

**ARKANSAS CONSENT FORM TO DEFENSE COSTS WITHIN THE LIMIT OF LIABILITY**

**<Product Name>**

This consent form must be executed as a requirement of the Arkansas Department of Insurance.

The undersigned has the authority to sign this Arkansas Consent Form on behalf of the **Named Insured** and all **Insureds**. In doing so, the undersigned hereby acknowledges understanding of and hereby consents to having **Defense Costs** be part of and not in addition to the applicable Limit(s) of Liability under the Policy.

**Defense Costs** reduce and may completely exhaust the Policy's applicable Limit(s) of Liability. To the extent that the Policy's Limit of Liability is thereby exceeded, the Underwriters shall not be liable for **Defense Costs** or the amount of any judgment or settlement.

**Named Insured**, on behalf of itself and all **Insureds**:

BY: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_