AGENCY CUSTOMER ID:

R	
ACORD ®	,

ARKANSAS COMMERCIAL AUTO

DATE	(MM/DD/YYYY)	

ACORD							•		CO	VER	AGES /	LII	WITS S	SECTION	 I								DAII	_ (141)	WI/DD/1	,	
AGENCY													NAMED	NSURED(S)													
POLICY NUMBER										EI	FFECTIVE DA	ATE	CARRIE	२											NAIC C	ODE	
BUSINESS AUT	BUSINESS AUTO SECTION																										
COVERAGES					SYM	BOLS				LIMI	 гs			COVERAGES COVERED AUTO SYMBOLS LIMITS													
		1		4	T	9		CSL	BI	PER \$																	
LIABILITY		2		7			BI EA	CH ACCI		\$																	
		3		8			MED	PERTY D	AMAGE		FΔ		EA														
PERSONAL INJURY PROTECTION		5 7					PAY WORI LOSS	\$ K \$ \$			PER \$ ACC DEATH \$		PED					PH	YSIC	AL DA	MAGI	\GE					
PROTECTION	TION LOSS								T(3					\$					
														COMP / OTC			2		4		8						
MEDICAL PAYMENTS		2		4 7		8	EACH	I PERSO	N	\$	5			SPECIFIED CAUSES OF	LOSS		2		4 7		8						
		2		7	-			CSL _		PER \$				COLLISION			2		4		8						
UNINSURED MOTORIST		3						CH ACCI PERTY D		9							3		7								
UNDERINSURED MOTORIST		2		4		7		CSL _		DED \$																	
		3 YES		6 S	TAT	FS		CH ACCI		\$	IF ANY BA	CIC			STATI	ES	# D	AYS		# VEH	4	COVE	RAGE / D	DEDI	JCTIBL	E	
HIRED / BORROWED LIABILITY		NO			,,,,,		\$	OF HIR	_] IF AINT BA	1010										— с	OMP/	\$			
		YES	3	ST	TATE	ES	GROU	JP TYPE			NUM	MBER	OF	HIRED PHYSICAL								S	PEC	\$			
NON-OWNED NO						EMPLOYEES VOLUNTEERS							DAMAGE								COLL \$						
								PARTNE						-		COVERAGE IS:					P	RIMARY	1	٤	SECONI	DARY	
COVERED (1) ANY AUTO (2) OWN SYMBOLS (3) OWN	NED A	AUTO			ENG	SER AI	ITOS O	NI V	(5) OW	NED A	IED AUTOS SUBJECT TO NO-FAULT (8) H									HIRED	CIFICALLY DESCRIBED AUTOS ED AUTOS ONLY N-OWNED AUTOS ONLY						
ENDORSEMENT									• •											. ,			A0100	OIVI			
SIGNATURE																								_			
ANY PERSON WE INFORMATION IN																							_Y PRE	ESE	NTS F	FALSE	
I ACKNOWLEDGE BODILY INJURY L THAN THE LIMITS ARKANSAS AUTO	IABII OF	LITY MY I	CO) BOD	VER DILY	AG INJ	E. I F URY	IAVE S LIABIL	SELECT	ED TH	E LIM	ITS ÌNDÍC	ATEC	IN THI	S APPLICAT	ION. IF	IHAÌ	√E Ś	ELE	CTE	D UN	/I AN	D/OR (JIM CO	VE	RAGE	LESS	
IN ADDITION, I AC THIS APPLICATIO) THE	LIMITS	iNI	DICAT	ED IN	
I UNDERSTAND T RENEWALS, CON															Y STATI	E SUI	PPLE	EME	NT \	//ILL	APP	LY TO	ALL FU	JTU	IRE PO	OLICY	
APPLICANT'S SIGNATU	JRE								DATE			PRO	DUCER'S	SIGNATURE								NATIO	ONAL PE	ROD	UCER N	NUMBER	

ACORD 137 AR (2015/12)

AGENCY	CUSTOMER	י וחי

TRUCKERS SEC	CTION		AGENCY CU	STOMER II	D:											
COVERAGES	COVERED AUTO SYMBOLS	LIMITS		PHYSICAL DAMAGE COVERAGES AUTO SYMBOLS LIMITS DEDUC												
	41 46	CSL BI EA PER \$	AUTO SY	MBOLS			DEDUCTIBLE									
LIABILITY	42 47	BI EACH ACCIDENT \$	00110		42	47										
	43 50	PROPERTY DAMAGE \$ MED EA	EA COMP /	-	— 43 46					\$						
PERSONAL INJURY PROTECTION	44	MIED	PED			47	SCL	FT	LSP							
	46	LOSS \$ DEATH \$	SPECIFI		42 43	47	F	FTW		\$						
			CAUSES	OF LOSS	46		'			Ψ						
MEDICAL	42 46				42	47										
PAYMENTS	43	EACH PERSON \$	COLLISI	ON	43					\$						
	42	CSL BI EA PER \$			46											
UNINSURED MOTORIST	43	BI EACH ACCIDENT \$	TOWING		46		\$									
WOTORIST	45	PROPERTY DAMAGE \$	& LABOR	ł												
	46	PROPERTY DAMAGE DED \$	00/1				RS FARTH ZONE		D.1.D.110							
UNDERINSURED MOTORIST	42 45 46	CSL BI EA PER \$	COVE	RAGES S	SYMBOL 48	# IRAILE	ZONE	# DAYS	RADIUS	DEDUCTIBLE						
NON-TRUCKERS	43 46 YES STATES	BI EACH ACCIDENT \$ COST OF HIRE IF ANY BA	COMP /	отс	49											
HIRED / BORROWED	NO	\$	SPECIFI	-D	48											
TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE IF ANY BA	0411056	OF LOSS	49											
LIABILITY	NO	\$	COLLISI	DN .	48					•						
	YES STATES	GROUP TYPE NU	MBER OF COLLISI		49					\$						
NON-OWNED AUTO	NO	EMPLOYEES	TRAILER			11/0										
LIABILITY		VOLUNTEERS		STATE	:5 # D	AYS	# VEH									
OTHER		PARTNERS	HIRED													
			PHYSICA DAMAGI													
			DAWAGI	-												
				С	COVERAGI	E IS:	P	RIMARY	S	ECONDARY						
			OTHER													
(41) ANY AUTO	()	OWNED AUTOS SUBJECT TO NO-FAULT OWNED AUTOS SUBJECT TO A	(46) SPECIFICALLY (47) HIRED AUTOS		UTOS	(49)				SESSION OF A TRAILER						
(42) OWNED AUTOS O (43) OWNED COMMER		COMPULSORY UNINSURED MOTORIST LAW	(48) TRAILERS IN YOU				INTERCH/ NON-OWN									
ENDORSEMENT	S / REMARKS (ACOR	D 101, Additional Remarks Sc	hedule, may be att	ached if m	nore spa	ace is r	equired))								
	•	·	· · · · ·													
SIGNATURE	10.141011110111	TO 4 544 05 OD 5044 DUI 514 O					00.1010		225							
		ITS A FALSE OR FRAUDULENT C URANCE IS GUILTY OF A CRIME AN							PRESE	NTS FALSE						
I ACKNOWLEDGE	I HAVE BEEN OFFERED	UNINSURED MOTORISTS (UM) A	AND UNDERINSURE	MOTORIST	TS (UIM)	COVER	AGE EQI	JAL TO	THE LIM	IITS OF MY						
BODILY INJURY L	IABILITY COVERAGE. I H	AVE SELECTED THE LIMITS INDIC LIABILITY COVERAGE OR IF I HAVE	ATED IN THIS APPLIC	ATION. IF I	HAVE Ś	ELECTE	D UM AN	D/OR UI	M COVE	RAGE LESS						
	SUPPLEMENT, ACORD 6		L NEJECTED UIVI ANL	, OK ONVIOL	VERAG	LLINIIK	∟∟і, і ПА	VL REAL	2 אווט 2	IOINED I TE						
		VE BEEN OFFERED PERSONAL IN						THE LI	MITS INI	DICATED IN						
		ANY PIP COVERAGE, I HAVE SIGN														
		LECTION AND LIMIT CHOICES IND SES UNLESS I NOTIFY YOU OTHER		ANY STATE	SUPPLI	EMENT \	VILL APP	LY TO A	LL FUTU	RE POLICY						
APPLICANT'S SIGNATI		DATE	PRODUCER'S SIGNATU	RE				NATION	AL PROD	UCER NUMBER						

AGENCY	CUSTOMER II	٦.

MOTOR CARRIER SECTION AGENCY CUSTOMER ID:																										
COVERAGES	CO	/ERE	D AL	ЈТО S	YMBOL	LS					LIMITS	3									SICAL	DAMAG				
		61		67				CSL		BI EA PEI	R \$				COVERA	GES	1	AUT	OVER O SYN	MBOL	.s		LIMITS	3		DEDUCTIBLE
LIABILITY		62		68			BI E	∤CH A	CCIDE	NT	\$							62	2		67					
		63		71			PRO	PERT	Y DAM	AGE	\$				COMP / OT			63	3		68				9	3
		64					MED				-	A .		EA				64			-				_	
PERSONAL INJURY		65					MED PAY WOR	' \$?ĸ			F	ER \$		PED	SPECIFIED		\vdash	62	ı		67	SCL	$\overline{}$		SP	
PROTECTION		67					WOR	š \$			Ď	CC EATH \$			CAUSES OF	LOSS	3 <u> </u>	_ 63	ı		68	F	F	TW	9	5
						\perp		—									+	64							+	
																	\vdash	_ 62	ı		67					
															COLLISION		\vdash	63	ı		68				9	i
		00		0.4													+	64			-				+	
MEDICAL PAYMENTS		62		64			EACI	H PER	SON		\$				TOWING & LABOR			63	·		;	\$				
.,		63 62		67						BI EA PEI	_				W 27 13 0 11			67		DAII	ED INT	ERCHAI	NGE			
LININGLIDED		63		67		H		CSL			R \$				COVERA	GES		YMB				FARTH		S RADIU	٠.	DEDUCTIBLE
UNINSURED MOTORIST		64							Y DAM		\$				COVERA	GLS	+	69		# 11\/	AILLING	ZONE	# DAT	KADIO	3 '	DEDUCTIBLE
		66								AGE DE					COMP / OT			70								
UNDERINSURED		62		64		67		CSL	DAIV	BI EA PEI							+	69								
MOTORIST		63		66	<u> </u>				CCIDE		\$				SPECIFIED CAUSES OF	LOSS	;	70								
NON-TRUCKERS		YES	3		TATES			TOF			Ť	IF ANY B	ASIS				T	69							\top	
HIRED / BORROWED		NO					\$								COLLISION			70	0						1	5
TRUCKERS		YES	3	S	TATES		cos	TOF	HIRE			IF ANY BA	ASIS		TRAILER V	LUE	\$									
HIRED / BORROWED LIABILITY		NO					\$									S	TATES	3	# D/	YS	# \	√EH				
		YES	3	ST	ATES		GRO	UP TY	PE			NU	JMBER	OF												
NON-OWNED		NO						EMPL	.OYEE	S					HIRED											
AUTO LIABILITY								VOLU	INTEE	RS					PHYSICAL DAMAGE											
								PART	NERS																	
OTHER																	C	OVE	RAGE	IS:		1	PRIMARY	,	SE	CONDARY
															OTHER											
(61) ANY AUTO	BOLS									RCIAL A		ONLY NO-FAUL			DIFICALLY DE		ED AL	JTOS	3					IN THE PO		SSION OF
(62) OWNED AUTOS O					((66)	OWN	ED AL	JTOS S	SUBJEC	T TO	A COMPU		(69) TRAI	LERS IN YOU	R POS					11	NTERCH	HANGE A	GREEMEN	ΙT	INAILLIN
(63) OWNED PRIVATE										D MOTO			-11-		AILER INTER									TOS ONLY		
ENDORSEMENT	3/1	KEIV	IAF	KNS	(ACC	JKL	7 10	Ι, Α	aaiti	onai F	kem	arks 50	cneat	uie, ma	iy be attac	nea	ir me	ore	spa	ice	is rec	quired	<u>') </u>			
SIGNATURE																										
ANY PERSON WE																								Y PRES	EN	ΓS FALSE
I ACKNOWLEDGE BODILY INJURY L THAN THE LIMITS ARKANSAS AUTO	IABIL OF	LITY My e	30E	VER/	AGE. INJUR	I HA Y LI	VE :	SELE LITY	CTE	O THE	LIMI	rs ìndíc	CATE	IHT NI	S APPLICA	TION.	IF I	HAÌ	/E ŚI	ELEC	CTED	UM AN	ND/OR I	JIM COV	ER/	AGE LESS
IN ADDITION, I AC THIS APPLICATIO															,	,							D THE	LIMITS I	NDI	CATED IN
I UNDERSTAND T RENEWALS, CON																IY ST	ATE	SUF	PPLE	MEN	NT WI	LL APF	PLY TO	ALL FU	ΓUR	E POLICY
APPLICANT'S SIGNATI	JRE							_		DATE			PRO	DUCER'S	SIGNATURE								NATI	ONAL PRO	DUC	ER NUMBER