

SERFF Tracking Number: AMEE-125323148 State: Arkansas
Filing Company: AMEX Assurance Company State Tracking Number: AR-PC-07-026445
Company Tracking Number: AX0126-AR-0008F1
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: GTS Car Rental
Project Name/Number: GTS Car Rental /AX0126-AR-0008F1

Filing at a Glance

Company: AMEX Assurance Company
Product Name: GTS Car Rental
TOI: 09.0 Inland Marine
Sub-TOI: 09.0006 Other Personal Inland Marine
Filing Type: Form

SERFF Tr Num: AMEE-125323148 State: Arkansas
SERFF Status: Closed State Tr Num: AR-PC-07-026445
Co Tr Num: AX0126-AR-0008F1 State Status:
Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Edith Roberts, Brittany Yielding
Author: Michelle Correa Disposition Date: 10/29/2007
Date Submitted: 10/16/2007 Disposition Status: Approved

Effective Date Requested (New): On Approval
Effective Date Requested (Renewal):

Effective Date (New):
Effective Date (Renewal):

General Information

Project Name: GTS Car Rental
Project Number: AX0126-AR-0008F1
Reference Organization:
Reference Title:
Filing Status Changed: 10/29/2007
State Status Changed: 10/16/2007
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Authorized
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:

October 16, 2007

Arkansas Insurance Department

SERFF Tracking Number: AMEE-125323148 State: Arkansas
 Filing Company: AMEX Assurance Company State Tracking Number: AR-PC-07-026445
 Company Tracking Number: AX0126-AR-0008F1
 TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
 Product Name: GTS Car Rental
 Project Name/Number: GTS Car Rental /AX0126-AR-0008F1

Company and Contact

Filing Contact Information

Amy Baumeister, Compliance Specialist amy.m.baumeister@aexp.com
 480 Pilgrim Way (888) 618-8441 [Phone]
 Green Bay, WI 54303 (920) 431-4040[FAX]

Filing Company Information

AMEX Assurance Company CoCode: 27928 State of Domicile: Illinois
 480 Pilgrim Way Group Code: 4 Company Type:
 Ste 1400
 Green Bay, WI 54304 Group Name: State ID Number:
 (920) 431-4000 ext. [Phone] FEIN Number: 36-2760101

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMEX Assurance Company	\$50.00	10/16/2007	16133470

SERFF Tracking Number: AMEE-125323148

State: Arkansas

Filing Company: AMEX Assurance Company

State Tracking Number: AR-PC-07-026445

Company Tracking Number: AX0126-AR-0008F1

TOI: 09.0 Inland Marine

Sub-TOI: 09.0006 Other Personal Inland Marine

Product Name: GTS Car Rental

Project Name/Number: GTS Car Rental /AX0126-AR-0008F1

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/29/2007	10/29/2007

SERFF Tracking Number: AMEE-125323148 *State:* Arkansas
Filing Company: AMEX Assurance Company *State Tracking Number:* AR-PC-07-026445
Company Tracking Number: AX0126-AR-0008F1
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0006 Other Personal Inland Marine
Product Name: GTS Car Rental
Project Name/Number: GTS Car Rental /AX0126-AR-0008F1

Disposition

Disposition Date: 10/29/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMEE-125323148 State: Arkansas
 Filing Company: AMEX Assurance Company State Tracking Number: AR-PC-07-026445
 Company Tracking Number: AX0126-AR-0008F1
 TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
 Product Name: GTS Car Rental
 Project Name/Number: GTS Car Rental /AX0126-AR-0008F1

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Global Travel Shield Certificate of Insurance	Approved	Yes

SERFF Tracking Number: AMEE-125323148 State: Arkansas
 Filing Company: AMEX Assurance Company State Tracking Number: AR-PC-07-026445
 Company Tracking Number: AX0126-AR-0008F1
 TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
 Product Name: GTS Car Rental
 Project Name/Number: GTS Car Rental /AX0126-AR-0008F1

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Global Travel Shield Certificate of Insurance	GTS-CRT-07.07 CR-AR		Certificate	New		0.00	GTS-CRT- CR-AR 07.07.pdf

GLOBAL TRAVEL SHIELD

[Plan Name]

Certificate of Insurance

Underwritten by AMEX Assurance Company
Administrative Office, [480 Pilgrim Way, Green Bay, Wisconsin]

Table of Contents

Definitions	Section I
Description of Benefits	Section II
Eligibility and Enrollment	Section III
Premiums	Section IV
Exclusions	Section V
Claims Provisions	Section VI
Termination or Cancellation	Section VII
General Provisions	Section VIII

Section I

DEFINITIONS

Certain words used in this Certificate of Insurance are capitalized throughout and have special meanings. Wherever used herein, the singular shall include the plural, the plural shall include the singular, as the context requires.

Accident means a motor vehicle incident involving a Rental Car during a Rental Period that directly results in either Damage to the Rental Car or in Accidental Death, Dismemberment or Accidental Injury to a Covered Person.

Accidental Death means death of a Covered Person as a direct result of an Accident.

Accidental Injury means bodily injury to a Covered Person as a direct result of an Accident.

Alighting means being in the direct and immediate act of exiting the seating compartment of the Rental Car. Once the person's body is out of and not touching the Rental Car, the act of Alighting is completed.

Authorized Driver means a person named in the Rental Car Agreement between the Renter and the Rental Company who in addition to the Renter is permitted to operate the Rental Car according to the terms of the Rental Car Agreement.

Boarding means being in the direct and immediate act of entering the seating compartment of the Rental Car. Once a person is sitting in the Rental Car, the act of Boarding is completed.

Company means AMEX Assurance Company and its duly authorized agents.

Covered Person means the Renter and any Passenger, including an Authorized Driver, Boarding, sitting in, riding in or Alighting from the Rental Car. A Covered Person must have a Permanent Residence within the 50 United States of America or the District of Columbia.

Damage means the effect of any contact with or treatment of the Rental Car which requires repair in order to restore the Rental Car to its pre-Rental Period condition as a direct result of an Accident.

Dismemberment means, with reference to:

1. An adjoining thumb and index finger, complete and permanent severance of both appendages through or above the joint where they meet the hand at the palm as a result of an Accident;
2. A hand or foot, complete and permanent severance through or above the wrist or ankle joint as a result of an Accident;
3. An eye, the irrecoverable loss of the entire sight as a result of an Accident;
4. Speech, complete and irrecoverable loss of speech as a result of an Accident; or
5. Hearing, complete and irrecoverable loss of hearing in both ears as a result of an Accident.

Loss of Use means the unavailability of a Rental Car and consequent loss of revenue by the Rental Company due to Damage or Theft. Unless otherwise required by law, the Rental Company must submit a fleet utilization log indicating that during such time:

1. No other Rental Car was available; and
2. There was a demand for a Rental Car.

Master Policyholder means the AMEX Assurance Travel Group Trust.

Medically Necessary means medical treatment that is vital and required for the treatment of an Accidental Injury. Medically Necessary does not mean experimental procedures, or any surgical or medical treatment that reasonably can be delayed until the Covered Person returns to a Permanent or Temporary Residence. The extent of such care and treatment is that which is generally accepted, proven and established practice and recommended by most Physicians with similar experience and training in the locality where the medical expense is incurred.

Passenger means a person, other than the Renter, who the Renter permits to Board the Rental Car, including an Authorized Driver.

Permanent Residence means the one primary dwelling place where the Covered Person resides and to which they intend to return.

Physician means a licensed practitioner of the healing arts, who acts within the scope of his or her license for the service or treatment given. The treating Physician may not be a Covered Person, dependent of a Covered Person or anyone related to the Covered Person by blood unless that person is the only Physician in the area and acting within the scope of their normal employment.

Plan means the Policy and the benefits described therein.

Policy means the Group Travel Policy (AX0126) issued to the Master Policyholder.

Rental Car means a four-wheeled, two-axle passenger type motor vehicle, designed for and sold to accommodate private passenger transport on public roads, rented to the Renter by the Rental Company, and intended to be operated by the Renter or Authorized Driver by means of a Rental Agreement with the Rental Company. A Rental Car includes, but is not limited to, a pick-up truck, cargo or passenger van and sport utility vehicle (SUV).

Rental Car Agreement means the contract that the Renter signs and receives when renting a Rental Car from a Rental Company which describes in full the terms and conditions of the contractual relationship.

Rental Company means a commercial car rental agency that is licensed under the laws of the applicable jurisdiction and whose primary business is renting private passenger motor vehicles. A Rental Company does not include a moving van rental company or any business which may incidentally rent a motor vehicle to a customer, such as an auto dealership or auto body repair shop.

Rental Period means that period of time beginning when the Renter or Authorized Driver Boards the Rental Car for the first time and ending when the Renter or Authorized Driver Alights from the Rental Car for the last time in order to surrender all the keys and the custody of the Rental Car to the Rental Company. If a Rental Period is for more than forty-five (45) consecutive calendar days, only first forty-five (45) consecutive calendar days will be covered under this Plan.

Renter means the person who enters into a Rental Agreement with the Rental Car Company, who is enrolled for coverage under this Plan and who has a Permanent Residence in the 50 United States of America or the District of Columbia.

Temporary Residence means a dwelling place where the Covered Person intends to reside for a limited time, and which is occupied or intended to be occupied by the Covered Person for 45 consecutive days or more.

Theft means taking or driving of the Rental Car by a person other than the Renter or Authorized Driver without the permission of the Renter.

We, Us, Our means the Company.

You, Your means the Renter.

Section II

DESCRIPTION OF BENEFITS

During the Rental Period and subject to all of the terms and conditions of the Policy, We will provide the following benefits.

Damage and Theft Benefit

If Damage to or Theft of the Rental Car occurs, the Plan will pay a benefit up to a maximum of [\$40,000] per Rental Period for:

1. The lesser of:
 - a. The actual cost to repair the Damage to the Rental Car;
 - b. The wholesale monetary worth of the Rental Car at the time of the Damage or Theft as stated in an authority commonly used to determine such worth, or book value, minus salvage and depreciation costs; or
 - c. the invoice purchase price of the Rental Car, minus salvage and depreciation costs;
2. Loss of Use; and
3. Charges related to the Rental Car subsequent to the Damage or Theft, such as expenses for towing and storage, which are charged by the nearest vendor or facility capable of rendering assistance and which are the usual and customary charges in the locale where the Damage or Theft occurred.

Accidental Injury Benefit

If a Covered Person suffers an Accidental Injury, the Plan will pay a benefit up to a maximum of [\$15,000] for that Covered Person's treatment and supplies that are Medically Necessary, only when all insurance otherwise available to the Covered Person is not sufficient to pay for the cost of the Medically Necessary treatment.

Medically Necessary treatment must begin within ninety (90) days of the Accident that caused the Accidental Injury and must be completed within fifty two (52) weeks of the Accident.

Expenses for Medically Necessary treatment will be paid on a reasonable and customary basis up to the maximum for each Covered Person.

Accidental Death or Dismemberment Benefit

If a Covered Person suffers an Accidental Death, the Plan will pay to the beneficiary of that Covered Person [\$50,000] if the Covered Person is the Renter and [\$10,000] if the Covered Person is a Passenger.

If a Covered Person suffers Dismemberment, the Plan will pay to that Covered Person the benefit amount as determined from the Table of Losses for Dismemberment below. The Table of Losses for Dismemberment indicates the percentage of the Accidental Death benefit, for which the Covered Person is insured, which the Plan will pay to the Covered Person who suffers the Dismemberment.

The Accidental Death or Dismemberment must occur within 365 days after the Accident.

The benefit payment for Accidental Death or Dismemberment will be either for Accidental Death or one category of loss for Dismemberment. If Dismemberment involves more than one category of loss, the Plan will pay that one amount which represents the greatest loss sustained by the Covered Person.

Table of Losses for Dismemberment (expressed as % of Accidental Death Benefit)

Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
Either Hand or Foot and the Sight of One Eye.....	100%
Speech and Hearing in Both Ears.....	100%
Either Hand or Foot.	50%
Sight of One Eye	50%
Speech	50%
Hearing in Both Ears.....	50%
Thumb and Index Finger of the Same Hand.....	25%

NOTE: With respect to the Accidental Injury Benefit and the Accidental Death or Dismemberment Benefit, for any one Accident resulting in Accidental Injury, Accidental Death or Dismemberment which merits payment under either or both of these two benefits, the maximum payment will not exceed [\$200,000] for all Covered Persons affected by any one Accident. The maximum payment will be apportioned to each Covered Person or to each Covered Person's beneficiary in the amount proportionate to the limit for which the Covered Person was insured.

Section III
ELIGIBILITY AND ENROLLMENT

Coverage Changes

If You would like to change Your coverage, please contact Us at [1-800-332-4899]. The effective date for the change of coverage will be the next business day following Our receipt, acceptance and approval of the change and subject to the payment of any additional required premium. Changes will not be honored unless placed prior to the Rental Period and approved by Us.

Effective Date

Coverage is effective on the first calendar day of the Rental Period, provided Your enrollment is received and validated by Us and the correct premium has been paid.

Section IV
PREMIUMS

Premiums

We will provide insurance coverage in return for premium payment. Premiums are payable by You in a manner acceptable to Us. Premium is due on Your effective date. Premium is [\$9.00 per calendar day of the Rental Period].

Premium Refund

If You cancel Your Rental Car reservation or terminate Your enrollment in this Plan prior to Rental Period, You are entitled to a full premium refund. All other refunds (including those due to shorter periods of coverage) are the applicable pro rata portion of the premium. You must contact Us at [1-800-332-4899] to request a premium refund.

Section V
EXCLUSIONS

Excluded Vehicles

The following vehicles are not considered a Rental Car and no benefit under the Plan will be paid for a loss if such a vehicle is rented:

1. Vehicles not required to be licensed;
2. Trucks other than pick up trucks;
3. Cube vans, campers, jeep-type vehicles, trailers, all terrain vehicles, motorbikes, recreational vehicles, vans or minivans mounted on a truck chassis, motorcycles, mopeds, motorized carts including golf carts, or limousines;
4. Any vehicle more than twenty (20) years old or that has not been manufactured for ten (10) or more years;
5. Vehicles used for commercial or livery use whether or not licensed for such use (commercial use includes hauling or transporting materials or goods necessary to or reasonably considered to be engaged in a commercial or livery use);
6. Vehicles that, after manufacture by the maker, have had any part customized or modified, except for driver's assistance equipment for the physically challenged driver;
7. Any vehicle used off maintained roadways; and
8. Vehicles rented in Australia, Ireland, Israel, Italy, Jamaica, Mexico and New Zealand.

Excluded Actions

Benefits will not be paid under this Plan if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by any of the following:

1. Any loss not reported to the Rental Company;
2. Violation of the Rental Car Agreement;
3. Any Accident occurring after forty-five (45) consecutive calendar days of a Rental Period;
4. Acts by a Covered Person to intentionally damage or injure;
5. Consumption of alcohol at or in excess of the legal blood alcohol level for operating a motor vehicle in the state or locality in which the Accident occurred;
6. Being under the influence of any drug unless taken as prescribed or administered on the advice of a Physician;
7. War or act of war, whether declared or undeclared;
8. Freezing and mechanical breakdown or electrical failure;
9. The Rental Car being left unattended and unlocked or locked but with a window not completely closed;
10. Pushing or towing anything with the Rental Car;
11. Violation of criminal law, or commission of a criminal act, whether cited or charged, by or on behalf of the Covered Person;
12. Participation in a riot, civil disturbance or insurrection;
13. Suicide, attempted suicide or intentionally self-inflicted injury while sane;
14. Failure to surrender all the vehicle keys following the Rental Period;
15. A Rental Car used outside the rental territory authorized by the Rental Company;
16. A Rental Car used for any manner of racing or team sport;
17. A Rental Car used for hire, whether for hire to carry persons or property;
18. Off-road operation of the Rental Car; or
19. Any disease, illness, or infirmity of the Covered Person.

Excluded Items

Benefits will not be paid under this Plan for any of the following:

1. Costs attributed to the Rental Company's normal course of doing business and expenses assumed, waived or paid for by the Rental Company or its insurer;
2. Damage that has occurred prior to the Rental Period;
3. Defect in the manufacture of the Rental Car;
4. Diminishment of value, unless required by law;
5. Depreciation, unless reimbursement for depreciation is required by law;
6. Wear and tear, including such effects caused gradually over time;
7. Any property other than the Rental Car;
8. Any injury, except as described under the Description of Benefits ; or
9. Any injury or physical condition of a Covered Person existing before or exacerbated by an Accident.

Section VI

CLAIM PROVISIONS

Notice of Claim

Notice of claim should be provided to Us within thirty (30) days of the loss. Failure to provide notice of claim within 30 days will not invalidate a claim or reduce any benefit payment that may be found to be eligible, if it can be shown that it was provided as soon as reasonably possible. Notice of all claims must be given to [Global Travel Shield, P.O. Box 792, Golden, CO 80402-0792 or by calling 1-800-332-4899 within the United States or collect to 1-(303)-273-6497 from anywhere else].

Claim Forms

Upon notice of claim, the Covered Person will be sent forms to file proof of loss. If the forms are not sent within fifteen (15) days after We receive notice of claim, then the Covered Person may meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss in accordance with the Proof of Loss provision.

Proof of Loss

Proof of loss must describe the incident, extent and type of loss. All information and evidence required by Us shall be furnished at the expense of the Covered Person or a personal representative and shall be in such form and of such nature as We may prescribe. The Covered Person is required to cooperate with Us and provide documentation as requested by Us which is required and necessary to process the claim and determine if benefits are payable. We reserve the right to request additional information.

Satisfactory proof of loss must be provided to Us within ninety (90) days after the date the loss occurs, except if it can be shown that it was provided as soon as reasonably possible.

Time Payment of Claims

Claims eligible for payment will be paid immediately and in accordance with state regulations upon Our receipt of satisfactory proof of loss.

Payment of Claims

The Damage and Theft Benefit is payable to the Renter or to the Rental Company.

Benefits payable under the Accidental Injury Benefit are payable to the Covered Person.

Dismemberment benefits payable under the Accidental Death or Dismemberment Benefit are payable to the Covered Person.

Accidental Death benefits will be paid to the surviving person or equally to the surviving persons in the first of the following classes of successive preference beneficiaries in which there is a living member:

1. The Covered Person's spouse or domestic partner;
2. The Covered Person's children, equally per stirpes; or
3. The Covered Person's estate.

In determining such person or persons, We may rely upon an affidavit by a member of any of the classes of preference beneficiaries. Payment based upon any such affidavit will fully discharge Us from all obligations under the Policy unless, before such payment is made, We have received written notice of a valid claim by some other person. Any amount payable to a minor may be paid to the guardian of the estate of the minor.

Any payment that We make in good faith will fully discharge Us to the extent of that payment.

Section VII

TERMINATION OR CANCELLATION

This Plan is issued for a single Rental Period and is non-renewable.

Coverage under the Policy will terminate or cancel on the date immediately following the earliest of these events:

1. The last calendar day of the Rental Period;

2. Forty-five (45) consecutive calendar days of a Rental Period;
3. The last consecutive calendar day of a Rental Period for which premium has been paid;
4. You request termination of insurance under this Plan; or
5. When We determine that misrepresentation, non-disclosure or fraud in enrollment or claims presentation has occurred.

Cancellation or termination of coverage will not prejudice any claim commencing while coverage is in force.

Section VIII

GENERAL PROVISIONS

Change in Permanent Residence

You must notify Us within thirty (30) days of a change in Your Permanent Residence. If the change is to a different state, Your Policy provisions and rates may be adjusted to conform to the requirements of that state. Notification of any such Policy adjustment will be included in a new Certificate of Insurance issued to You.

Clerical Error

A clerical error made by the Company will not invalidate insurance otherwise validly in force nor continue insurance not validly in force.

Conformity with State and Federal Law

If a Plan provision does not conform to applicable provisions of State or Federal law, the Plan is hereby amended to comply with such law.

Entire Contract; Representation; Change

This Certificate of Insurance, the Policy and any applications, endorsements or riders make up the entire contract. Any statement You make is a representation and not a warranty. This Certificate of Insurance may be changed at any time by written agreement between the Master Policyholder and the Company. Only the President, Vice-President or Secretary of the Company may change or waive the provisions of the Certificate of Insurance. No agent or other person may change the Certificate of Insurance or waive any of its terms. This Certificate of Insurance may be changed at any time by providing notice to You. A copy of the Policy will be maintained and kept by the Master Policyholder and may be examined at any time.

Excess Coverage

If a loss under the Accidental Injury Benefit is insured under any other valid and collectible policy, then this Policy shall cover such loss, subject to its exclusions, conditions, provisions and other terms herein, only to the extent that the amount of such loss is in excess of the amount of such other insurance which is payable or paid.

Fraud

If any request for benefits made under the Plan is determined to be fraudulent, or if any fraudulent means or devices are used by a Covered or by anyone acting on the Covered Person's behalf to obtain benefits, all benefits will be forfeited.

Legal Actions

No legal action may be brought to recover against this Plan until sixty (60) days after Proof of Loss has been received by Us. No such action may be brought after five (5) years from the time written Proof of Loss is required to be given.

If a time limit of this Plan is less than allowed by the laws of the state where You live, the limit is extended to meet the minimum time allowed by such law.

Right of Recovery

If We make a payment to a Covered Person under this Plan and the Covered Person recovers an amount from another, equal to or less than Our payment, the Covered Person shall hold in trust for Us the proceeds of the recovery and reimburse Us to the extent of Our payment. If Our payments exceed the maximum amount payable

under the benefits of this Plan, We have the right to recover from the Covered Person any amount exceeding the maximum amount payable.

Subrogation

In the event of any payment under this Policy, We shall be subrogated to the extent of such payment to all the Covered Person's rights of recovery. The Covered Person shall execute all papers required and shall do everything necessary to secure and preserve such rights, including the execution of such documents necessary to enable Us to effectively bring suit or otherwise pursue subrogation rights in the Covered Person's name. The Covered Person shall do nothing to prejudice such subrogation rights.

Time Limit on Certain Defenses

After two (2) years from the date of enrollment, no misstatements, except fraudulent misstatements, during enrollment may be used to void the coverage or deny any claim for loss incurred after the two-year period.

IMPORTANT ADDITIONAL INFORMATION FOR YOU

This Certificate of Insurance replaces any other Certificate of Insurance that You may have previously received for this period of coverage under this Plan.

This Certificate of Insurance is an important document. Please read it and keep it in a safe place.

IN WITNESS WHEREOF, We have caused this Certificate of Insurance to be signed by Our officers:



[Kenneth J. Ciak
President
AMEX Assurance Company]



[Thomas R. Moore
Secretary
AMEX Assurance Company]

SERFF Tracking Number: AMEE-125323148 *State:* Arkansas
Filing Company: AMEX Assurance Company *State Tracking Number:* AR-PC-07-026445
Company Tracking Number: AX0126-AR-0008F1
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0006 Other Personal Inland Marine
Product Name: GTS Car Rental
Project Name/Number: GTS Car Rental /AX0126-AR-0008F1

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMEE-125323148

State: Arkansas

Filing Company: AMEX Assurance Company

State Tracking Number: AR-PC-07-026445

Company Tracking Number: AX0126-AR-0008F1

TOI: 09.0 Inland Marine

Sub-TOI: 09.0006 Other Personal Inland Marine

Product Name: GTS Car Rental

Project Name/Number: GTS Car Rental /AX0126-AR-0008F1

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

10/29/2007

Comments:

Please see below.

Attachment:

AR PC Universal Transmittal AX0126-AR-0008F1.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
14. Effective Date(s) Requested	New: _____ Renewal: _____

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22.	Filing Fees (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>Check #:</p> <p>Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
	<p>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</p>

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.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		