



**TRUCKERS SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

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

**COVERED AUTO SYMBOLS**

(41) ANY AUTO

(42) OWNED AUTOS ONLY

(43) OWNED COMMERCIAL AUTOS ONLY

(44) OWNED AUTOS SUBJECT TO NO-FAULT

(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(46) SPECIFICALLY DESCRIBED AUTOS

(47) HIRED AUTOS ONLY

(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT

(50) NON-OWNED AUTOS ONLY

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

**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
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**MOTOR CARRIER SECTION**

AGENCY CUSTOMER ID: \_\_\_\_\_

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE									
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE						
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 \$	SPECIFIED CAUSES OF LOSS	62	67	SCL	FT	LSP	\$
	67		WORK LOSS \$		ACC DEATH \$		63	68	F	FTW		
							64					
						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	CSL	BI	EA PER \$	SPECIFIED CAUSES OF LOSS	69					
	63	66			BI EACH ACCIDENT \$		70					
NON-TRUCKERS HIRED / BORROWED	YES	STATES			COST OF HIRE	COLLISION	69					\$
	NO				\$		70					
TRUCKERS HIRED / BORROWED LIABILITY	YES	STATES			COST OF HIRE	TRAILER VALUE \$						
	NO				\$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF								
	NO		EMPLOYEES									
			VOLUNTEERS									
			PARTNERS									
OTHER						OTHER	COVERAGE IS:			PRIMARY	SECONDARY	

**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

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

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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