

SERFF Tracking Number: ALSX-125327128 State: Arkansas  
First Filing Company: Allstate Insurance Company, ... State Tracking Number: AR-PC-07-026461  
Company Tracking Number: F8414  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Private Passenger Auto  
Project Name/Number: 2007 - Compliance/F8414

## Filing at a Glance

Companies: Allstate Insurance Company, Allstate Indemnity Company, Allstate Property & Casualty Insurance Company

Product Name: Private Passenger Auto	SERFF Tr Num: ALSX-125327128	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-026461
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: F8414	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: SPI AllState	Disposition Date: 10/30/2007
	Date Submitted: 10/17/2007	Disposition Status: Approved
Effective Date Requested (New): 12/12/2007		Effective Date (New): 12/12/2007
Effective Date Requested (Renewal): 12/12/2007		Effective Date (Renewal):

## General Information

Project Name: 2007 - Compliance	Status of Filing in Domicile: Authorized
Project Number: F8414	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/30/2007	
State Status Changed: 10/18/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
2007 Compliance	

AR - Senate Bill 88 adds a new requirement that excluded drivers be listed on Proof of Insurance Cards and modifies the report information to be provided to the Revenue Division of the Department of Finance and Administration to compile the vehicle insurance database. The reports shall include (many of these items are already required): Address of the named insureds; the make, year and vehicle identification number of each insured vehicle; the policy number, effective date and expiration date of each policy; the National Association of Insurance Carriers code number; and the name of each driver excluded from coverage. The reports may include: the date of birth of each insured owner or

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operator; and the driver's license number of each insured owner or operator.

With this filing, we are submitting the Proof of Insurance Card with the required addition of Excluded Drivers to be listed on the back of the ID card. All other required information was already included on the card.

Effective date:

New business written/renewals processed on or after December 12, 2007.

## Company and Contact

### Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com  
 2775 Sanders Road (847) 402-2774 [Phone]  
 Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

Allstate Insurance Company	CoCode: 19232	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type: Property and Casualty

Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-0719665	

Allstate Indemnity Company	CoCode: 19240	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type:

Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-6115679	

Allstate Property & Casualty Insurance Company	CoCode: 17230	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type:

Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-3341779	

<i>SERFF Tracking Number:</i>	<i>ALSX-125327128</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>F8414</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger Auto</i>		
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: FORM FILINGS: Filing or review of policy, contract, endorsements, certificates, applications  
PER SUBMISSION (No limit on # of forms in same submission) - \$50.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$50.00	10/17/2007	16161838

SERFF Tracking Number: ALSX-125327128      State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/30/2007	10/30/2007

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	10/23/2007	10/23/2007	SPI AllState	10/26/2007	10/26/2007

SERFF Tracking Number: ALSX-125327128 State: Arkansas  
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Product Name: Private Passenger Auto  
Project Name/Number: 2007 - Compliance/F8414

## Disposition

Disposition Date: 10/30/2007  
Effective Date (New): 12/12/2007  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - REG 29 - CERT OF COMPLIANCE, AR - FORM FILING ABSTRACT F-1, AR - NAIC FORM FILING SCHEDULE, Forms List	Approved	Yes
Form (revised)	Arkansas Proof of Insurance Card	Approved	Yes
Form	Arkansas Proof of Insurance Card	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/23/2007  
Submitted Date 10/23/2007

Respond By Date

Dear Carrie Deppe,

This will acknowledge receipt of the captioned filing. The excluded driver should be on the front of the card per our Deputy Commissioner.

Please feel free to contact me if you have questions.

Sincerely,  
Alexa Grissom

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/26/2007  
Submitted Date 10/26/2007

Dear Alexa Grissom,

### Comments:

Response to October 23, 2007 objection letter.

### Response 1

Comments: Please find attached our updated Arkansas ID card.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
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<i>SERFF Tracking Number:</i>	<i>ALSX-125327128</i>	<i>State:</i>	<i>Arkansas</i>		
<i>First Filing Company:</i>	<i>Allstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026461</i>		
<i>Company Tracking Number:</i>	<i>F8414</i>				
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>		
<i>Product Name:</i>	<i>Private Passenger Auto</i>				
<i>Project Name/Number:</i>	<i>2007 - Compliance/F8414</i>				
<b>Arkansas Proof of Insurance Card</b>	<b>IDAR_rev</b>	<b>Other</b>	<b>Replaced</b>	<b>49</b>	<b>IDAR_rev.PDF</b>
<b><i>Previous Version</i></b>					
<b>Arkansas Proof of Insurance Card</b>	<b>IDAR</b>	<b>Other</b>	<b>Replaced</b>	<b>49</b>	<b>IDAR.PDF</b>

*SERFF Tracking Number:*      *ALSX-125327128*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Allstate Insurance Company, ...*                      *State Tracking Number:*      *AR-PC-07-026461*  
*Company Tracking Number:*      *F8414*  
*TOI:*                      *19.0 Personal Auto*                      *Sub-TOI:*                      *19.0001 Private Passenger Auto (PPA)*  
*Product Name:*                      *Private Passenger Auto*  
*Project Name/Number:*      *2007 - Compliance/F8414*

**No Rate/Rule Schedule items changed.**

Should you have any questions, please feel free to contact me at 847-402-2774.

Sincerely,

Carrie Deppe

Sincerely,  
SPI AllState

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 Product Name: Private Passenger Auto  
 Project Name/Number: 2007 - Compliance/F8414

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Proof of Insurance Card	IDAR_rev		Other	Replaced	Replaced Form #:49.10 IDAR Previous Filing #:		IDAR_rev.P DF

# Allstate Automobile Insurance

## A Quick Guide to This Package

- **PROOF OF INSURANCE CARD**

Your Proof of Insurance cards are printed at right. State law requires that these cards be kept in your vehicles at all times. Please place them in your vehicles on the policy effective date.

- **POLICY DECLARATIONS**

The Policy Declarations section contains detailed information about your policy such as drivers, vehicles, coverages, limits, and premiums. Please take a moment to check this information.

- **POLICY**

This booklet is a legal contract between you and Allstate. It lists the terms and conditions of your insurance coverage. Please be sure to read your policy carefully and file it for safekeeping.

- **CHANGES TO YOUR POLICY**

This section lists any changes that have been made to your insurance coverage. Please read through this section carefully for a full understanding of these changes.

- **IMPORTANT NOTICE**

The Important Notice section provides you with explanations about insurance issues or any other policy information that we think may be helpful to you.

- **QUESTIONS**

Do you have any questions about this package? Just call your Allstate agent.

Please use the printed Insurance Card(s) below.

Please use the printed Insurance Card(s) below.

Please use the printed Insurance Card(s) below.

If you haven't paid your premium in full,  
your bill will be sent in a separate mailing.

## Arkansas Proof of Insurance Card

Allstate Property and Casualty Insurance Company

NAIC# 19232

Name  
Address  
Address

POLICY NUMBER YEAR/MAKE/MODEL

EFFECTIVE DATE VEHICLE ID NUMBER

EXPIRATION DATE

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### EXCLUDED DRIVERS: NONE

State law requires that you be able to provide satisfactory evidence of liability insurance upon the request of a police officer who is enforcing the law or investigating an accident. You may show this card to provide such evidence.

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**If you have an accident or loss:**

- Get medical attention if needed, and notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828)  
578 Highland Colony Parkway, Suite 200  
Ridgeland, MS 39157,  
logon to *allstate.com* or contact your Allstate agent  
or broker as soon as possible.  
Agent Name  
Agent Phone  
Agent Address  
Agent Address

**Reimbursement for Bail Bond Expense**—The Automobile Liability Insurance Coverage includes an agreement to reimburse an insured for the cost of bail bonds required as the result of an accident or traffic law violation, but not to exceed a limit of \$100, \$200, or \$300, depending on the policy.



*SERFF Tracking Number:*      *ALSX-125327128*

*State:*      *Arkansas*

*First Filing Company:*      *Allstate Insurance Company, ...*

*State Tracking Number:*      *AR-PC-07-026461*

*Company Tracking Number:*      *F8414*

*TOI:*      *19.0 Personal Auto*

*Sub-TOI:*      *19.0001 Private Passenger Auto (PPA)*

*Product Name:*      *Private Passenger Auto*

*Project Name/Number:*      *2007 - Compliance/F8414*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125327128 State: Arkansas  
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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Private Passenger Auto  
Project Name/Number: 2007 - Compliance/F8414

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/30/2007

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** AR - REG 29 - CERT OF COMPLIANCE, AR - FORM FILING ABSTRACT F-1, AR - NAIC FORM FILING SCHEDULE, Forms List **Review Status:** Approved 10/30/2007

**Comments:**

**Attachments:**

AR - REG 29 - CERT OF COMPLIANCE.PDF  
AR - FORM FILING ABSTRACT F-1.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF  
Forms List.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Allstate	008			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Allstate Insurance Company	IL	19232	36-0719665	
Allstate Indemnity Company	IL	19240	36-6115679	
Allstate Property & Casualty Insurance Company	IL	17230	36-3341779	

<b>5. Company Tracking Number</b>	F8414
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Carrie M. Deppe		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	19.0 Personal Auto
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	19.0001 Private Passenger Auto (PPA)
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	N/A
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Private Passenger Auto
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 12/12/2007      Renewal: 12/12/2007
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	10/17/2007
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	F8414
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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2007 Compliance

AR - Senate Bill 88 adds a new requirement that excluded drivers be listed on Proof of Insurance Cards and modifies the report information to be provided to the Revenue Division of the Department of Finance and Administration to compile the vehicle insurance database. The reports shall include (many of these items are already required): Address of the named insureds; the make, year and vehicle identification number of each insured vehicle; the policy number, effective date and expiration date of each policy; the National Association of Insurance Carriers code number; and the name of each driver excluded from coverage. The reports may include: the date of birth of each insured owner or operator; and the driver's license number of each insured owner or operator.

With this filing, we are submitting the Proof of Insurance Card with the required addition of Excluded Drivers to be listed on the back of the ID card. All other required information was already included on the card.

Effective date:

New business written/renewals processed on or after December 12, 2007.

<b>22.</b>	<p><b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.)                  [If a state requires you to show how you calculated your filing fees, place that calculation below]</p> <p><b>Check #:</b> N/A. Paid via EFT.  <b>Amount:</b> \$50.00</p> <p>FORM FILINGS: Filing or review of policy, contract, endorsements, certificates, applications PER SUBMISSION                  (No limit on # of forms in same submission) - \$50.</p> <p style="text-align: center;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>
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\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Allstate Insurance Company 008-19232

DESCRIPTION: Arkansas Proof of Insurance Card

FORM NUMBER: IDAR

EDITION DATE: \_\_\_\_\_

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 49.1, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



\_\_\_\_\_  
Signature of Officer of Company

Asst. Vice President, Asst. General Counsel  
Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Allstate Indemnity Company 008-19240

DESCRIPTION: Arkansas Proof of Insurance Card

FORM NUMBER: IDAR

EDITION DATE: \_\_\_\_\_

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 49.1, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



\_\_\_\_\_  
Signature of Officer of Company

Asst. Vice President, Asst. General Counsel  
Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Allstate Property & Casualty Insurance  
Company 008-17230

DESCRIPTION: Arkansas Proof of Insurance Card

FORM NUMBER: IDAR

EDITION DATE: \_\_\_\_\_

This is to certify that the above captioned property and/or  
Casualty policy form has achieved a Flesch Reading Ease Test Score of  
49.1 , and complies with the requirements of Act 517  
of 1981, the Property and Casualty Insurance Policy Simplification  
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies  
with Department Rule and Regulation 29.



\_\_\_\_\_  
Signature of Officer of Company

Asst. Vice President, Asst. General Counsel  
Title

If a policy is stored by a method other than the Flesch Reading  
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 10/17/2007

2. Company Name(s) Allstate Insurance Company, Allstate Indemnity Company, Allstate Property & Casualty Insurance Company

Group Name Allstate NAIC No. 17230 Group No. 008

3. (a) Annual Statement Line of Business Number (Page 14) 19.1, 19.2, 21.1

(b) Class of Business Private Passenger Auto

© Coverages Affected Filing ID card.

4. (a) Name of Advisory Organization, if any N/A

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company) \_\_\_\_\_

(b) Date of Filing \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
N/A - Not filed in Illinois.

8. Is the form filed in response to or due to legislation? If so, specify legislation.  
Yes, AR - Senate Bill 88.

9. Is the form in response to or due to recent court decisions? If so, give citation.  
No.

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

Carrie M. Deppe

**Title**

847-402-2774

**Telephone Number**



**Page 2 of 2**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
IDAR	12/12/2007	IDAR	Arkansas Proof of Insurance Card

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	F8414
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Arkansas Proof of Insurance Card	IDAR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IDAR	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

## FORMS LIST

**Filing Number: F8414**

**State: Arkansas**

Form #	Form Name	Forms Replaced	Line #	Company Name	Policy # Used With	Policy Name Used With
IDAR	Arkansas Proof of Insurance Card	IDAR	10, 16, 19	Allstate Insurance Company (AIC), Allstate Indemnity Company (AI), Allstate Property & Casualty Company (AP&C)	AU103 AU12891 AU103 AIU348 AIU349 AIU103 AU12890	Arkansas Automobile Policy AIC Auto Insurance Policy Arkansas Automobile Policy Indemnity Motorcycle Policy Indemnity Motor Home Policy Indemnity Auto Policy AP&C Auto Insurance Policy

<i>SERFF Tracking Number:</i>	<i>ALSX-125327128</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Allstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026461</i>
<i>Company Tracking Number:</i>	<i>F8414</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Private Passenger Auto</i>		
<i>Project Name/Number:</i>	<i>2007 - Compliance/F8414</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Arkansas Proof of Insurance Card	10/17/2007	IDAR.PDF

# Allstate Automobile Insurance

## A Quick Guide to This Package

- **PROOF OF INSURANCE CARD**

Your Proof of Insurance cards are printed at right. State law requires that these cards be kept in your vehicles at all times. Please place them in your vehicles on the policy effective date.

- **POLICY DECLARATIONS**

The Policy Declarations section contains detailed information about your policy such as drivers, vehicles, coverages, limits, and premiums. Please take a moment to check this information.

- **POLICY**

This booklet is a legal contract between you and Allstate. It lists the terms and conditions of your insurance coverage. Please be sure to read your policy carefully and file it for safekeeping.

- **CHANGES TO YOUR POLICY**

This section lists any changes that have been made to your insurance coverage. Please read through this section carefully for a full understanding of these changes.

- **IMPORTANT NOTICE**

The Important Notice section provides you with explanations about insurance issues or any other policy information that we think may be helpful to you.

- **QUESTIONS**

Do you have any questions about this package? Just call your Allstate agent.

Please use the printed Insurance Card(s) below.

Please use the printed Insurance Card(s) below.

Please use the printed Insurance Card(s) below.

If you haven't paid your premium in full,  
your bill will be sent in a separate mailing.

## Arkansas Proof of Insurance Card

Allstate Property and Casualty Insurance Company

NAIC# 19232

Name  
Address  
Address

POLICY NUMBER YEAR/MAKE/MODEL

EFFECTIVE DATE VEHICLE ID NUMBER

EXPIRATION DATE

State law requires that you be able to provide satisfactory evidence of liability insurance upon the request of a police officer who is enforcing the law or investigating an accident. You may show this card to provide such evidence.

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**EXCLUDED DRIVERS:**

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**If you have an accident or loss:**

- Get medical attention if needed, and notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828)  
578 Highland Colony Parkway, Suite 200  
Ridgeland, MS 39157,  
logon to *allstate.com* or contact your Allstate agent  
or broker as soon as possible.

Agent Name  
Agent Phone  
Agent Address  
Agent Address

**Reimbursement for Bail Bond Expense**—The Automobile Liability Insurance Coverage includes an agreement to reimburse an insured for the cost of bail bonds required as the result of an accident or traffic law violation, but not to exceed a limit of \$100, \$200, or \$300, depending on the policy.

