

19. Premiums and Losses sustained by applicant last five years:

LOSSES

| Year | Premiums | Fire | Theft | Collision | Any other physical Loss |
|------|----------|------|-------|-----------|-------------------------|
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20. Description of Vehicle: (Specify Truck, Tractor, Trailer, Semi.)

| Item No. | Model Year | Trade Name | Type (Truck, Tractor, Trailer, Semi-trailer, Truck Type Tractor) | Serial No. Motor No. | Original Cost New Plus Equipment, Alterations & Additions | Amount of Insurance Desired |
|----------|------------|------------|--|----------------------|---|-----------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

21. Driver Information:

| Driver's Name | Date of Birth | Driver's License No. | State | No of accidents in last 3 years | No of violations in last 3 years |
|---------------|---------------|----------------------|-------|---------------------------------|----------------------------------|
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This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

I hereby authorize Argenia, Inc. to obtain from the Arkansas Office of Driver Services a copy of my traffic violation report for use in rating and/or underwriting the insurance for which application is being made, and any renewal thereof. I understand that in obtaining this report a consumer reporting agency may be used by them and I authorize such use. I also certify that the named drivers (names specified on application and/or drivers hired during the term of this insurance) have or will have authorized me to consent on their behalf for the insurer to obtain traffic violation reports for use in rating and/or underwriting; and I certify that the above information is true and agree that misrepresentation of any facts be me will be reason for the company to cancel any policy issued on the basis of the application, and will hold the company harmless for action taken.

SIGNED AT: _____

This _____ day of _____ By _____
(APPLICANT)
(Applicant should state official position)

APPLICANT WITNESS: _____
AGENT

Location of Agency: _____

NMA1651

UNDERWRITERS AT LLOYD'S
NOTICE OF COVERAGE OF U.S. ACTS OF TERRORISM
AND ADDITIONAL PREMIUM

Policy Number: _____

Policyholder: _____

Policy Effective Dates: _____

Policy Type: .

Terrorism Risk Premium \$ _____

Surplus Lines Tax @ 4%=\$ _____ TOTAL DUE \$ _____

As used in this notice, "we", "us", "our", and "ours" refers to Underwriters at Lloyd's and "you", "your" and "yours" refers to insured parties under the captioned insurance policy.

On November 26, 2002, the President of the United States signed into law the Terrorism Risk Insurance Act of 2002 (the "Act"). The Act established a system of shared public and private compensation for insured losses resulting from certain acts of terrorism for policyholders with commercial property and casualty coverage as described below. This notice informs you of your rights and obligations under the Act.

Under the Act, "insured loss"(as defined in the Act) is any loss covered by "property and casualty insurance" that is caused by an "act of terrorism" that meets certain other criteria set out in the Act. Only "insured loss" as defined by the Act will be covered. Coverage under your policy for losses that do not fall within the definition of "insured loss" is not affected by the Act or by this notice. The Act and this notice only affect the Terrorism Exclusion in your policy. All other Terms and Conditions of your policy, including applicable limits and deductibles, are not affected by the Act or this notice and still apply to your coverage under the policy.

Under the Act, the Federal government will reimburse us for 90% of our insured losses in excess of a deductible until total Federal payments to all participating insurers reach \$100 billion per annum. Our deductible will be: 1% of our 2001 direct earned premium for "insured loss" that occurs during the balance of 2002, and 7% of our 2002 direct earned premium for "insured loss" that occurs during 2003. Other deductibles, "direct earned premium" means only the premiums earned on the commercial lines of property and casualty insurance covered by the Act of U.S. risks or vessels, aircraft and U.S. missions outside the U.S. covered by the Act.

_____ I HEREBY ELECT TO PURCHASE TERRORISM COVERAGE AT THE PREMIUM SPECIFIED ABOVE.

OR

_____ I HEREBY ELECT TO HAVE THE EXCLUSION FOR TERRORISM AND UNDERSTAND THAT I WILL HAVE NO COVERAGE FOR LOSSES ARISING FROM ACTS OF TERRORISM.

POLICYHOLDER'S NAME

POLICYHOLDER'S SIGNATURE AND DATE