

**ARKANSAS INSURANCE DEPARTMENT**  
**Risk Management Division**  
1 Commerce Way, Suite 504  
Little Rock, Arkansas 72202-2087  
Phone: (501) 371-2690 Fax: (501) 371-2842  
Email: [insurance.risk.management@arkansas.gov](mailto:insurance.risk.management@arkansas.gov)  
Website: [www.insurance.arkansas.gov](http://www.insurance.arkansas.gov)



## **AMAIT VEHICLE INSURANCE PROGRAM**

(2021-2022 Coverage Highlights)\*

### **General Policy Information**

1.  Liability coverage for named insureds **ONLY** on all owned or leased "autos."
2.  Excess liability coverage for the use of a personal vehicle by an employee of a named insured while on **Official Business Only**.
3.  Liability coverage: Combined single limit for Bodily Injury and Property Damage
  - i. Option I: \$250,000 In-State / \$5,000,000 Out-of-State
  - ii. Option II: \$1,000,000 In-State / \$5,000,000 Out-of-State
4.  Uninsured and Underinsured Motorist Bodily Injury Coverage - \$250,000.
5.  Uninsured and Underinsured Motorist Physical Damage Coverage – Not Provided.
6.  Physical Damage Coverage, on actual cash value basis, applies only to those vehicles with premium indicated on the schedule.
7.  Medical Payments - \$5,000 Medical Payment coverage per passenger.
8.  Recommend for all Out-of-State travel: the use of public transportation as opposed to owned, hired, or employee owned "autos".

### **Deductibles for Physical Damage (*Comprehensive and Collision*)**

9.  Comprehensive - \$500 per vehicle per occurrence.
10.  Collision - \$1,000 per vehicle per occurrence.

### **Rental Vehicles (less than 30 days)**

11.  Recommend purchase of Liability, Comprehensive and Collision damage insurance from the vendor for rented "autos" used for all travel.
12.  Contact DFA-OSP for information - State Rental Vehicle contract. (501) 324-9316; which includes full insurance.
13.  Automatic Liability Coverage for rented "autos" official business only.
14.  Excess Liability Coverage when the rental vehicle is in the name of the individual but for **OFFICIAL BUSINESS USE ONLY**.
15.  Comprehensive and Collision Damage coverage is available - \$25/day per vehicle. \$75,000 maximum limit of Insurance.

### **Leased Vehicles or Loaned Vehicles from Third Party Entities**

16.  Must be listed on the vehicle schedule to be covered for liability and physical damage. Recommend insurable interest by contract.

### **Mobile Equipment**

17.  Liability coverage will only apply to specifically scheduled mobile equipment.
18.  Liability coverage does not apply to "Bodily Injury" or "Property Damage" resulting from the operation of any machinery that is on, attached to, or part of any of above referenced mobile equipment.

### **Trailers**

19.  Liability Coverage for a trailer with a load capacity of 2,000 lbs. **or less** is provided by the towing vehicle.
20.  Auto Physical Damage (APD) Coverage is available on trailers with a 2,000 lb. or less load capacity.
21.  Trailers with a load capacity of **more** than 2,000 lbs., **must** be scheduled for liability, and may be scheduled for optional APD.

### **Risk Management Services Provided**

22.  Driver Improvement Training available at no cost. Contact @ (501) 371-2690
23.  State of Arkansas Vehicle Safety Program. See form at [https://insurance.arkansas.gov/uploads/pages/vsp\\_january\\_2018.pdf](https://insurance.arkansas.gov/uploads/pages/vsp_january_2018.pdf)
24.  This program strictly adheres to State Purchasing laws administered by TSS – Office of State Procurement. In accordance with TSS instructions, this program complies with mandated requirements that insurance contracts be competitively bid on a periodic basis. (**State Bid No. SP-18-0086**)

### **Changes or Deletions**

25.  Request to Add Vehicles form must be completed and submitted to Risk Management to add coverage for any newly-purchased or leased vehicles. See forms at [https://insurance.arkansas.gov/uploads/pages/state\\_agency\\_vehicle\\_add\\_form\\_2020.pdf](https://insurance.arkansas.gov/uploads/pages/state_agency_vehicle_add_form_2020.pdf)
26.  VIN Changes and deletions must be submitted on a current Vehicle Schedule. To request a change or deletion, circle VIN number, make change or write "Delete", sign, date and return revised vehicle schedule to Risk Management via **fax: (501) 371-2842** or **email: [insurance.risk.management@arkansas.gov](mailto:insurance.risk.management@arkansas.gov)**.

\_\_\_\_\_  
AID RISK ADVISOR

\_\_\_\_\_  
STATE AGENCY CONTACT

\_\_\_\_\_  
DATE

\*Limits and deductibles are subject to change upon renewal.

**This Coverage Highlight document does NOT convey or provide insurance coverage. Refer to the insurance policy for terms and conditions.**