

03APM001001-08

RENEWAL NUMBER

CROSS REFERENCE NUMBER

03 APM 001001 - 09

**CYPRESS INSURANCE COMPANY**  
**SAN FRANCISCO, CALIFORNIA**  
**BUSINESS AUTO COVERAGE DECLARATIONS**

The Declarations  
include a second part  
designated "Part 2".

ITEM ONE NAMED INSURED & ADDRESS  
**UNIVERSITY OF ARKANSAS SYSTEM**  
**2404 NORTH UNIVERSITY AVENUE**  
**LITTLE ROCK, AR 72207**

**Producer**  
**McGriff Insurance Services, Inc.**  
**1500 Riverfront Drive**  
**Little Rock, AR 72203**

FORM OF NAMED INSURED'S BUSINESS: **School**NAMED INSURED'S BUSINESS: **COLLEGE/UNIVERSITY/VOCATIONAL SCHOOL**

POLICY PERIOD: Policy covers FROM **07/01/2020 12:01 AM** TO **07/01/2021** 12:01 A.M. Standard Time at the Named Insured's Address stated above.

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	1, 10	\$ <b>1,000,000 CSL</b>	\$ <b>549,399</b>
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	2, 10	\$ <b>5,000</b>	\$ <b>17,048</b>
UNINSURED MOTORISTS	2, 10	\$ <b>100,000 CSL (BI &amp; PD)</b>	\$ <b>26,263</b>
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	2, 10	\$ <b>100,000 CSL (BI Only)</b>	\$ <b>26,263</b>
<b>PHYSICAL DAMAGE INSURANCE</b>			
COMPREHENSIVE COVERAGE	10	\$ <b>See M 3912b (08/2001) and M 5747 (01/2013)</b>	\$ <b>INCL</b>
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	10	\$ <b>See M 3912b (08/2001) and M 5747 (01/2013)</b>	\$ <b>148,200</b>
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION <b>See M4572 (12/1994)</b>		PREMIUM FOR ENDORSEMENTS	\$ <b>43,397</b>
		ESTIMATED TOTAL PREMIUM	\$ <b>810,570</b>
ENTER SYMBOL 10 DESCRIPTION HERE: Symbol 10 - Only those autos described in Item Three of the Declarations with Liability premium shown.			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$		<b>0</b>	IF CANCELLED BY THE INSURED.
<b>ITEM THREE - SCHEDULE OF COVERED AUTOS</b>		<b>AS ATTACHED</b>	

Countersigned At \_\_\_\_\_ By \_\_\_\_\_

In Witness whereof, we have caused this policy to be executed and attested.

AUTHORIZED SIGNATURE



Secretary



President