



AGENCY CUSTOMER ID: _____

**ARKANSAS COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

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

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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SIGNATURE

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.			
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGE EQUAL TO THE LIMITS OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF I HAVE SELECTED UM AND/OR UIM COVERAGE LESS THAN THE LIMITS OF MY BODILY INJURY LIABILITY COVERAGE OR IF I HAVE REJECTED UM AND/OR UIM COVERAGE ENTIRELY, I HAVE READ AND SIGNED THE ARKANSAS AUTO SUPPLEMENT, ACORD 61 AR.			
IN ADDITION, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (PIP) COVERAGES. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF I HAVE REJECTED ANY PIP COVERAGE, I HAVE SIGNED THE ARKANSAS AUTO SUPPLEMENT, ACORD 61 AR.			
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

TRUCKERS SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	41 <input type="checkbox"/>	46 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE				
	42 <input type="checkbox"/>	47 <input type="checkbox"/>	BI EACH ACCIDENT \$								
	43 <input type="checkbox"/>	50 <input type="checkbox"/>	PROPERTY DAMAGE \$								
PERSONAL INJURY PROTECTION	44 <input type="checkbox"/>		MED PAY \$	EA PER \$	42 <input type="checkbox"/>	47 <input type="checkbox"/>					
	46 <input type="checkbox"/>		WORK LOSS \$	ACC DEATH \$							
MEDICAL PAYMENTS	42 <input type="checkbox"/>	46 <input type="checkbox"/>	EACH PERSON \$		42 <input type="checkbox"/>	47 <input type="checkbox"/>					
UNINSURED MOTORIST	43 <input type="checkbox"/>		CSL <input type="checkbox"/>	BI EA PER \$							
	45 <input type="checkbox"/>		BI EACH ACCIDENT \$								
	46 <input type="checkbox"/>		PROPERTY DAMAGE DED \$								
	46 <input type="checkbox"/>		PROPERTY DAMAGE DED \$								
UNDERINSURED MOTORIST	42 <input type="checkbox"/>	45 <input type="checkbox"/>	CSL <input type="checkbox"/>	BI EA PER \$	42 <input type="checkbox"/>	47 <input type="checkbox"/>					
NON-TRUCKERS HIRED / BORROWED	43 <input type="checkbox"/>	46 <input type="checkbox"/>	BI EACH ACCIDENT \$								
	YES	STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	46 <input type="checkbox"/>		\$				
NO		\$									
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES	COST OF HIRE	<input type="checkbox"/> IF ANY BASIS	46 <input type="checkbox"/>		\$				
	NO		\$								
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF	TRAILER INTERCHANGE						
	NO		EMPLOYEES		COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
			VOLUNTEERS			48					
OTHER			PARTNERS		49						
					48						
					49						
					TRAILER VALUE \$						
					STATES	# DAYS	# VEH				
					HIRED PHYSICAL DAMAGE						
					COVERAGE IS:			PRIMARY		SECONDARY	
					OTHER						

COVERED AUTO SYMBOLS
 (41) ANY AUTO (44) OWNED AUTOS SUBJECT TO NO-FAULT (46) SPECIFICALLY DESCRIBED AUTOS (49) YOUR TRAILERS IN THE POSSESSION OF
 (42) OWNED AUTOS ONLY (45) OWNED AUTOS SUBJECT TO A (47) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER
 (43) OWNED COMMERCIAL AUTOS ONLY (46) COMPULSORY UNINSURED MOTORIST LAW (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT INTERCHANGE AGREEMENT
 (50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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MOTOR CARRIER SECTION

AGENCY CUSTOMER ID: _____

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE											
LIABILITY	61	67	CSL	BI EA PER	\$	COMP / OTC	62	67						
	62	68		BI EACH ACCIDENT	\$		63	68						
	63	71		PROPERTY DAMAGE	\$		64							
	64													
PERSONAL INJURY PROTECTION	65		MED PAY	\$	EA PER	\$	EA PED	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	
	67		WORK LOSS	\$	ACC DEATH	\$			63	68	F	FTW		
								COLLISION	62	67				\$
									63	68				
									64					
MEDICAL PAYMENTS	62	64		EACH PERSON	\$			TOWING & LABOR	63					\$
	63	67							67					
UNINSURED MOTORIST	62	67	CSL	BI EA PER	\$	TRAILER INTERCHANGE								
	63			BI EACH ACCIDENT	\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE		
	64			PROPERTY DAMAGE	\$	COMP / OTC	69							
	66			PROPERTY DAMAGE DED	\$		70							
UNDERINSURED MOTORIST	62	64	67	CSL	BI EA PER	\$								
	63	66			BI EACH ACCIDENT	\$								
NON-TRUCKERS HIRED / BORROWED	YES	STATES		COST OF HIRE		IF ANY BASIS								\$
	NO			\$										
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES		COST OF HIRE		IF ANY BASIS								
	NO			\$										
NON-OWNED AUTO LIABILITY	YES	STATES		GROUP TYPE		NUMBER OF								
	NO			EMPLOYEES										
				VOLUNTEERS										
				PARTNERS										
OTHER														
COVERED AUTO SYMBOLS (61) ANY AUTO (62) OWNED AUTOS ONLY (63) OWNED PRIVATE PASS AUTOS ONLY (64) OWNED COMMERCIAL AUTOS ONLY (65) OWNED AUTOS SUBJECT TO NO-FAULT (66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (67) SPECIFICALLY DESCRIBED AUTOS (68) HIRED AUTOS ONLY (69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY														

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