

ARKANSAS AMENDATORY ENDORSEMENT

THIS ENDORSEMENT CHANGES THE COVERAGE PROVIDED BY THE POLICY – PLEASE READ IT CAREFULLY.

ALL CHANGES IDENTIFIED BELOW ARE EFFECTIVE ONLY FOR THE SPECIFIC COVERAGE SECTION IDENTIFIED. ALL TERMS AND CONDITIONS OF THE POLICY REMAIN IN EFFECT AND UNCHANGED UNLESS SPECIFICALLY AMENDED BY THIS ENDORSEMENT.

LIABILITY COVERAGE

Exclusion

Exclusion 12. is deleted in its entirety and replaced with the following:

12. ***Bodily injury*** or ***property damage*** to an ***insured*** or to any ***person*** who is:
 - A. Related to any ***insured*** by blood, marriage, or adoption.
 - B. Is the ward or foster child of any ***insured***.

MEDICAL PAYMENTS COVERAGE, INCOME DISABILITY COVERAGE, AND ACCIDENTAL DEATH COVERAGE

Insuring Agreements

Paragraph 1 of the **MEDICAL PAYMENTS COVERAGE** is deleted in its entirety and replaced with the following:

1. ***Medical payments*** due for the ***medical treatment*** of ***bodily injury*** an ***insured*** sustains as a result of a ***motor vehicle accident***, but only if the ***insured*** undergoes the associated ***medical treatment*** within twenty-four (24) months after the ***motor vehicle accident***.

Determining Reasonable Medical Expenses – Medical Payments Coverage

The first paragraph is deleted in its entirety and replaced with the following:

Determining and Calculating Reasonable Medical Payments – MEDICAL PAYMENTS COVERAGE

Medical Payments will be calculated and paid, up the limits of coverage, based on the lesser of a) the amount for which ***we*** can discharge the ***insured's*** entire obligation to the person providing the goods and services, or b) the charges incurred for goods and services that in ***our*** judgment, are within the range of charges for the same or similar goods and services, in the geographic area where the services are rendered or the goods are purchased. ***We*** have the right to make or obtain all of the following to determine if the ***bodily injury*** was caused by a ***motor vehicle accident*** and corresponding charges are ***medical payments***:

1. Utilization reviews.
2. Peer reviews.
3. Medical bill reviews.
4. Medical examinations of an ***insured***.

Exclusions

The following **Exclusions** are added to paragraph 2:

- J. Sustained by an ***insured*** when a ***car*** is being ***used*** by that ***insured*** and that ***insured*** has a blood alcohol content in excess of that permitted by state law for persons operating a motor vehicle.
- K. Sustained by an ***insured*** when a ***car*** is being ***used*** by that ***insured*** and that ***insured's*** ability to operate a motor vehicle at the time of the loss is impaired by the influence of any illegal or controlled substance as defined by federal law.

PHYSICAL DAMAGE COVERAGE

Exclusions

Exclusions 1.A and C are deleted in their entirety and replaced with the following:

- 1.A. A ***person*** who operates an ***insured car*** on a regular basis.
- 1.C. Any ***person*** who has an ***interest*** in an ***insured car***.

The following **Exclusions** are added:

27. To an *insured car* that occurs while it is being *used* by an *insured* with a blood alcohol content in excess of that permitted by state law for persons operating a motor vehicle.
28. To an *insured car* that occurs while it is being *used* by an *insured* whose ability to operate a motor vehicle is at the time impaired by the influence of any illegal or controlled substance as defined by federal law.

INSURED'S DUTIES UNDER THE POLICY

Paragraph 5 is deleted in its entirety and replaced with the following:

5. Except as may be required under a state *compulsory insurance law*, *we* have no duty to provide coverage if the failure of any *person* seeking coverage to cooperate or failure to comply with that *person's* duties prejudices *us* in *our* ability to defend or compromises any claim under the policy.

IMPORTANT POLICYHOLDER INFORMATION

The second and third paragraphs are deleted in their entirety and replaced with the following:

Policyholders have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at:

Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, Arkansas 72202-2083
Telephone: 1-800-282-9134