declarations indicate that Other Than Collision Coverage is provided for any "your covered auto".
 - b. "collision" only if the Declarations indicate that Collision Coverage is provided for any "your covered auto".

If the loss is caused by a total theft of "your covered auto" or a "non-owned auto", we will pay only expenses incurred during the period:

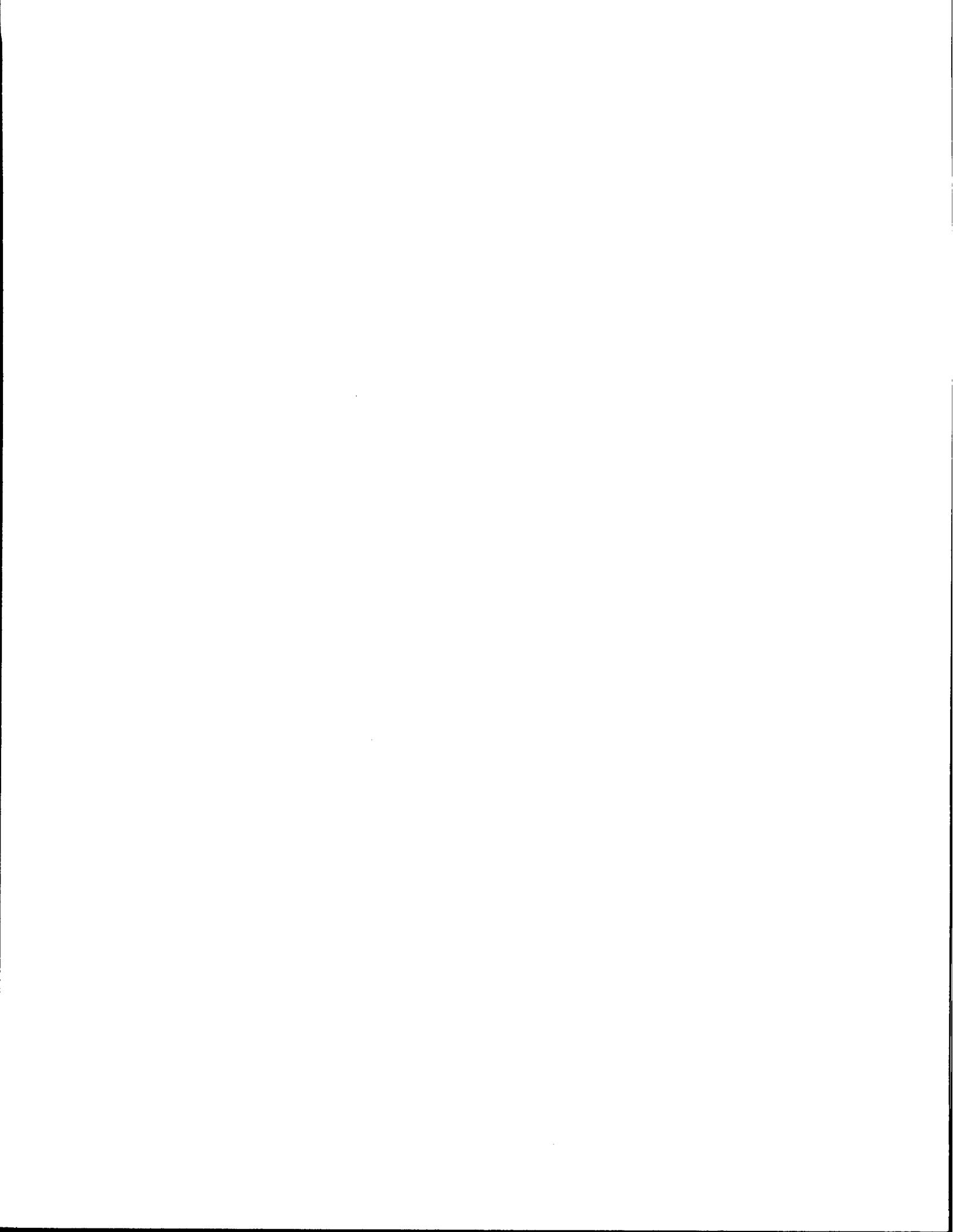
1. Beginning 48 hours after the theft; and
2. Ending when "your covered auto" or the "non-owned auto" is returned to use or we pay for its loss.

If the loss is caused by other than theft of a "your covered auto" or a "non-owned auto," we will pay only expenses beginning when the auto is withdrawn from use for more than 24 hours.

Our payment will be limited to that period of time reasonably required to repair or replace the "your covered auto" or the "non-owned auto".

Towing and Labor

We will pay towing and labor costs incurred each time "your covered auto" or any "non-owned auto" is disabled, up to the amount shown in the Declarations as applicable to that vehicle. If



Alfa Specialty Insurance Corporation
a "non-owned auto" is disabled, we will provide the broadest
towing and labor costs coverage applicable to any "your covered
auto" shown in the Declarations. We will only pay for labor
performed at the place of disablement.

Exclusions

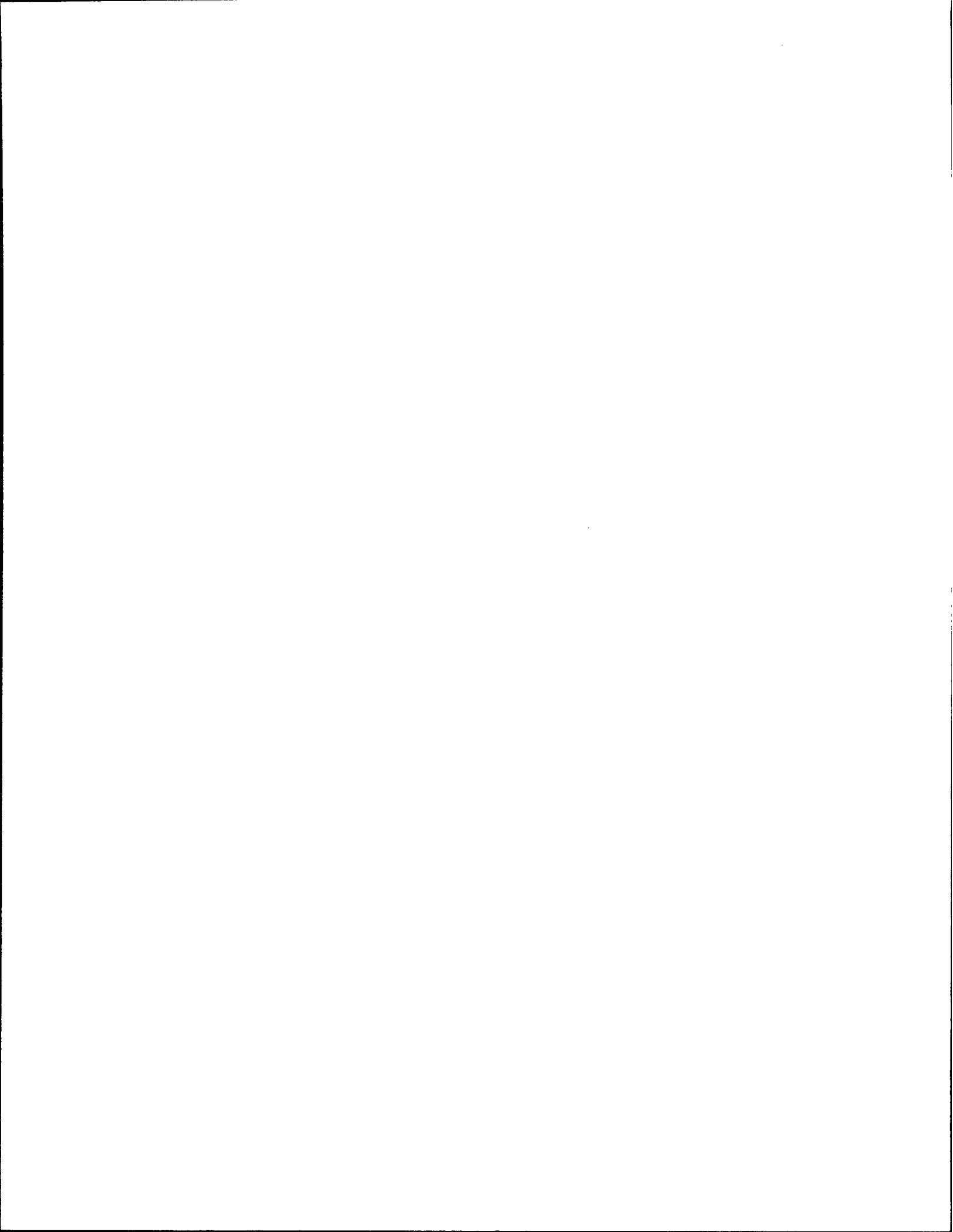
We will not pay for:

1. Loss to "your covered auto" or any "non-owned auto" which occurs while it is being used as a public or livery conveyance. This exclusion (1.) does not apply to a share-the-expense car pool.
2. Damage due and confined to:
 - a. wear and tear;
 - b. freezing;
 - c. mechanical or electrical breakdown or failure;
 - d. prior loss or damage;
 - e. manufacturer's defects; or
 - f. road damage to tires.

This exclusion (2.) does not apply if the damage results from the total theft of "your covered auto" or any "non-owned auto".

3. Loss due to or as a consequence of:
 - a. radioactive contamination;
 - b. discharge of any nuclear weapon (even if accidental);
 - c. war (declared or undeclared);
 - d. civil war;
 - e. insurrection; or
 - f. rebellion or revolution.
4. Loss to:
 - a. any electronic equipment designed for the reproduction of sound, including, but not limited to:
 - (1) radios, stereos, receivers, amplifiers;
 - (2) tape decks; or
 - (3) compact disc players.
 - b. any other electronic equipment that receives or transmits audio, visual or data signals, including, but not limited to:

(1) citizens band radios;	(6) video cassette recorders;
(2) telephones;	(7) audio cassette recorders;



Alfa Specialty Insurance Corporation

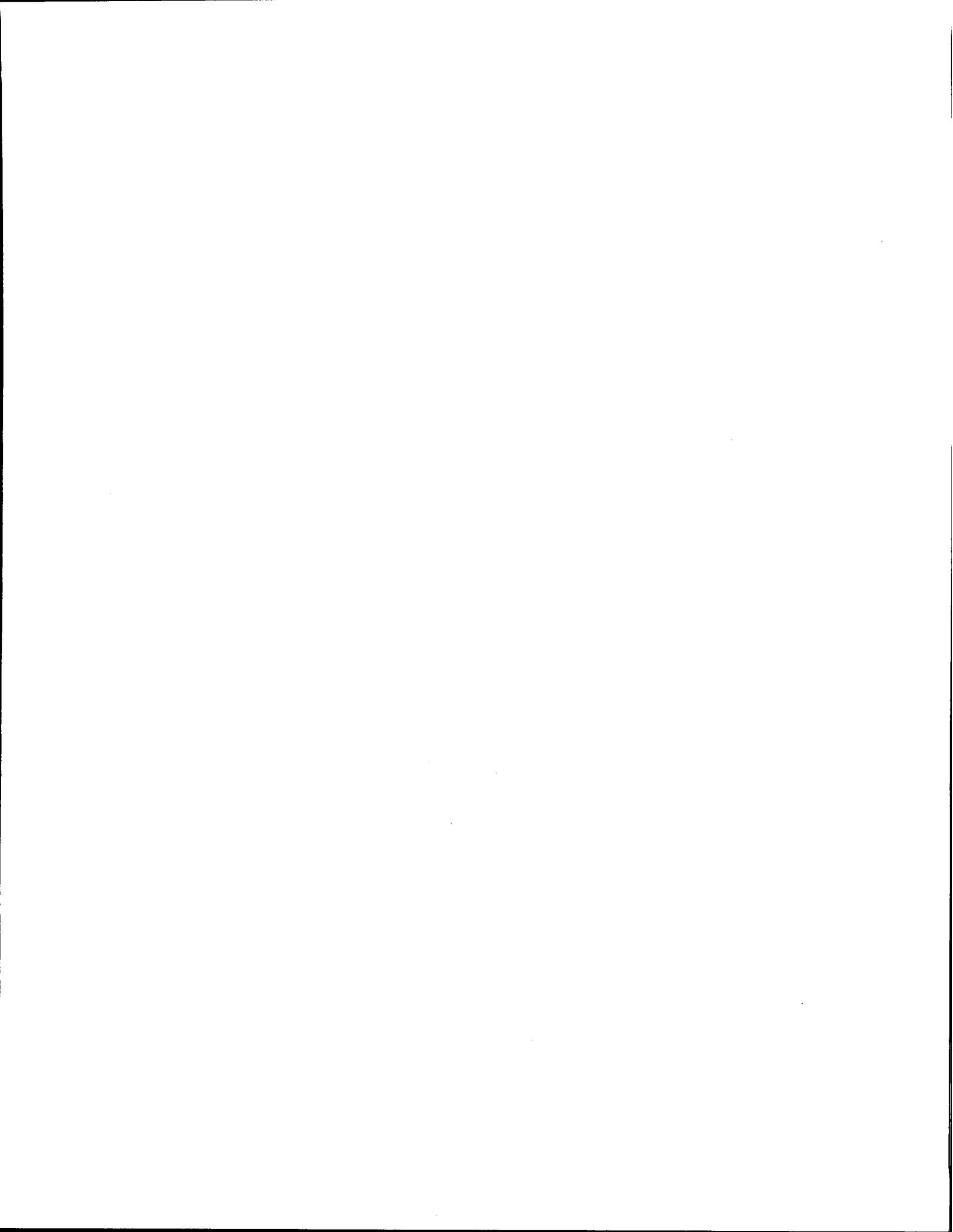
- (3) two-way mobile radios; (8) personal computers; or
- (4) scanning monitor receivers; (9) fax machines.
- (5) television monitor receivers;
- c. tapes, records, discs, or other media used with equipment described in a. or b.; or
- d. any other accessories used with equipment described in a. or b.

This exclusion (4.) does not apply to:

- a. equipment designed solely for the reproduction of sound and accessories used with such equipment, provided:
 - (1) the equipment is permanently installed in "your covered auto" or any "non-owned auto"; or
 - (2) the equipment is:
 - (a) removable from a housing unit which is permanently installed in the auto;
 - (b) designed to be solely operated by use of the power from the auto's electrical system; and
 - (c) in or upon "your covered auto" or any "non-owned auto";at the time of the loss.
- b. any other electronic equipment that is:
 - (1) necessary for the normal operation of the auto or the monitoring of the auto's operating systems; or
 - (2) an integral part of the same unit housing any sound reproducing equipment described in a. and permanently installed in the opening of the dash or console of "your covered auto" or any "non-owned auto" normally used by the manufacturer for installation of a radio.

However, unless separately listed as additional equipment with a separate premium paid, we will not pay for loss in excess of \$500 for covered equipment designed solely for the reproduction of sound and accessories used with such equipment.

- 5. Loss to "your covered auto" or any "non-owned auto" due to destruction or confiscation by governmental or civil authorities.
- 6. Loss to a camper body or "trailer" you own which is not shown in the Declarations.
- 7. Loss to any "non-owned auto" when used by you or any



Alfa Specialty Insurance Corporation

"family member" without a reasonable belief that you or that "family member" are entitled to do so.

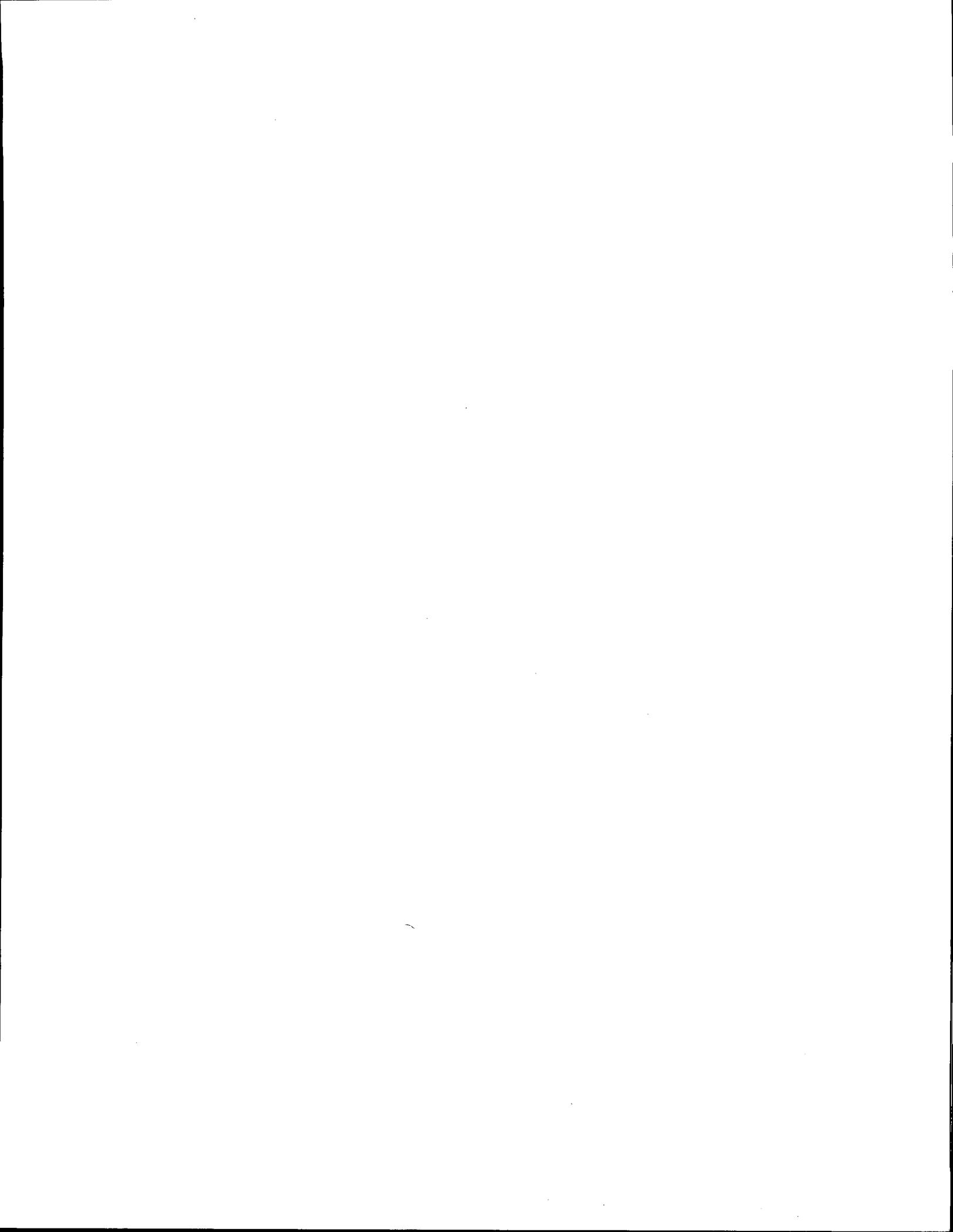
8. Loss to:
 - a. awnings or cabanas; or
 - b. equipment designed to create additional living facilities.
9. Loss to equipment designed or used for the detection or location of radar or laser.
10. Loss to any custom furnishings or equipment in or upon any pickup or van. Custom furnishings or equipment include, but are not limited to:
 - a. special carpeting and insulation, running boards, special windows, furniture or bars, control panels or consoles, wood trim, drapes, blinds or shades;
 - b. facilities for cooking and sleeping;
 - c. height-extending roofs;
 - d. custom murals, paintings or other decals or graphics; or
 - e. caps or shells.

This exclusion (10.) does not apply to custom furnishings or equipment specifically identified and declared as additional equipment with a premium shown in the Declarations.

11. Loss to any "non-owned auto" being maintained or used by any person while employed or otherwise engaged in the "business" of:
 - a. selling;
 - b. repairing;
 - c. servicing;
 - d. storing; or
 - e. parking;

vehicles designed for use on public highways. This includes road testing and delivery.

12. Loss to any "non-owned auto" being maintained or used by any person while employed or otherwise engaged in any "business" not described in exclusion 11. This exclusion (12.) does not apply to the maintenance or use by you or any "family member" of a "non-owned auto" which is a private passenger auto or "trailer."
13. Loss to "your covered auto" or any "non-owned auto", located inside a facility designed for racing, for the purpose of:
 - a. competing in; or



Alfa Specialty Insurance Corporation

- b. practicing or preparing for;
any prearranged or organized racing or speed contest.
- 14. Loss to, or loss of use of, a "non-owned auto" rented by:
 - a. you; or
 - b. any "family member";if a rental vehicle company is precluded from recovering such loss or loss of use, from you or that "family member", pursuant to the provisions of any applicable rental agreement or state law.
- 15. Loss intentionally caused by or at the direction of you or a "family member".
- 16. Loss to any "your covered auto" or "non-owned auto" occurring while rented to others or while being used to carry persons or property for compensation or a fee, including, but not limited to, delivery of magazines, mail, newspapers, pizza, other types of food, or any other products. This exclusion (16.) does not apply to shared expense car pools.
- 17. Loss to personal effects or personal property including, but not limited to, clothes, luggage, tools, tapes, compact discs, and sports equipment.
- 18. Loss caused by explosives, other than the fluids necessary for the operation of a motor vehicle.
- 19. Loss to additional equipment. Additional equipment includes, but is not limited to:
 - a. non-factory-installed wheels;
 - b. special wide-tread tires or slicks;
 - c. custom paint, striping, murals, decals or graphics;
 - d. non-factory-installed sun or moon roofs, T-bar roofs, height extending roofs or special windows;
 - e. customized engines;
 - f. modified suspension;
 - g. special lighting;
 - h. winches, plows, utility and/or tool boxes; or
 - i. any other custom changes which alter the use or appearance of "your covered auto" or a "non-owned auto."
 - j. the value in excess of \$500 for covered equipment designed solely for the reproduction of sound and accessories used with such equipment.This exclusion (19.) does not apply to additional

Alfa Specialty Insurance Corporation

equipment specifically identified and declared on the application with a premium shown in the Declarations.

20. Loss to "your covered auto" or a "non-owned auto" caused by a "family member" or any other resident of your household who is not listed as a driver or operator on the application or in the Declarations.
21. Loss to "your covered auto" or a "non-owned auto" caused by an "insured" operating a vehicle without a reasonable belief that that "insured" is entitled to do so. Without limiting this exclusion, any "insured" operating a motor vehicle without a valid, in force operator's license or permit cannot reasonably believe that he or she is entitled to operate that vehicle.
22. Loss to "your covered auto" or a "non-owned auto" resulting from the illegal activities of an "insured."

Limit of Liability

A. Our limit of liability for loss will be the lesser of the:

1. Amount shown in the Declarations;
2. Actual cash value of the stolen or damaged property; or
3. Amount necessary to repair or replace the property with other property of like kind and quality.

Our payment for loss will be reduced by any applicable deductible shown in the Declarations.

- B. However, the most we will pay for loss to any "non-owned auto" which is a "trailer" is \$500.
- C. An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of loss.
- D. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

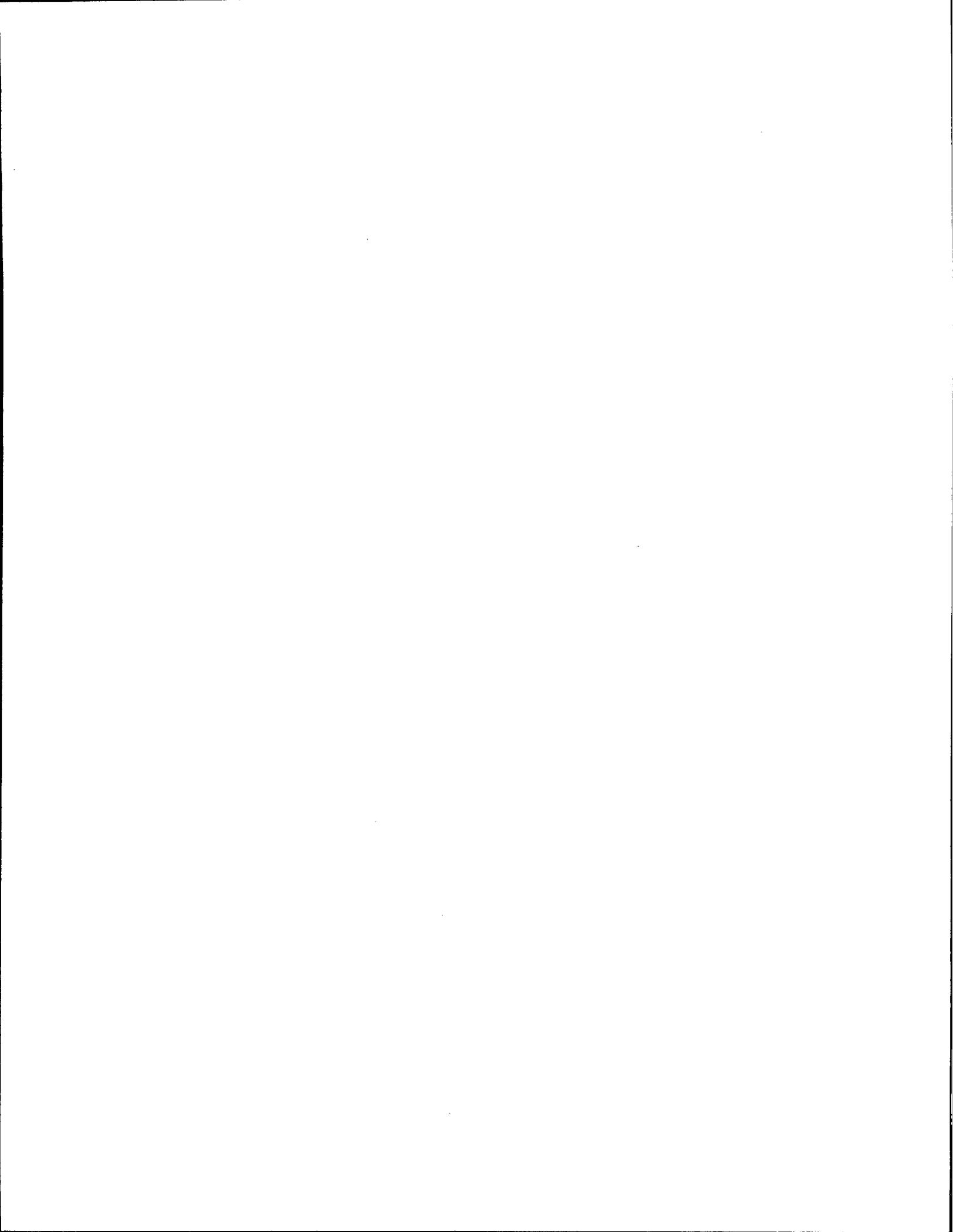
Payment of Loss

We may pay for loss in money or repair or replace the damaged or stolen property. We may, at our expense, return any stolen property to:

1. You; or
2. The address shown in this policy.

If we return stolen property we will pay for any damage resulting from the theft. We may keep all or part of the property at an agreed or appraised value.

If we pay for loss in money, our payment will include the applicable sales tax for the damaged or stolen property. However, if the loss is a total loss to "your covered auto" or any "non-owned auto" and we elect either to pay for loss in money or offer a



Alfa Specialty Insurance Corporation
comparable replacement vehicle, our payment for loss will
include, other than payment for any applicable deductible shown
in the Declarations, all:

1. Applicable taxes;
2. License fees; and
3. Other fees;

actually incurred incident to transfer of evidence of ownership of a
comparable replacement vehicle.

No Benefit to Bailee

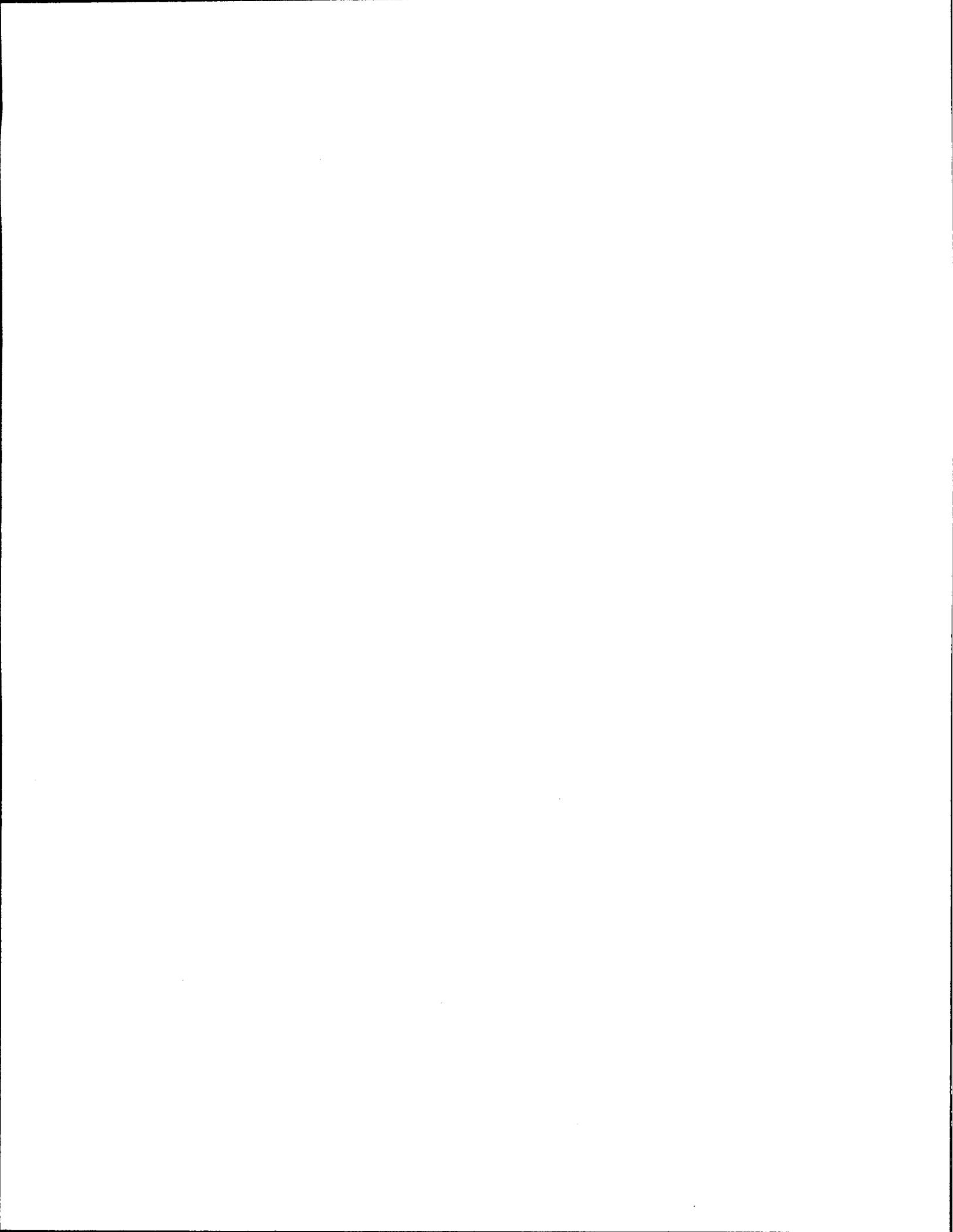
This insurance shall not directly or indirectly benefit any carrier or
other bailee for hire.

Other Sources of Recovery

1. If other sources of recovery also cover the loss, we will
pay only our share of the loss. Our share is the proportion
that our limit of liability bears to the total of all applicable
limits.
2. Any insurance we provide with respect to a "non-owned
auto" shall be excess over any other collectible source of
recovery including, but not limited to:
 - a. any coverage provided by the owner of the "non-
owned auto";
 - b. any other applicable physical damage insurance;
 - c. any other source of recovery applicable to the loss.
3. However, if a duly licensed automobile dealer provides a
vehicle to you or a "family member":
 - a. for use as a temporary substitute for "your covered
auto" while it is out of normal use because of its
breakdown, repair or servicing; or
 - b. to demonstrate the vehicle;then we will provide primary insurance.

Appraisal

- A. If we and you do not agree on the amount of loss, an
appraisal of the loss may be made. However, an appraisal will
be made only if both we and you agree, voluntarily, to have
the loss appraised. If so agreed, each party will select a
competent appraiser. The two appraisers will select an
umpire. The appraisers will state separately the actual cash
value and the amount of loss. If they fail to agree, they will
submit their differences to the umpire. An appraisal decision
will not be binding on either party. Each party will:
 1. Pay its chosen appraiser; and



Alfa Specialty Insurance Corporation

2. Bear the expenses of the appraisal and umpire equally.
- B. We do not waive any of our rights under this policy by agreeing to an appraisal.

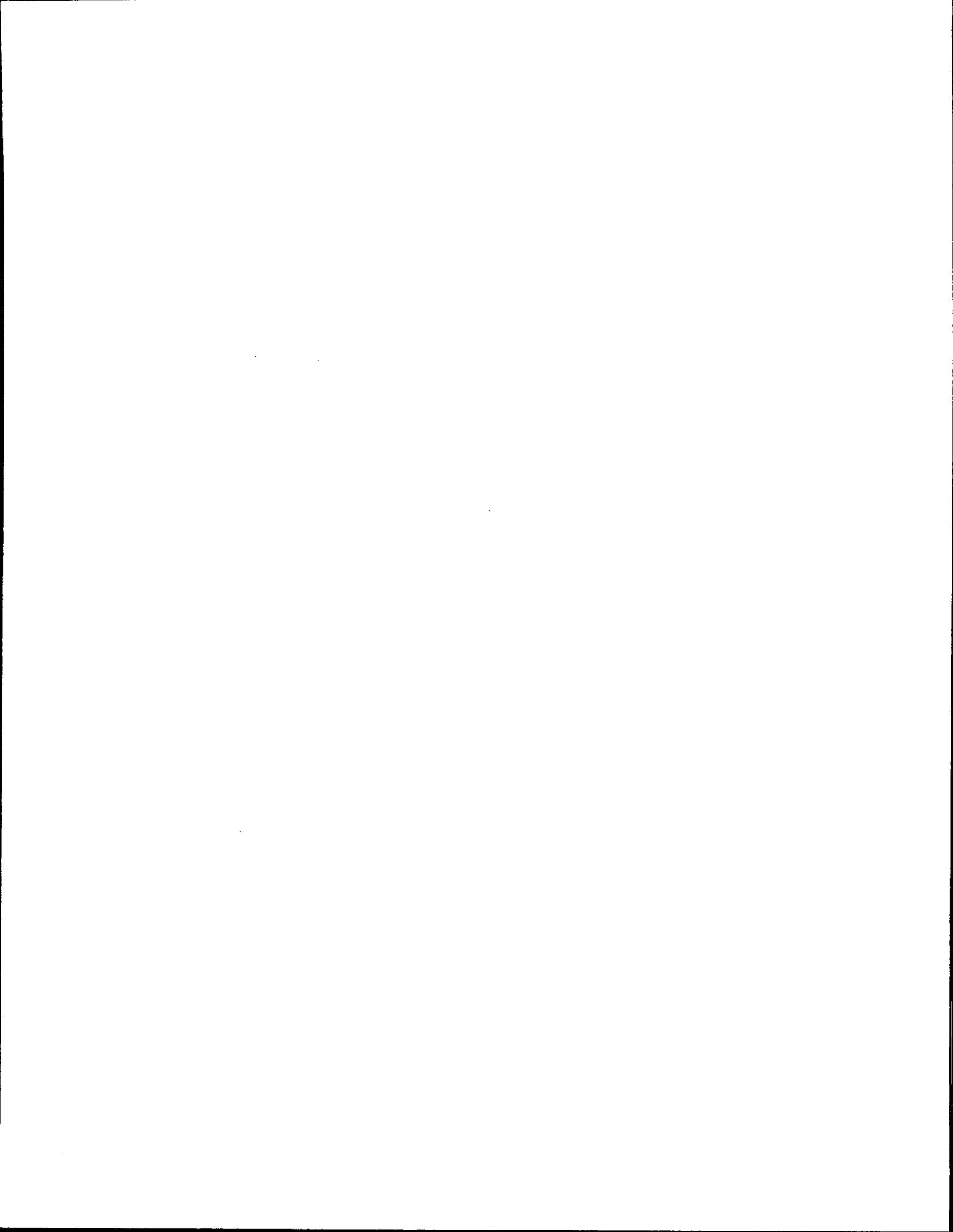
Loss Payable Clause

Loss or damage under this policy shall be paid, as interest may appear, to you and the loss payee shown in the Declarations. The loss payee has no greater rights under this policy than the "insured". Where coverage is denied to the "insured" coverage is also denied to the loss payee. We reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the Declarations. When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery. Notwithstanding the deductible amount shown in the Declarations, the applicable deductible for any loss for which payment is made to the loss payee who has repossessed and obtained title to "your covered auto" shall not exceed \$250. Upon payment of such loss you will pay us the difference between that \$250 and the deductible amount shown in the Declarations.

Part E: Duties after an Accident or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the following duties:

- A. We must be notified promptly of how, when, and where the accident or loss happened. Notice should also include the names and addresses of any "insureds", injured persons and of any witnesses.
- B. A person seeking any coverage must:
 1. Cooperate with us in the investigation, settlement or defense of any claim or suit.
 2. Promptly send us copies of any notices or legal papers received in connection with the accident or loss.
 3. Submit, as often as we reasonably require:
 - a. to physical exams by physicians we select. We will pay for these exams.
 - b. to examination under oath and/or statements, while not in the presence of any other insured, and subscribe to same.
 4. Authorize us to obtain:
 - a. medical reports; and
 - b. other pertinent records.



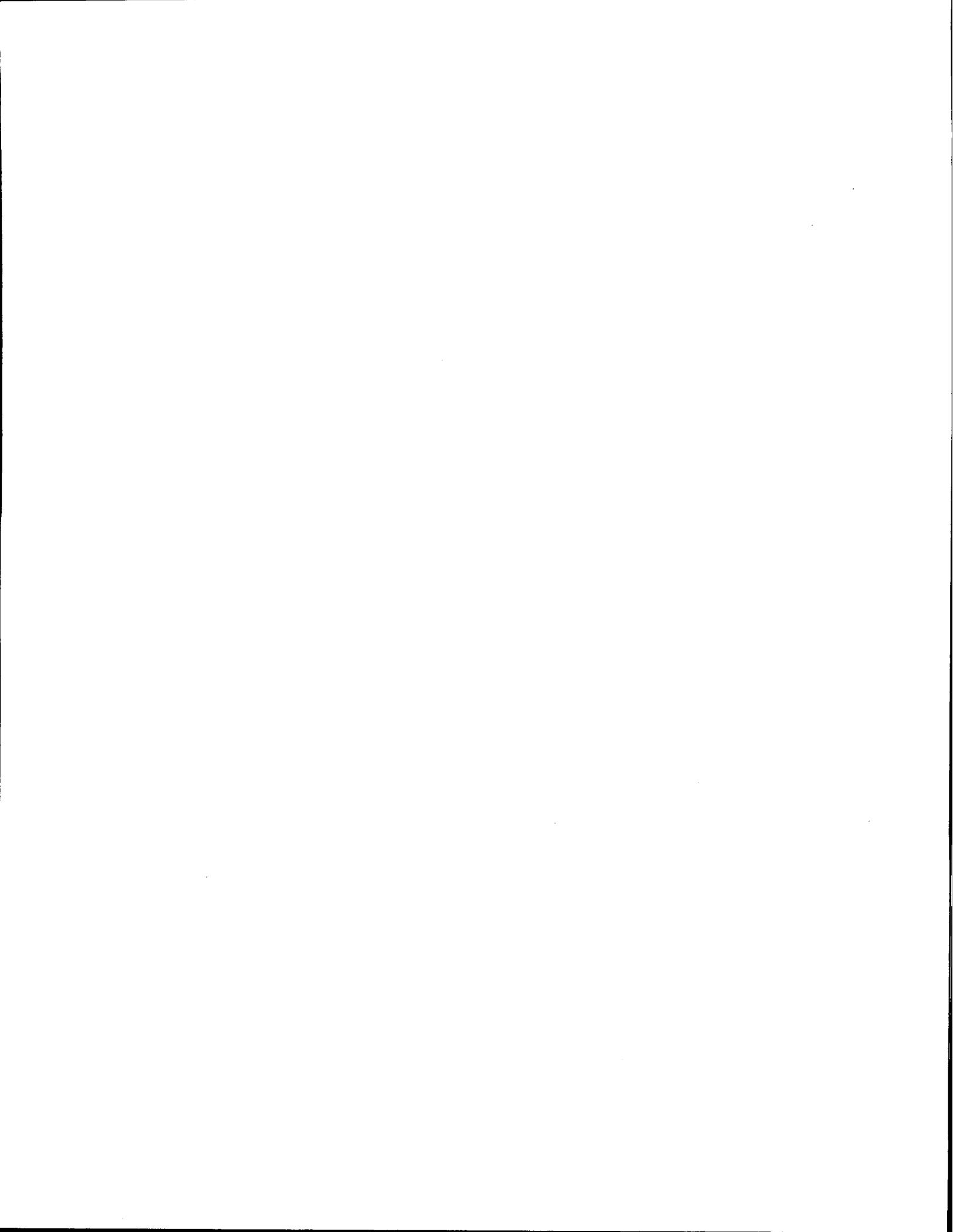
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5. Submit a proof of loss when required by us.
- C. A person seeking Uninsured Motorists Coverage must also:
1. Promptly notify the police if a hit-and-run driver is involved.
 2. Promptly send us copies of the legal papers if a suit is brought.
- D. A person seeking Coverage for Damage to Your Auto must also:
1. Take reasonable steps after loss to protect "your covered auto" or any "non-owned auto" and their equipment from further loss. We will pay reasonable expenses incurred to do this.
 2. Promptly notify the police if "your covered auto" or any "non-owned auto" is stolen.
 3. Permit us to inspect and appraise the damaged property before its repair or disposal.
- E. A person seeking Personal Injury Protection Coverage must also:
1. Submit, as often as we reasonably require, to physical and mental exams by physicians we select. We will pay for these exams.
 2. Give us written proof of claim, under oath if required. The proof of claim must include:
 - a. complete details of the nature and extent of the injuries and treatment received and contemplated; and
 - b. any other information which may assist us in determining the amount due and payable.
 3. At our request, furnish us with a sworn statement of earnings for the "insured" since the date of the accident and for a reasonable time before the accident.
 4. Promptly send us copies of:
 - a. the summons and complaint; or
 - b. other processserved in connection with any legal action taken, to recover damages for "bodily injury", against a person or organization who is or may be legally liable.

Part F: General Provisions

Bankruptcy

Bankruptcy or insolvency of the "insured" shall not relieve us of any obligations under this policy.



Alfa Specialty Insurance Corporation
Changes

- A. This policy contains all the agreements between you and us. Its terms may not be changed or waived except by endorsement issued by us.
- B. If there is a change to the information used to develop the policy premium, we may adjust your premium. Changes during the policy term that may result in a premium increase or decrease include, but are not limited to, changes in:
 - 1. The number, type or use classification of insured vehicles;
 - 2. Operators using insured vehicles;
 - 3. The place of principal garaging of insured vehicles;
 - 4. Coverage, deductible, or limits.

If a change resulting from **A.** or **B.** requires a premium adjustment, we will make the premium adjustment in accordance with our rules, as outlined in our manuals.

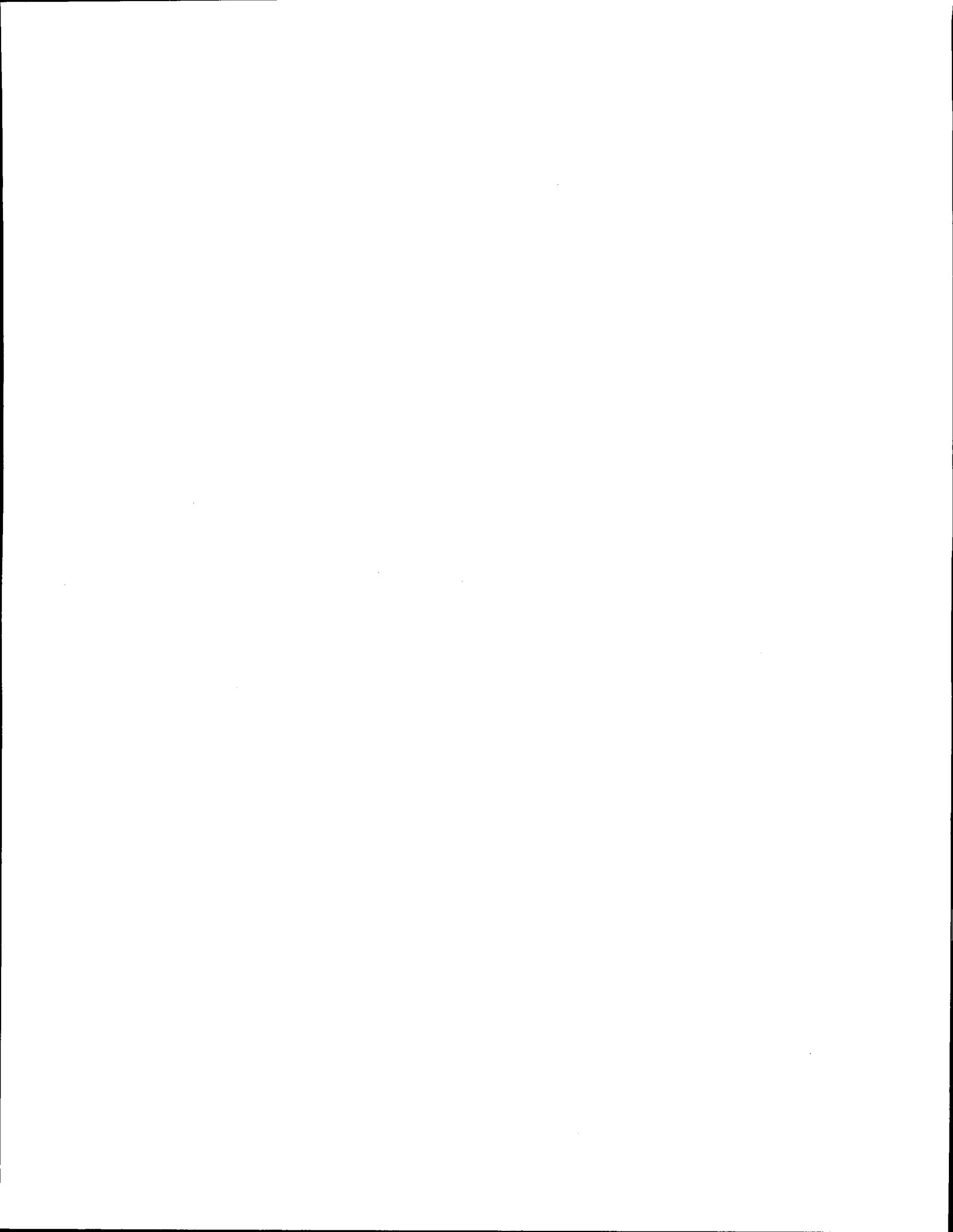
- C. If we make a change which broadens coverage under this edition of your policy without additional premium charge, that change will automatically apply to your policy as of the date we implement the change in your state. This paragraph (**C.**) does not apply to changes implemented with a general program revision that includes both broadening and restrictions in coverage, whether that general program revision is implemented through introduction of:
 - 1. A subsequent edition of your policy; or
 - 2. An Amendatory Endorsement.

Fraud

We do not provide coverage for any person seeking coverage who has made fraudulent statements or engaged in fraudulent conduct in connection with any accident or loss. This provision does not apply to Part A – Liability Coverage.

Legal Action against Us

- A. No legal action may be brought against us until there has been full compliance with all the terms of this policy. In addition, under Part A, no legal action may be brought against us until:
 - 1. We agree in writing that the "insured" has an obligation to pay; or
 - 2. The amount of that obligation has been finally determined by judgment after trial.
- B. No person or organization has any right under this policy to bring us into any action to determine the liability of an "insured".



Alfa Specialty Insurance Corporation
Our Right To Recover Payment

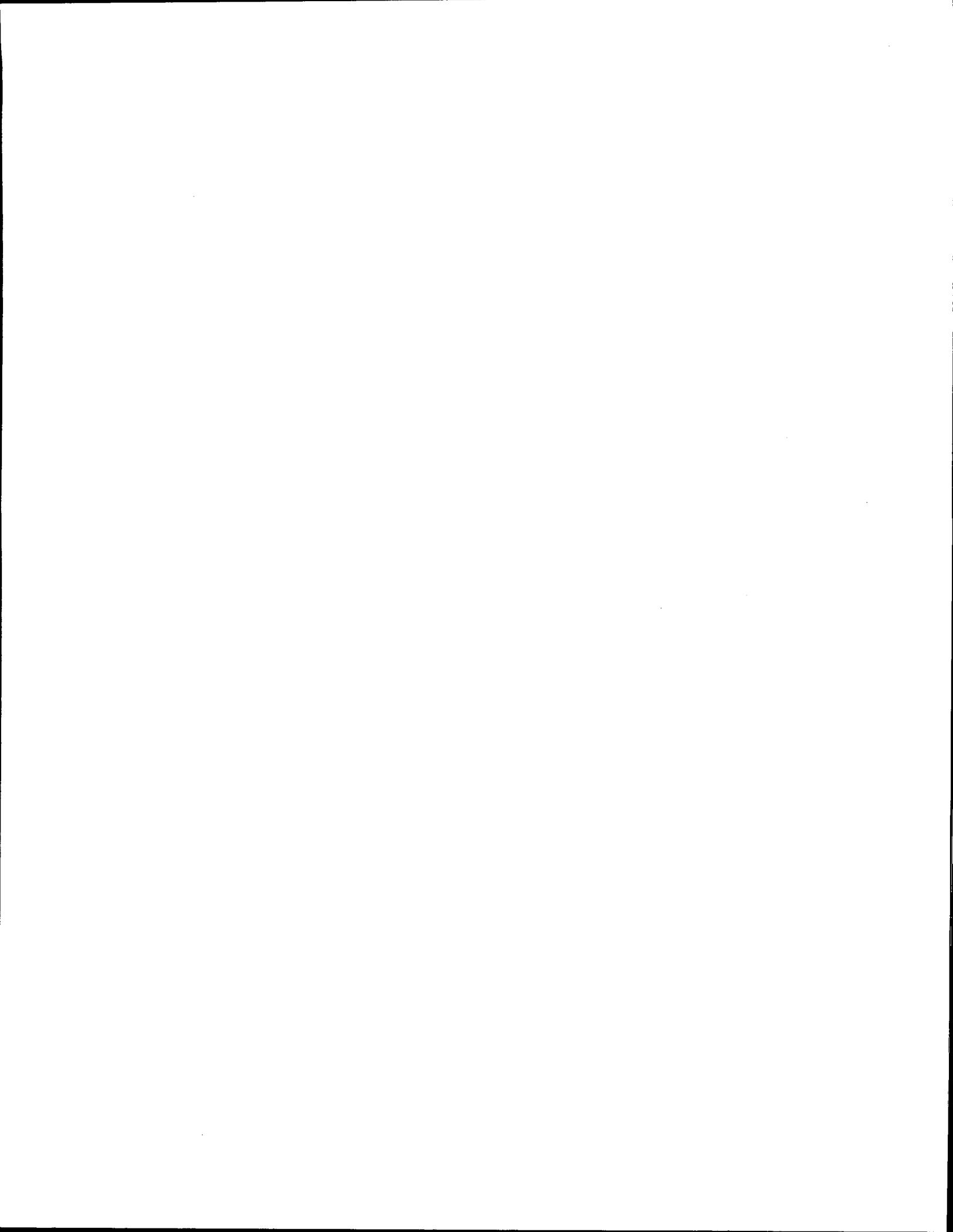
- A. 1. If we make a payment under this policy and the person to or for whom payment was made has a right to recover damages from another we shall be subrogated to that right. That person shall do:
- a. whatever is necessary to enable us to exercise our rights; and
 - b. nothing after loss to prejudice them.
- However, our right to recover damages does not arise until the insured has been made whole.
2. Our rights in this paragraph (A.1.) do not apply under Part D, against any person using "your covered auto" with a reasonable belief that that person is entitled to do so.
3. Our rights in this paragraph (A.1.) do not apply under Part G if we:
- a. have been given prompt written notice by certified mail, return receipt requested, of a tentative settlement between an "insured" and the insurer of an "underinsured motor vehicle"; and
 - b. fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a. that payment will be separate from any amount the "insured" is entitled to recover under the provisions of Part G; and
- b. we also have a right to recover the advanced payment. However, our right to recover payment does not arise until the insured has been made whole.

However, no notice of a tentative settlement is required if the "underinsured motor vehicle" is insured by us for liability coverage.

4. Under Part H:
- a. This provision does not apply to accidental death.
 - b. Paragraph A.1. of this provision is replaced by the following:
If we make a payment under this coverage and the person to or for whom payment was made has a right to recover damages from another that person shall:
(1) hold in trust for us such rights of recovery;



Alfa Specialty Insurance Corporation

- (2) do nothing after loss to prejudice them;
- (3) do whatever is necessary to secure these rights; and
- (4) execute and deliver to us any instruments and papers as may be appropriate to secure that person's and our rights.

However, our right to recover damages does not arise until the insured has been made whole.

- B. 1.** If we make a payment under this policy and the person to or for whom payment is made recovers damages from another, that person shall:

- a. hold in trust for us the proceeds of the recovery; and
- b. reimburse us to the extent of our payment.

However, our right to recover damages does not arise until the insured has been made whole.

- 2.** Under Part H, we will have a lien against the proceeds of the recovery. We may give notice of the lien to:

- a. the person or organization causing "bodily injury";
- b. that person's agent or insurer; or
- c. a court having jurisdiction in the matter.

Policy Period and Territory

- A.** This policy applies only to accidents and losses which occur:

- 1. During the policy period as shown in the Declarations; and
- 2. Within the policy territory.

- B.** The policy territory is:

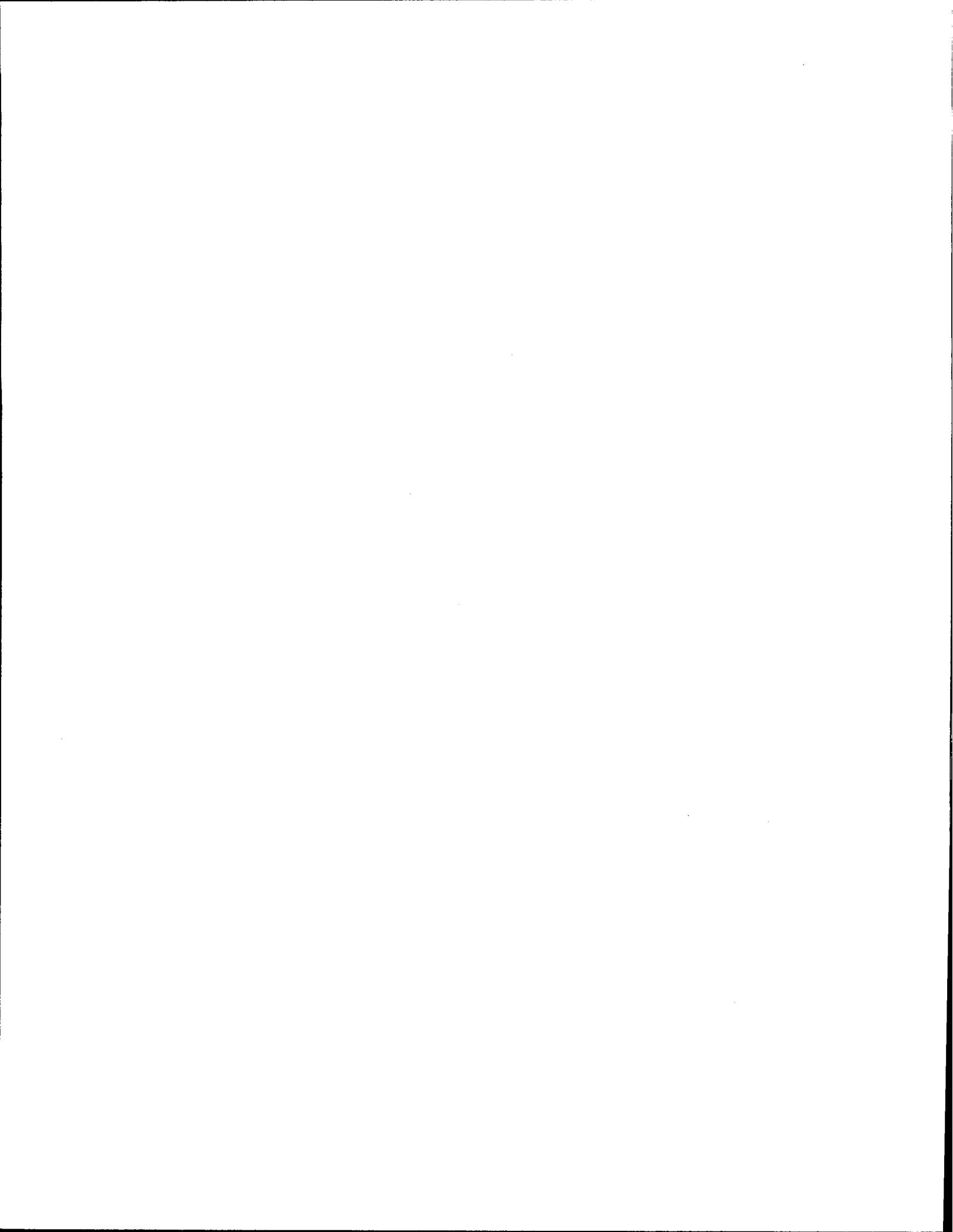
- 1. The United States of America, its territories or possessions;
- 2. Puerto Rico; or
- 3. Canada.

This policy also applies to loss to, or accidents involving, "your covered auto" while being transported between their ports.

Termination

Cancellation. This policy may be canceled during the policy period as follows:

- 1. The named insured shown in the Declarations may cancel by:
 - a. returning this policy to us; or
 - b. giving us advance written notice of the date cancellation is to take effect.
- 2. We may cancel by mailing to the named insured shown in



Alfa Specialty Insurance Corporation

the Declarations at the address shown in this policy:

- a. at least 10 days notice if cancellation is for nonpayment of premium; or
 - b. at least 20 days notice in all other cases.
3. After this policy is in effect for 60 days, or if this is a renewal or continuation policy, we will cancel only:
- a. for nonpayment of premium; or
 - b. if your driver's license or that of:
 - (1) any driver who lives with you; or
 - (2) any driver who customarily uses "your covered auto" has been suspended or revoked. This must have occurred:
 - (1) during the policy period; or
 - (2) since the last anniversary of the original effective date if the policy period is other than 1 year.
 - c. if the policy was obtained through material misrepresentation.

Non-renewal. If we decide not to renew or continue this policy, we will mail notice to the named insured shown in the Declarations at the address shown in this policy. Notice will be mailed at least 30 days before the end of the policy period. If the policy period is:

1. Less than 1 year, we will have the right not to renew or continue this policy at the end of the policy period.
2. 1 year or longer, we will have the right not to renew or continue this policy at each anniversary of its original effective date.

Automatic Termination. If we offer to renew or continue and you or your representative do not accept, this policy will automatically terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.

If you obtain other insurance on "your covered auto", any similar insurance provided by this policy will terminate as to that auto on the effective date of the other insurance.

Alfa Specialty Insurance Corporation

Other Termination Provisions.

1. We may deliver any notice instead of mailing it. Proof of mailing of any notice shall be sufficient proof of notice.
2. If this policy is canceled, you may be entitled to a premium refund. If so, we will send you the refund. If we cancel, we will refund you the pro rata unearned premium. If you cancel, we will refund you 90% of the pro rata unearned premium. However, we will refund you the full pro rata unearned premium if:
 - a. you cancel this policy because:
 - (1) you have disposed of "your covered auto", and you insure another auto with us under a new policy, to become effective within 30 days of the effective date of cancellation of this policy; or
 - (2) "your covered auto" has been repossessed under the terms of a financing agreement; or
 - (3) you are entering the armed forces of the United States of America; or
 - (4) "your covered auto" was stolen or destroyed, and you request cancellation:
 - (a) within 30 days following the date "your covered auto" was stolen or destroyed; or
 - (b) within 15 days of the time we determined "your covered auto" was destroyed, or if stolen, to be unrecoverable.
 - b. you cancel this policy but there remains in force with us a policy in your name insuring another auto.
 - c. this policy is written for a term of greater than one year and you cancel the policy after it has been in effect for one year.

Making or offering to make the refund is not a condition of cancellation.

3. The effective date of cancellation stated in the notice shall become the end of the policy period.
4. If your policy cancels, for any reason, partial payment(s) will not reinstate or extend your policy coverage beyond the effective date of the cancellation. If your policy has expired and a renewal has been offered we will not accept partial payment(s) for said renewal to extend coverage.

Transfer of Your Interest in This Policy

- A. Your rights and duties under this policy may not be assigned

Alfa Specialty Insurance Corporation

without our written consent. However, if a named insured shown in the Declarations dies, coverage will be provided for:

1. The surviving spouse if resident in the same household at the time of death. Coverage applies to the spouse as if a named insured shown in the Declarations; and
2. The legal representative of the deceased person as if a named insured shown in the Declarations. This applies only with respect to the representative's legal responsibility to maintain or use "your covered auto".

B. Coverage will only be provided until the end of the policy period.

Two or More Auto Policies

If this policy and any other auto insurance policy issued to you by us apply to the same accident, the maximum limit of our liability under all the policies shall not exceed the highest applicable limit of liability under any one policy.

Electronic Signatures

You and we agree that electronic signatures may be used and will satisfy any regulatory or other requirement for written signatures. When a law requires a signature or letter to be notarized, verified or acknowledged or made under oath, the electronic signature will satisfy this requirement if the signature of the person authorized to perform the service notarizing, verification, or acknowledgement is attached to or logically associated with the signature of record.

Part G: Underinsured Motorists Coverage

Insuring Agreement

A. We will pay compensatory damages which an "insured" is legally entitled to recover from the owner or operator of an "underinsured motor vehicle" where such coverage is indicated as applicable in the Declarations because of "bodily injury";

1. Sustained by an "insured"; and
2. Caused by an accident.

We will pay under this coverage only if 1. or 2. below applies:

1. The limits of liability under any applicable bodily injury liability bonds or policies have been exhausted by payment of judgements or settlements; or
2. A tentative settlement has been made between an "insured" and the insurer of the "underinsured motor vehicle" and we:

Alfa Specialty Insurance Corporation

- a. have been given prompt written notice by certified mail, return receipt requested, of such tentative settlement; and
- b. advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

However, if the owner or operator of the "underinsured motor vehicle" is insured by us for liability coverage, this provision (2.) shall not apply, and an "insured" may proceed with his or her claim for damages under this coverage anytime after settlement of that "insured's" claim for damages under the liability coverage applicable to the owner or operator of the "underinsured motor vehicle".

If a duly licensed automobile dealer provides a vehicle to you or a "family member" for use as a temporary substitute for any other vehicle described in the definition of "your covered auto" while it is out of normal use because of its breakdown, repair or servicing, coverage shall extend to such loaned vehicle only to the extent of the coverage provided, if any, to the automobile being repaired or serviced.

B. "Insured" as used in this endorsement means:

1. you or any "family member".
2. any other person "occupying" "your covered auto".
3. any person for damages that person is entitled to recover because of "bodily injury" to which this coverage applies sustained by a person described in 1. or 2. above.

C. "Underinsured motor vehicle" means a land motor vehicle or trailer of any type to which a bodily injury liability bond or policy applies at the time of the accident but the amount paid for "bodily injury" under that bond or policy to an "insured" is not enough to pay the full amount the "insured" is legally entitled to recover as damages.

However, "underinsured motor vehicle" does not include any vehicle or equipment:

1. To which a bodily injury liability bond or policy applies at the time of the accident but its limit for bodily injury liability is less than the minimum limit for bodily injury liability specified by the financial responsibility law of Arkansas.
2. Owned by or furnished or available for the regular use of you or any "family member".
3. Owned by any governmental unit or agency.
4. Operated on rails or crawler treads.

Alfa Specialty Insurance Corporation

5. Designed mainly for use off public roads while not on public roads.
6. While located for use as a residence or premises.
7. Owned or operated by a person qualifying as a self-insurer under any applicable motor vehicle law.
8. To which a bodily injury liability bond or policy applies at the time of the accident but the bonding or insuring company:
 - a. denies coverage; or
 - b. is or becomes insolvent

Exclusions

- A. We do not provide Underinsured Motorists Coverage for "bodily injury" sustained:
 1. By an "insured" while "occupying", or when struck by, any motor vehicle owned by that "insured" which is not insured for this coverage under this policy. This includes a trailer of any type used with that vehicle.
 2. By any "family member" while "occupying", or when struck by, any motor vehicle you own which is insured for this coverage on a primary basis under any other policy.
 3. While "your covered auto" is operated by a "family member" or any other resident of your household who is not listed as a driver or operator on the application or in the Declarations.
- B. We do not provide Underinsured Motorists Coverage for "bodily injury" sustained by any "insured":
 1. While "occupying" "your covered auto" when it is being used as a public or livery conveyance. This exclusion (B.1.) does not apply to a share-the-expense car pool.
 2. Using a vehicle without a reasonable belief that that "insured" is entitled to do so. Without limiting this exclusion, any "insured" operating a motor vehicle without a valid, in force, operator's license or permit cannot reasonably believe that he or she is entitled to operate a motor vehicle.
 3. While "occupying" any vehicle when rented to others or while being used to carry persons or property for compensation or a fee, including, but not limited to, delivery of magazines, mail, newspapers, pizza, other types of food, or any other products. This exclusion (B.3.) does not apply to share-the-expense car pools.
 4. While "occupying" any motorized vehicle having more or

Alfa Specialty Insurance Corporation
less than four wheels.

5. While "occupying" any vehicle located for use as a residence or premises.
 6. While "occupying" a vehicle when it is being used in the "business" of an "insured". This exclusion (6.) does not apply to "bodily injury" sustained while "occupying":
 - a. a private passenger auto;
 - b. a pickup or van that you own; or
 - c. a "trailer" used with a vehicle described in a. or b. above.
 7. While "occupying" any vehicle located inside a facility designed for racing, for the purpose of:
 - a. competing in; or
 - b. practicing or preparing for; any prearranged or organized racing or speed contest.
 8. Which is caused by the spouse or a "family member" of the injured "insured".
- C. This coverage shall not apply directly or indirectly to benefit any insurer or self-insurer under any of the following or similar law:
1. Workers' compensation law; or
 2. Disability benefits law.
- D. We do not provide Underinsured Motorists Coverage for punitive or exemplary damages which are imposed to:
1. Punish a wrongdoer; and
 2. Deter others from similar conduct

Limit of Liability

- A. With respect to the Underinsured Motorists Coverage indicated as applicable in the Declarations for damages caused by an accident with an "underinsured motor vehicle":
1. The limit of Bodily Injury Liability shown for each person is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of "bodily injury" sustained by any one person in any one accident.
 2. Subject to this limit for each person, the limit of Bodily Injury Liability shown for each accident is our maximum limit of liability for all damages for "bodily injury" resulting from any one accident.

The limits of liability applicable to Underinsured Motorists Coverage are the most we will pay regardless of the number

Alfa Specialty Insurance Corporation

of:

1. "Insureds";
 2. Claims made;
 3. Vehicles or premiums shown in the Declarations; or
 4. Vehicles involved in the accident.
- B. No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and Part A, Part B, Part C or Part H of this policy.
- C. We will not pay for any element of loss if an "insured" is entitled to receive payment for the same element of loss under any of the following or similar laws:
1. Workers' compensation law; or
 2. Disability benefits law
- D. We will not make a duplicate payment under this coverage for any element of loss for which payment has been made by or on behalf of persons or organizations who may be legally responsible.

Other Insurance

If there is other applicable insurance available under one or more policies or provisions of coverage:

1. Any recovery for damages under all such policies or provisions of coverage may equal but not exceed the highest applicable limit for any one vehicle under any insurance providing coverage on either a primary or excess basis.
2. Any insurance we provide with respect to a vehicle you do not own shall be excess over any collectible insurance providing coverage on a primary basis.
3. If the coverage under this policy is provided:
 - a. on a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on a primary basis.
 - b. on an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on an excess basis.
4. However, if a duly licensed automobile dealer provides a

Alfa Specialty Insurance Corporation
vehicle to you or a "family member":

- a. for use as a temporary substitute while "your covered auto" is out of normal use because of its breakdown, repair or servicing; or
 - b. to demonstrate the vehicle;
- then we will provide primary insurance.

Arbitration

A. If we and an "insured" do not agree:

1. Whether that "insured" is legally entitled to recover damages; or
2. As to the amount of damages which are recoverable by that "insured";

from the owner or operator of an "uninsured motor vehicle" then the matter may be arbitrated. However, disputes concerning coverage under this Part may not be arbitrated.

Arbitration will take place only if both we and the "insured" agree, voluntarily, to have the matter arbitrated. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction.

B. Any decision of the arbitrators will not be binding on either party.

C. Each party will:

1. Pay the expenses it incurs; and
2. Bear the expenses of the third arbitrator equally.

D. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to procedure and evidence will apply.

Additional Duties

A person seeking coverage under this Part must also promptly:

1. Send us copies of the legal papers if a suit is brought; and
2. Notify us in writing by certified mail, return receipt requested, of a tentative settlement between the "insured" and the insurer of the "underinsured motor vehicle" and allow us 30 days to advance payment to that "insured" in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such "underinsured motor vehicle".

However, if the owner or operator of the "underinsured motor vehicle" is insured by us for liability coverage, this

Alfa Specialty Insurance Corporation

provision (2.) shall not apply, and an "insured" may proceed with his or her claim for damages under this coverage anytime after settlement of that "insured's" claim for damages under this coverage anytime after settlement of that "insured's" claim for damages under the liability coverage applicable to the owner or operator of the "underinsured motor vehicle".

Written notice of a tentative settlement must include

- a. written documentation of monetary losses incurred, including copies of all medical bills;
- b. written authorization or a court order authorizing us to obtain medical reports from all employers and medical providers; and
- c. written confirmation from the insurer of the "underinsured motor vehicle" of the Liability Coverage limits of the owner or operator of the "underinsured motor vehicle".

Part H: Personal Injury Protection Coverage

Insuring Agreement

- A. We will pay personal injury protection benefits to or for an "insured" who sustains "bodily injury". The "bodily injury" must:
1. Be caused by an accident; and
 2. Arise out of the maintenance or use of a "motor vehicle" as a "motor vehicle".

We will only pay those benefits for which either the word included, or a specific premium, is shown in the Declarations.

If a duly licensed automobile dealer provides a "motor vehicle" to the "named insured" or a "family member" for use as a temporary substitute for any other "your covered auto" while it is out of normal use because of its:

1. Breakdown;
2. Repair; or
3. Servicing;

personal injury protection benefits shall extend to such loaned "motor vehicle" only to the extent of the coverage provided, if any, to the "your covered auto" being repaired or serviced.

- B. Subject to the limits shown in the Declarations, personal injury protection benefits consist of the following:
1. **Medical payments.** All reasonable and necessary expenses incurred within 2 years from the date of the accident for:

Alfa Specialty Insurance Corporation

- a. Medical, hospital, x-ray, professional nursing, dental, surgical, ambulance, prosthetic and funeral expenses; and
- b. Any non-medical remedial care and treatment rendered in accordance with a recognized religious method of healing.

Medical payments do not include expenses in excess of those required for a semi-private room, unless more intensive care is required.

2. Work loss.

- a. If an "insured" is an income earner, loss of income from work that "insured" would have performed had he not sustained "bodily injury".
- b. If an "insured" is a non-income earner, expenses reasonably incurred in obtaining ordinary and necessary services instead of those that "insured" would have performed, without income and for the benefit of himself or his family, had he not sustained "bodily injury".

Work loss applies only to the period beginning 8 days after the date of the accident and not exceeding 52 weeks. However, work loss does not include any loss or expenses after the death of an "insured".

- 3. **Accidental death.** A death benefit paid if "bodily injury" resulting from the accident causes the death of an "insured" within 1 year from the date of the accident. The "bodily injury" must be the sole cause of death.

Definitions

The following definitions are used in this Part only:

- 1. "Occupying" means:
 - a. in or upon
 - b. entering into; or
 - c. alighting from.
- 2. With respect to medical payments "your covered auto" means a "motor vehicle" shown in the Declarations to which medical payments apply. This includes:
 - a. a "private passenger auto" not owned by the "named insured" while used as a temporary substitute for "your covered auto" which is out of normal use because of its:
 - (1) Breakdown; (4) Loss; or
 - (2) Repair; (5) Destruction.

64

Alfa Specialty Insurance Corporation

(3) Servicing;

- b. a trailer designed for use with a "private passenger auto" provided such trailer is not being used for business purposes with another type vehicle.
3. With respect to work loss and accidental death, "your covered auto" means a "private passenger motor vehicle" shown in the Declarations to which work loss or accidental death applies. This includes:
- a. A "private passenger auto" not owned by the "named insured" while used as a temporary substitute for "your covered auto" which is out of normal use because of its:
 - (1) Breakdown;
 - (2) Repair;
 - (3) Servicing;
 - (4) Loss; or
 - (5) Destruction.
 - b. a trailer designed for use with a "private passenger auto" provided such trailer is not being used for business purposes with another type vehicle.
4. "Motor vehicle" means a land motor vehicle, trailer or semi trailer. However, "motor vehicle" does not include a:
- a. Farm tractor or other equipment, designed for use mainly off public roads, while not upon public roads.
 - b. Vehicle operated upon rails or crawler treads; or
 - c. Vehicle located for use as a residence or premises.
5. "Named insured" means the person named in the Declarations.
6. "Pedestrian" means any person who is not "occupying" any vehicle other than a:
- a. motorcycle; or
 - b. vehicle operated by human or animal power.
7. "Private passenger auto" means a "motor vehicle" which is a:
- a. private passenger;
 - b. station wagon; or
 - c. jeep type; automobile.
8. "Private passenger motor vehicle" means a "motor vehicle" which is a:
- a. "private passenger auto".
 - b. pickup or van not customarily used for:
 - (1) occupational;

Alfa Specialty Insurance Corporation

(2) professional; or

(3) business

purposes, other than farming or ranching.

c. motorcycle.

However, "private passenger motor vehicle" does not include a "motor vehicle" used as a public livery conveyance for passengers.

9. "Insured" means:

a. the "named insured" or any "family member" who sustains "bodily injury" while:

(1) "occupying"; or

(2) a "pedestrian" struck by;
a "motor vehicle".

b. any other person who sustains "bodily injury":

(1) while:

(a) "occupying"; or

(b) a "pedestrian" struck by:
"your covered auto".

(2) while "occupying" a "motor vehicle" other than "your covered auto". The "bodily injury" must result from the:

(a) use of such "motor vehicle" by the "named insured";

(b) operation of such "motor vehicle" by the "named insured's" private chauffeur or domestic servant on behalf of the "named insured"; or

(c) use of such "motor vehicle" by any "family member" if the "motor vehicle" is a "private passenger auto" or trailer.

However, this provision (b.(2)) does not apply to work loss or accidental death.

Exclusions

A. We will not provide Personal Injury Protection Coverage for "bodily injury":

1. Sustained by any "insured" while:

a. operating "your covered auto" without the "named insured's" express or implied consent; or

b. not in lawful possession of "your covered auto".

2. Due to:

a. war (declared or undeclared);

Alfa Specialty Insurance Corporation

which is:

- a. owned by; or
 - b. furnished or available for the regular use of; the "named insured".
2. Any "family member" while "occupying" any "private passenger motor vehicle", other than "your covered auto", which is:
- a. owned by; or
 - b. furnished or available for the regular use of; the "named insured" or that "family member".
3. Any "family member" entitled to similar coverage as a named insured under another policy which provides personal injury protection benefits equal to or greater than those required by the Arkansas statutes.
4. Any "insured", other than the "named insured" or any "family member", entitled to similar coverage as a named insured or family member under another policy which provides personal injury protection benefits equal to or greater than those required by the Arkansas statutes.
- D. We will not provide coverage for medical payments for "bodily injury" sustained by:
1. The "named insured" while "occupying" any "motor vehicle", other than "your covered auto" which is:
 - a. owned by; or
 - b. furnished or available for the regular use of; the "named insured".
 2. Any "family member" while "occupying" any "motor vehicle", other than "your covered auto", which is:
 - a. owned by; or
 - b. furnished or available for the regular use of; the "named insured" or that "family member".
 3. Any "insured", other than the "named insured" or any "family member", while "occupying" any "motor vehicle" other than "your covered auto" which is:
 - a. owned by; or
 - b. furnished or available for the regular use of; the "named insured" or any "family member".
 4. Any "insured" while "occupying" "your covered auto" when it is being used as a public or livery conveyance unless such use is stated in the Declarations.
 5. Any "insured" other than the "named insured" or any

Alfa Specialty Insurance Corporation

"family member", while "occupying" any "motor vehicle" other than "your covered auto" when it is being used as a public or livery conveyance.

6. Any "insured" other than the "named insured" or any "family member":

a. while "occupying" any "motor vehicle", other than "your covered auto", while employed or otherwise engaged in the business or occupation of:

(1) selling; (4) storing; or

(2) repairing; (5) parking;

(3) servicing;

"motor vehicles".

b. Arising out of the maintenance or use of any "motor vehicle", other than "your covered auto" or a motorcycle by that "insured" while employed or otherwise engaged in any business or occupation not described in 6.a. This exclusion (6.b.) does not apply to "bodily injury" resulting from the operation or occupancy of a:

(1) "private passenger auto"; or

(2) trailer used with such "private passenger auto" or "your covered auto";

by the "named insured" or his private chauffeur or domestic servant.

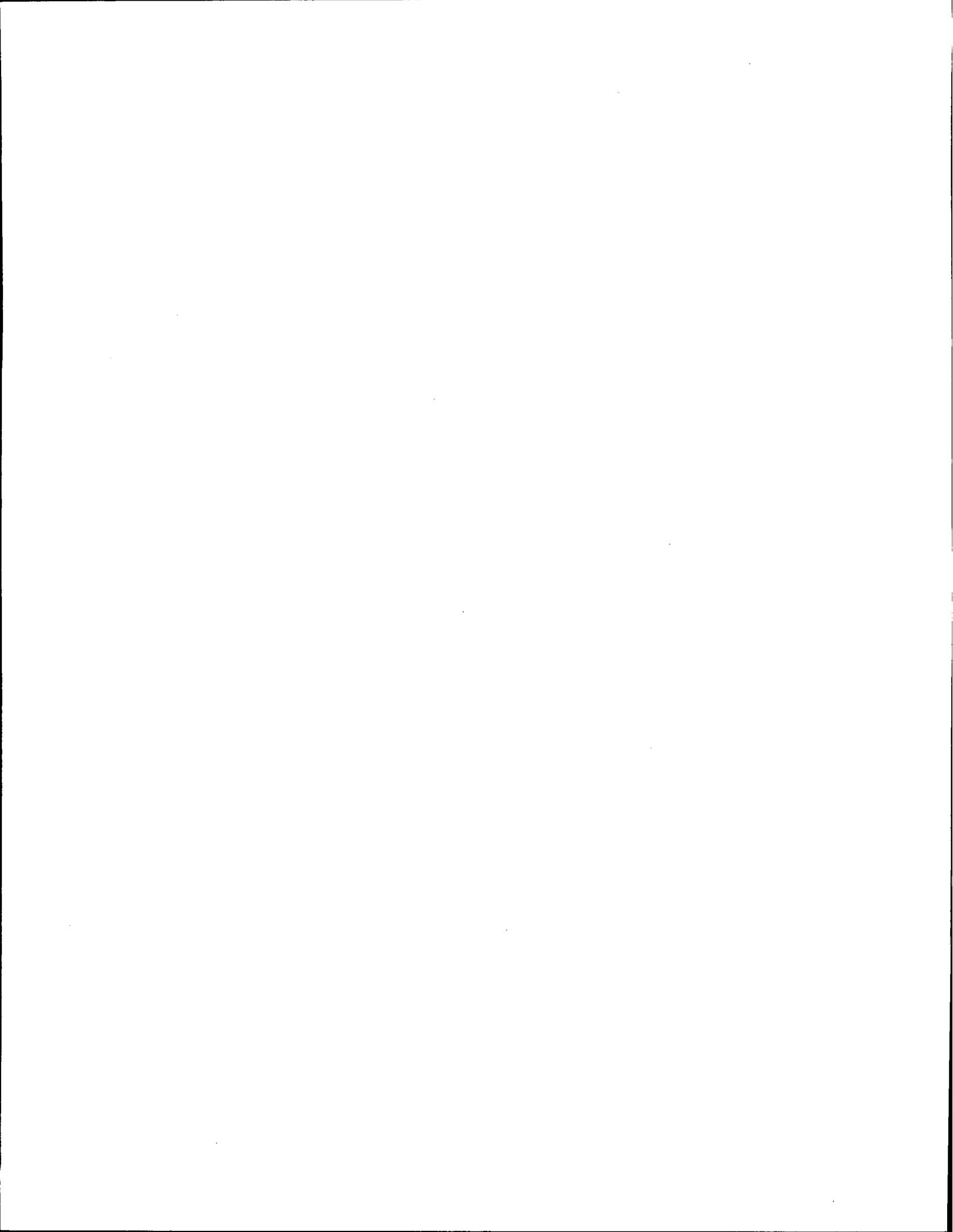
7. Any "insured" while "occupying" any "motor vehicle", other than "your covered auto", unless that "insured" has, or reasonably believes he has, the permission of the owner to use such "motor vehicle". Without limiting this exclusion, any "insured" operating a motor vehicle without a valid, in force, operator's license or permit cannot reasonably believe that he or she is entitled to operate a motor vehicle.

Payment of Benefits

We may pay medical payments or work loss to an "insured" or any person or organization rendering the services. Such payment shall reduce the amount payable under this coverage for "bodily injury" sustained by that "insured".

Coordination of Coverage

Any coverage provided by this endorsement for medical payments will replace any coverage afforded under Part B of this policy with respect to "your covered auto" which is registered or principally garaged in Arkansas.



Alfa Specialty Insurance Corporation

Limit of Liability

The limits of liability shown in the Declarations for Personal Injury Protection Coverage are the most we will pay each "insured" injured in any one "motor vehicle" accident, regardless of the number of:

1. "Insureds";
2. Policies or bonds applicable;
3. Claims made; or
4. "Your covered autos".

Other Insurance

- A. Any insurance we provide for medical payments:
1. With respect to "bodily injury" sustained by any "family member", shall be excess over any other collectible insurance available to that "family member" as a named insured under another motor vehicle insurance policy providing direct benefits without regard to fault.
 2. With respect to "bodily injury" sustained by an "insured", other than the "named insured" or any "family member", shall be excess over any other collectible similar insurance available to that "insured" as a named insured or family member under another "motor vehicle" insurance policy providing direct benefits without regard to fault.
- B. Except as provided in A. above, if there is other similar collectible insurance which provides coverage for medical payments, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.

However, if a duly licensed automobile dealer provides a "motor vehicle" to the "named insured" or a "family member":

1. For use as a temporary substitute while "your covered auto" is out of normal use because of its breakdown, repair or servicing; or
 2. To demonstrate the "motor vehicle";
- then we will provide primary insurance.
- C. No one shall be entitled to recover duplicate payments for medical payments for the same elements of loss.
- D. Any insurance we provide for work loss or accidental death shall be excess over any other collectible insurance available to:
1. An "insured", other than the "named insured" or any "family member", under another motor vehicle insurance policy. In this event, our maximum limit of liability will be

Alfa Specialty Insurance Corporation

the amount by which the applicable limit of liability shown in the Declarations exceeds the applicable limits of liability of all other insurance.

2. The "named insured" or any "family member" under any other "motor vehicle" insurance policy. In this event:
 - a. the maximum recovery under all policies shall not exceed the highest limit of liability under any one policy.
 - b. we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.

However, if a duly licensed automobile dealer provides a "motor vehicle" to the "named insured" or a "family member":

1. For use as a temporary substitute for any other "your covered auto" while it is out of normal use because of its breakdown, repair or servicing; or
 2. To demonstrate the "motor vehicle";
- then we will provide primary insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Non-Owner Coverage Endorsement

11 PA AR NO (1/05)

This endorsement applies only when the Declarations indicate form 11 PA AR NO (1/05) is applicable.

With respect to the individuals and coverages listed in the Declarations, the provisions of the policy apply unless modified by this endorsement.

Definitions

The Definitions Section is amended as follows:

- A. "You" and "your" refers only to the individual named in the Declarations.
- B. The definition of "your covered auto" is replaced by the following:

"Your covered auto" means any of the following types of vehicles on the date you become the owner:

 - a. a private passenger auto; or
 - b. a pickup or van that:
 - (1) has a gross vehicle weight of less than 10,000 lbs.; and
 - (2) is not used for the delivery or transportation of goods

71

Alfa Specialty Insurance Corporation

and materials unless such use is:

- (a) incidental to your "business" of maintaining or repairing furnishings or equipment; or
- (b) for farming or ranching.

This provision applies only:

- a. if you acquire the vehicle during the policy period; and
- b. for 30 days after you become the owner.

This insurance does not apply if other insurance applies with respect to newly acquired vehicles.

Part A: Liability Coverage

Part A is amended as follows:

- A. The definition of "insured" is amended by deleting reference to "family member".
- B. The Exclusion Section is amended as follows:
 - 1. The exception to Exclusion A.3. is replaced by the following:

This exclusion (A.3.) does not apply to "property damage" to a residence or private garage caused by a private passenger auto which is insured under this endorsement.
 - 2. Exclusions A.6. and A.7. are replaced by the following:

We do not provide Liability Coverage for any "insured" maintaining or using any vehicle in the "business" of that "insured". This exclusion does not apply to an auto operated or occupied by you.
 - 3. Exclusion B.2. is replaced by the following:

We do not provide Liability Coverage for the ownership, maintenance or use of any vehicle, other than "your covered auto", which is owned by you.
 - 4. Exclusion B.3. is replaced by the following:

We do not provide Liability Coverage for the ownership, maintenance or use of any vehicle, other than "your covered auto", which is owned by any "family member".

Part B: Medical Payments Coverage

Part B is amended as follows:

- A. The definition of "insured" is amended by deleting reference to "family member".
- B. Exclusion 8. is replaced by the following:

We do not provide Medical Payments Coverage for any "insured" for "bodily injury" sustained while "occupying" any vehicle used in the "business" of that "insured". This exclusion

Alfa Specialty Insurance Corporation

(8.) does not apply to a vehicle operated or occupied by you.

Part C: Uninsured Motorists Coverage

Uninsured Motorists Coverage is amended as follows:

- A. The definition of "insured" is amended by deleting reference to "family member".
- B. Item 3. in the definition of "uninsured motor vehicle" is amended as follows:
 - 3. Which is a hit-and-run vehicle whose operator or owner cannot be identified and which hits:
 - a. you;
 - b. a vehicle which you are "occupying"; or
 - c. "your covered auto."

Part G: Underinsured Motorists Coverage

Underinsured motorists coverage is amended as follows:

- A. The definition of "insured" is amended by deleting reference to "family member".

Part H: Personal Injury Protection Coverage

Personal Injury Protection Coverage is amended as follows:

- A. The definition of "insured" is amended by deleting reference to "family member".
- B. The definition of "your covered auto" is replaced by the following:

"Your covered auto" means any of the following types of vehicles on the date you become the owner:

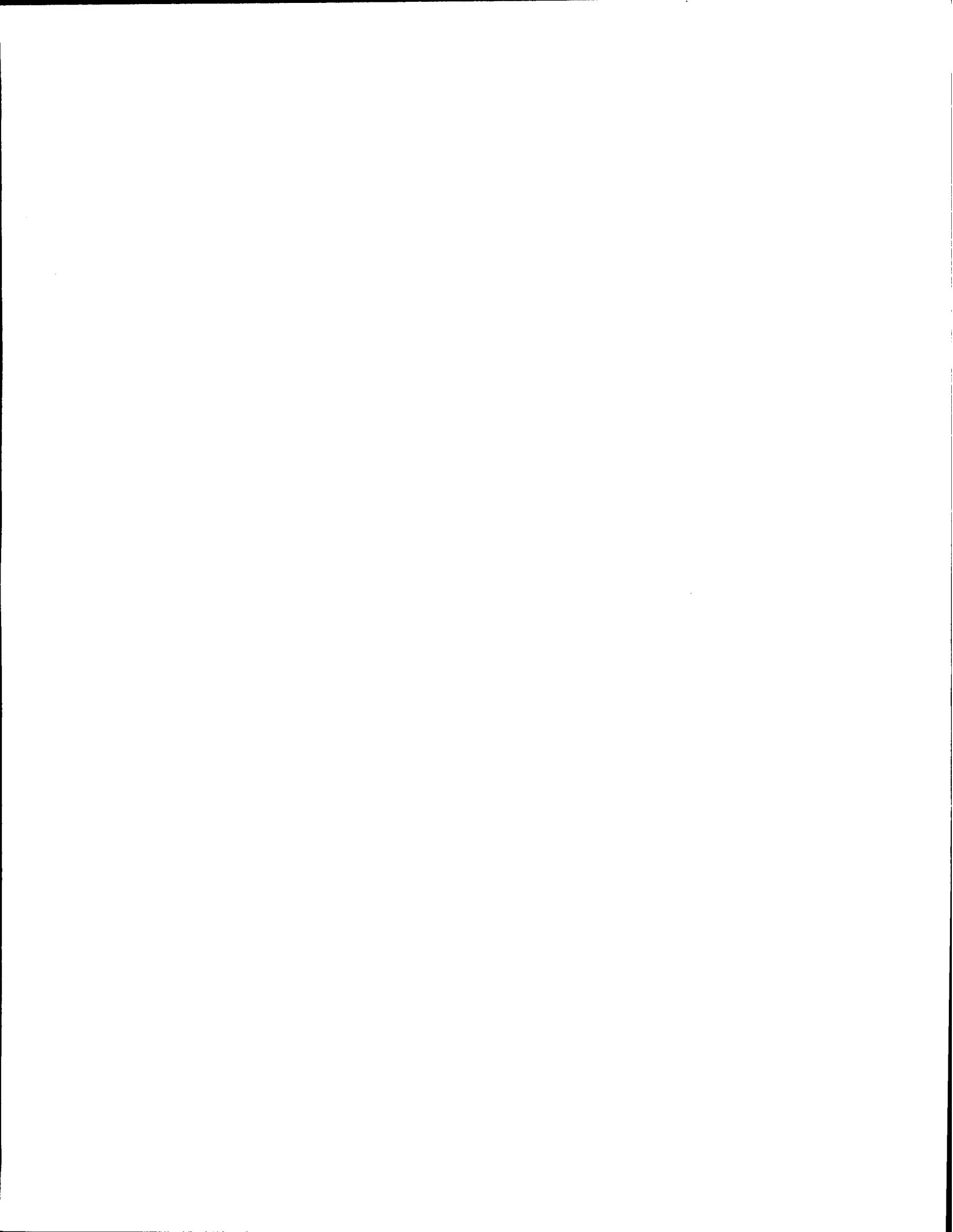
 - a. a private passenger auto; or
 - b. a pickup or van that:
 - (1) has a gross vehicle weight of less than 10,000 lbs.; and
 - (2) is not used for the delivery or transportation of goods and materials unless such use is:
 - (a) incidental to your "business" of maintaining or repairing furnishings or equipment; or
 - (b) for farming or ranching.

This provision applies only:

- a. if you acquire the vehicle during the policy period; and
- b. for 30 days after you become the owner.

This insurance does not apply if other insurance applies with respect to newly acquired vehicles.

- C. Exclusion D.6. is replaced by the following



Alfa Specialty Insurance Corporation

We will not provide coverage for medical payments for "bodily injury" sustained by any "insured" while "occupying" any vehicle used in the "business" of that "insured". This exclusion (8.) does not apply to a vehicle operated or occupied by you.

This endorsement applies only when the Declarations indicate Accidental Death Benefit Coverage is in effect.

This endorsement is not available if Personal Injury Protection coverage is selected on this policy.

Replacement Parts

00 AR PA RP (1/05)

IN THE REPAIR OF YOUR COVERED MOTOR VEHICLE UNDER THE PHYSICAL DAMAGE COVERAGE PROVISIONS OF THIS POLICY, WE MAY REQUIRE OR SPECIFY THE USE OF MOTOR VEHICLE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. THESE PARTS ARE REQUIRED TO BE AT LEAST EQUAL IN TERMS OF FIT, QUALITY, PERFORMANCE, AND WARRANTY TO THE ORIGINAL MANUFACTURER PARTS THEY REPLACE.

IMPORTANT NOTICE:

Privacy Notice

11 AL US PN (1/05)

**Alfa Specialty Insurance Corporation
The Vision Insurance Group**

We obtain most of our information from the application you complete and from your other transactions with us, our affiliates, or other agencies. We may get additional information from your motor vehicle records, a consumer credit bureau, insurance claims and other loss information reports, or medical reports. We may require additional information on your insured property, such as photographs. We do not disclose any non-public personal information about our customers or former customers, except as permitted by law. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. Our employees are instructed on their responsibilities and the importance of the confidentiality of personal information. We maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your personal information.

Consumer Information Section:

Arkansas Insurance Department; Consumer Services Division
1200 W 3rd Street, Little Rock, AR 72201-1904
Telephone 1-800-852-5494 or 501-371-2640

74

Alfa Specialty Insurance Corporation

2. Claims made;
 3. Vehicles or premiums shown in the Declarations; or
 4. Vehicles involved in the auto accident.
- B.** No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and Part B, Part C, Part G or Part H of this policy.

Out of State Coverage

If an auto accident to which this policy applies occurs in any state or province other than the one in which "your covered auto" is principally garaged, we will interpret your policy for that accident as follows:

- A.** If the state or province has:
1. A financial responsibility or similar law specifying limits of liability for "bodily injury" or "property damage" higher than the limit shown in the Declarations, your policy will provide the higher specified limit.
 2. A compulsory insurance or similar law requiring a nonresident to maintain insurance whenever the nonresident uses a vehicle in that state or province, your policy will provide at least the required minimum amounts and types of coverage.
- B.** No one will be entitled to duplicate payments for the same elements of loss.

Financial Responsibility

When this policy is certified as future proof of financial responsibility, this policy shall comply with the law to the extent required. You must reimburse us if we make a payment that we would not have made if this policy were not certified as proof of financial responsibility.

Other Insurance

1. If there is other applicable liability insurance, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.
2. Any insurance we provide for a vehicle you do not own shall be excess over any other collectible insurance. However, if a duly licensed automobile dealer provides a vehicle to you or a "family member":
 - a. for use as a temporary substitute while "your covered auto" is out of normal use because of its breakdown, repair or servicing; or
 - b. to demonstrate the vehicle;then we will provide primary insurance.

Alfa Specialty Insurance Corporation

Additional Interest

Liability coverage shall also apply to each additional interest named in the Declarations with respect to the "your covered auto" identified with that interest.

Coverage afforded to an additional interest is excess over any other valid and collectible insurance.

The designation of an additional interest shall not operate to increase our limits of liability and provides the additional interest with no greater rights than those of the "insured".

Part B: Medical Payments Coverage

Insuring Agreement

A. We will pay the usual and customary charge for reasonable expenses incurred for necessary medical and funeral services because of "bodily injury":

1. Caused by accident; and
2. Sustained by an "insured".

We will pay only those expenses incurred for services rendered within 2 years from the date of the accident.

If a duly licensed automobile dealer provides a vehicle to you or a "family member" for use as a temporary substitute for any other vehicle described in the definition of "your covered auto" while it is out of normal use because of its breakdown, repair or servicing, coverage shall extend to such loaned vehicle only to the extent of the coverage provided, if any, to the automobile being repaired or serviced.

B. "Insured" as used in this Part means:

1. You or any "family member":
 - a. While "occupying"; or
 - b. As a pedestrian when struck by;
a motor vehicle designed for use mainly on public roads or a trailer of any type.
2. Any other person while "occupying" "your covered auto".

Exclusions

We do not provide Medical Payments Coverage for any "insured" for "bodily injury":

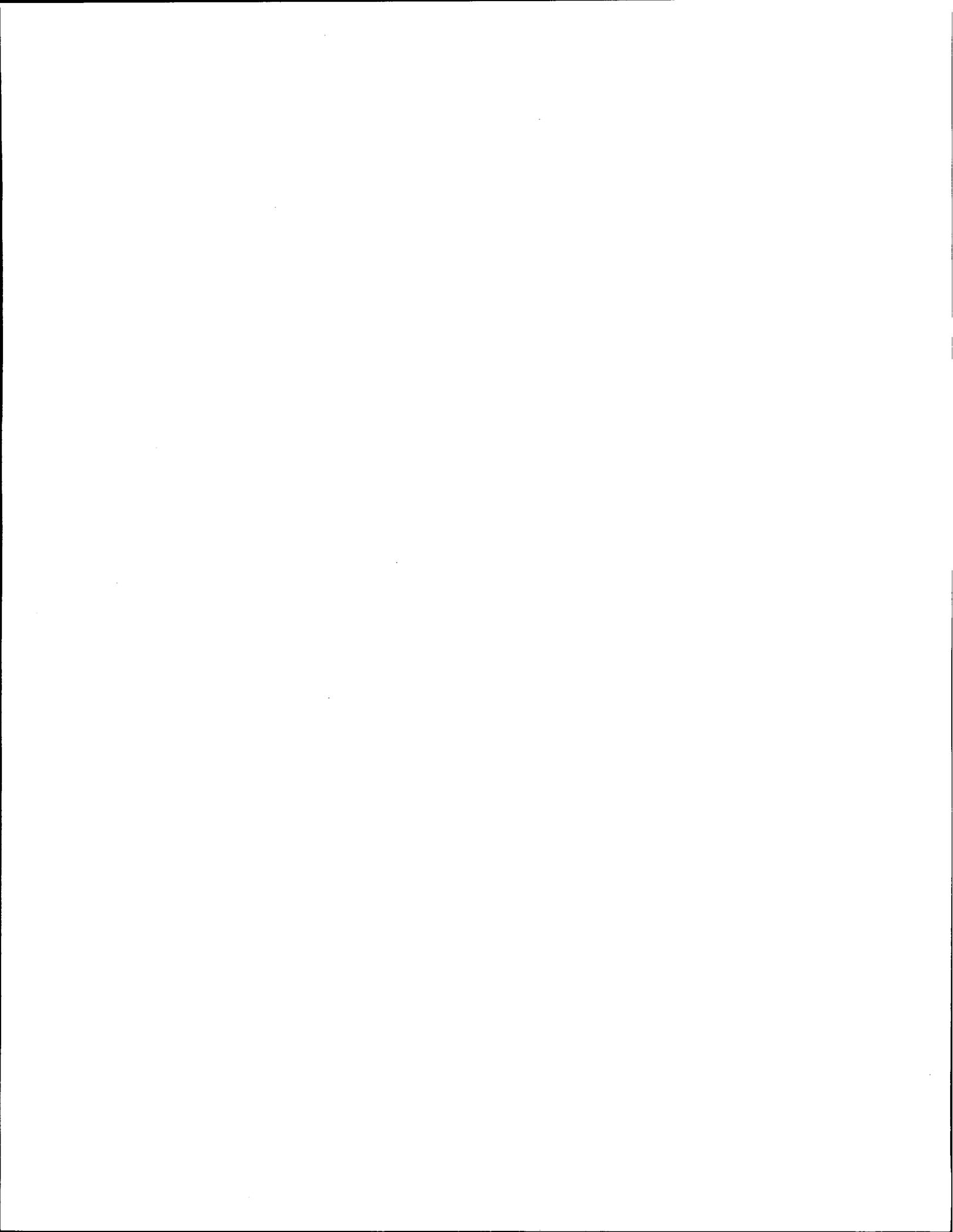
1. Sustained while "occupying" any motorized vehicle having more or less than four wheels.
2. Sustained while "occupying" "your covered auto" when it is being used as a public or livery conveyance. This exclusion (2.) does not apply to:
 - a. "Bodily injury" sustained by a passenger who is not

Alfa Specialty Insurance Corporation

11. Sustained while "occupying" any vehicle located inside a facility designed for racing, for the purpose of:
 - a. competing in; or
 - b. practicing or preparing for any prearranged or organized racing or speed contest.
12. Sustained while "occupying" any vehicle when rented to others or while being used to carry persons or property for compensation or a fee, including, but not limited to, delivery of magazines, mail, newspapers, pizza, other types of food, or any other products. This exclusion (12.) does not apply to shared expense car pools.
13. For which the United States Government is liable under the Federal Tort Claims Act.
14. Resulting from the intentional or criminal acts of an insured.
15. Caused by explosives, other than the fluids necessary for the operation of "your covered auto".
16. Sustained while "occupying" "your covered auto" without the express or implied permission of you or a "family member".
17. Sustained by you or a "family member" while "occupying" a non-owned vehicle without the express or implied permission of the owner.
18. Sustained while "occupying" "your covered auto" when operated by a "family member" or any other resident of your household who is not listed as a driver or operator on the application or in the Declarations.

Limit of Liability

- A. The limit of liability shown in the Declarations for this coverage is our maximum limit of liability for each person injured in any one accident. This is the most we will pay regardless of the number of:
 1. "Insureds";
 2. Claims made;
 3. Vehicles or premiums shown in the Declarations; or
 4. Vehicles involved in the accident.
- B. Any amounts otherwise payable for expenses under this coverage shall be reduced by any amounts paid or payable for the same expenses under Part A, Part C, Part G, or Part H of this policy.
- C. No payment will be made unless the injured person or that



Alfa Specialty Insurance Corporation

person's legal representative agrees in writing that any payment shall be applied toward any settlement or judgement that person receives under Part A, Part C, Part G or Part H of this policy.

Other Insurance

If there is other applicable auto medical payments insurance, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. Any insurance we provide with respect to a vehicle you do not own shall be excess over any other collectible auto insurance providing payments for medical or funeral expenses. However, if a duly licensed automobile dealer provides a vehicle to you or a "family member":

- a. for use as a temporary substitute while "your covered auto" is out of normal use because of its breakdown, repair or servicing; or
- b. to demonstrate the vehicle;

Then we will provide primary insurance.

Part C: Uninsured Motorists Coverage

Insuring Agreement

- A. We will pay compensatory damages which an "insured" is legally entitled to recover from the owner or operator of an "uninsured motor vehicle" where such coverage is indicated as applicable in the Declarations because of:
- 1. "Bodily injury" sustained by an "insured" and caused by an accident; and
 - 2. "Property damage" caused by an accident arising out of actual physical contact with "your covered auto".

The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the "uninsured motor vehicle".

Any judgment for damages arising out of a suit brought without our written consent is not binding on us.

If a duly licensed automobile dealer provides a vehicle to you or a "family member" for use as a temporary substitute for any other vehicle described in the definition of "your covered auto" while it is out of normal use because of its breakdown, repair or servicing, coverage shall extend to such loaned vehicle only to the extent of the coverage provided, if any, to the automobile being repaired or serviced.

- B. "Insured" as used in this Part means:

36



Alfa Specialty Insurance Corporation

1. You or any "family member".
 2. Any other person "occupying" "your covered auto".
 3. Any person for damages that person is entitled to recover because of "bodily injury" to which this coverage applies sustained by a person described in 1. or 2. above.
- C. "Property damage" as used in this endorsement means injury to or destruction of "your covered auto". However, "property damage" does not include:
1. Loss of use of "your covered auto".
 2. Damage to personal property contained in "your covered auto".
- D. "Uninsured motor vehicle" means a land motor vehicle or trailer of any type:
1. To which no liability bond or policy applies at the time of the accident.
 2. To which a liability bond or policy applies at the time of the accident. In this case its limit for liability must be less than the minimum limit for liability specified by the Arkansas Financial Responsibility Law.
 3. Which is a hit-and-run vehicle whose operator or owner cannot be identified and which hits:
 - a. you or any "family member";
 - b. a vehicle which you or any "family member" are "occupying"; or
 - c. "your covered auto".
 4. To which a liability bond or policy applies at the time of the accident but the bonding or insuring company:
 - a. denies coverage; or
 - b. is or becomes insolvent.

However, "uninsured motor vehicle" does not include any vehicle or equipment:

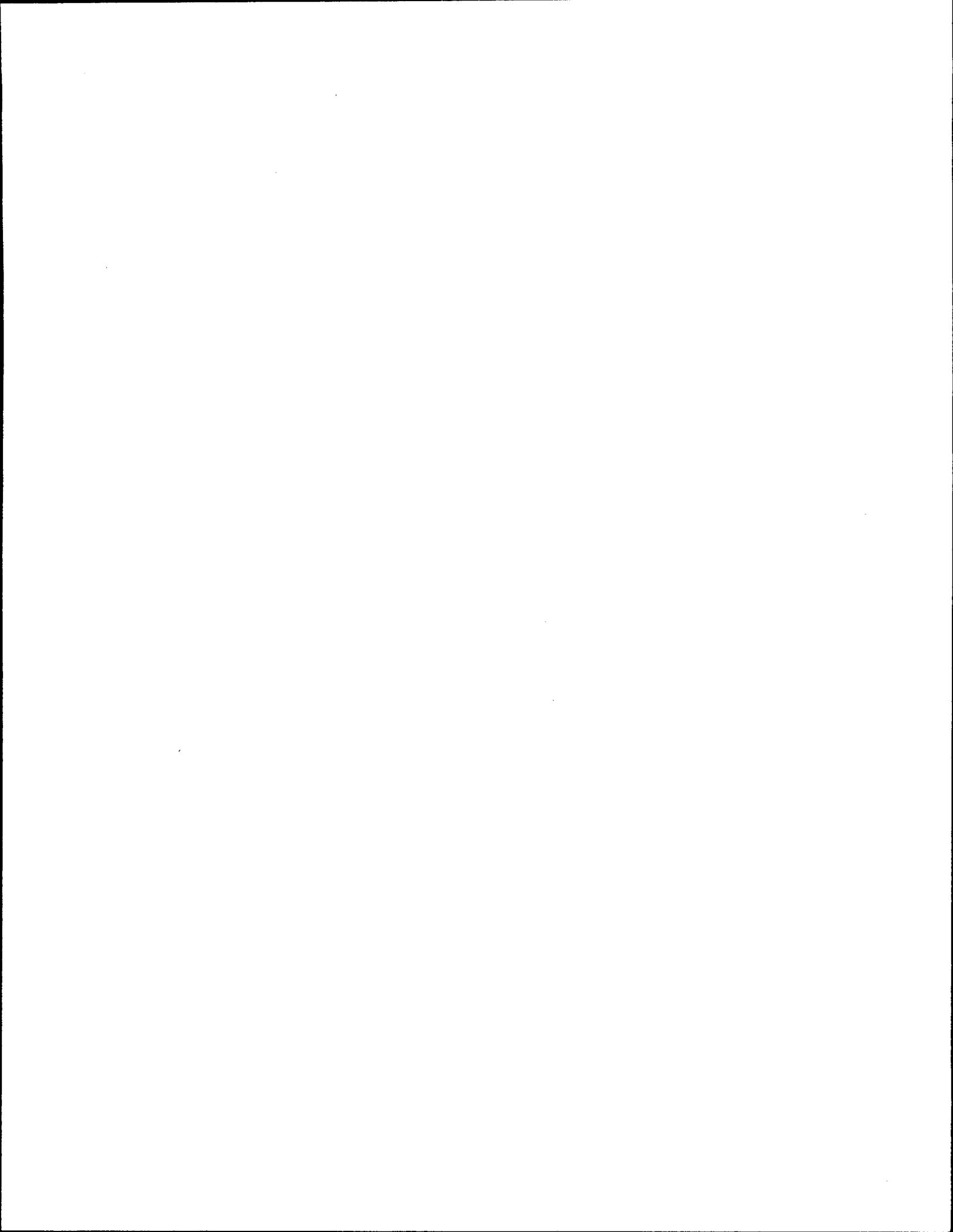
1. Owned by or furnished or available for the regular use of you or any "family member".
2. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer which is or becomes insolvent.
3. Owned by any governmental unit or agency.
4. Operated on rails or crawler treads.
5. Designed mainly for use off public roads while not on public roads.
6. While located for use as a residence or premises.



Alfa Specialty Insurance Corporation

Exclusions

- A. We do not provide Uninsured Motorists Coverage for "property damage" or "bodily injury" sustained:
1. By an "insured" while "occupying", or when struck by, any motor vehicle owned by that "insured" which is not insured for this coverage under this policy. This includes a trailer of any type used with that vehicle.
 2. By any "family member" while "occupying", or when struck by, any motor vehicle you own which is insured for this coverage on a primary basis under any other policy.
 3. While "your covered auto" is operated by a "family member" or any other resident of your household who is not listed as a driver or operator on the application or in the Declarations.
- B. We do not provide Uninsured Motorists Coverage for "property damage" or "bodily injury" sustained by any "insured":
1. If that "insured" or the legal representative settles the "bodily injury" or "property damage" claim without our consent.
 2. When "your covered auto" is being used as a public or livery conveyance. This exclusion (B.2.) does not apply to a share-the-expense car pool.
 3. Using a vehicle without a reasonable belief that that "insured" is entitled to do so. Without limiting this exclusion, any "insured" operating a motor vehicle without a valid, in force, operator's license or permit cannot reasonably believe that he or she is entitled to operate a motor vehicle.
 4. For the first \$200 of the amount of "property damage" to each of "your covered autos" as the result of any one accident. This exclusion (B.4.) does not apply if:
 - a. we insure "your covered auto" for both Collision and Property Damage Uninsured Motorists Coverage; and
 - b. the operator of the "uninsured motor vehicle" is positively identified and is solely at fault.
 5. While "occupying" any vehicle when rented to others or while being used to carry persons or property for compensation or a fee, including, but not limited to, delivery of magazines, mail, newspapers, pizza, other types of food, or any other product. This exclusion (A.5.) does not apply to share-the-expense car pools.
 6. While "occupying" any motorized vehicle having more or



Alfa Specialty Insurance Corporation
less than four wheels.

7. While "occupying" a vehicle located for use as a residence or premises.
 8. While "occupying" a vehicle when it is being used in the "business" of an "insured". This exclusion (8.) does not apply to "bodily injury" sustained while "occupying":
 - a. a private passenger auto;
 - b. a pickup or van that you own; or
 - c. a "trailer" used with a vehicle described in a. or b. above.
 9. While "occupying" any vehicle located inside a facility designed for racing, for the purpose of:
 - a. competing in; or
 - b. practicing or preparing for; any prearranged or organized racing or speed contest.
 10. Which is caused by the spouse or a "family member" of the injured "insured".
- C. This coverage shall not apply directly or indirectly to benefit:
1. Any insurer or self-insurer under any of the following or similar law:
 - a. workers' compensation law; or
 - b. disability benefits law.
 2. Any insurer of property.
- D. No payment will be made for loss paid or payable to the "insured" under Part D of this policy
- E. We do not provide Uninsured Motorists Coverage for punitive or exemplary damages which are imposed to:
1. Punish a wrongdoer; and
 2. Deter others from similar conduct.

Limit of Liability

- A. With respect to the Uninsured Motorists Coverage indicated as applicable in the Declarations for damages caused by an accident with an "uninsured motor vehicle":
1. The limit of Bodily Injury Liability shown for each person is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of "bodily injury" sustained by any one person in any one accident.
 2. Subject to this limit for each person, the limit of Bodily Injury Liability shown for each accident is our maximum

