

SERFF Tracking Number: AMMH-125269118 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: AR-PC-07-025864
Company Tracking Number: 20070821-03
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: Riders Choice Motorcycle
Project Name/Number: Form Filing/20070821-03

Filing at a Glance

Company: American Modern Home Insurance Company

Product Name: Riders Choice Motorcycle SERFF Tr Num: AMMH-125269118 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: AR-PC-07-025864
Sub-TOI: 19.0002 Motorcycle Co Tr Num: 20070821-03 State Status:
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding
Author: Missy Deller Disposition Date: 10/04/2007
Date Submitted: 08/22/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Form Filing Status of Filing in Domicile:
Project Number: 20070821-03 Domicile Status Comments:
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 10/04/2007
State Status Changed: 08/22/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Riders Choice Motorcycle form filing.

Company and Contact

Filing Contact Information

Melissa Deller, Filing Analyst mdeller@amig.com
7000 Midland Blvd. (800) 759-9008 [Phone]
Amelia, OH 45102 (513) 947-4655[FAX]

Filing Company Information

American Modern Home Insurance Company CoCode: 23469 State of Domicile: Ohio

SERFF Tracking Number: AMMH-125269118 State: Arkansas
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7000 Midland Blvd.
Amelia, OH 45102
(800) 759-9008 ext. [Phone]

Group Code: 127
Group Name:
FEIN Number: 31-0715697

Company Type:
State ID Number:

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/04/2007	10/04/2007

SERFF Tracking Number: *AMMH-125269118* *State:* *Arkansas*
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Project Name/Number: *Form Filing/20070821-03*

Disposition

Disposition Date: 10/04/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Revised form filing	Approved	Yes
Form	Declarations Page	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declarations Page	0110-426910/07		Declaration New s/Schedule		0.00	AMH0077.pdf



POLICY DECLARATIONS
Motorcycle/Off Road Vehicle Summary
 New Business

Policy Number: 000-135-835
 Policy Period: March 22, 2007 to March 22, 2008 12:01 A.M. Standard Time

Insured/Agent Information

Named Insured(s): John Doe
 9898 Marion Way, Candler FL 32111

Your Agent: Agent Name
 7000 Midland Blvd, Candler, FL 32111
 (555) 546-8798

Broker: None

Operator Information

Listed Operator(s):	Accidents/Violations:	Date:
John Doe	Speeding 1	03/03/07
	Speeding 2	03/04/07
	Speeding 3	03/05/07
Jane Doe	None	

Excluded Operator(s):

Jim Doe	Not Applicable
Jill Doe	Not Applicable

Unit Information

Unit(s) Covered:	Vehicle Identification Number:
Unit #1: 2004 YAMAHA YJ125 VINO	LPRSE13Y1111
Unit #2: 2002 KAWASAKI YZ999 VINO	LPRSE13Y2222

Premium Summary Information

Unit #1:	\$111.00	* Your total premium includes discounts of -\$11.25 and surcharges of \$0.00.
Unit #2:	\$222.00	
Fees/Taxes	\$0.00	
Total 12-Month Policy Premium*	\$333.00	

Note: A minimum earned premium of \$0.00 applies to this policy.

Miscellaneous Coverages

None

James E. Smith



POLICY DECLARATIONS
 Motorcycle/Off Road Vehicle
 New Business

Policy Number: 000-135-835
 Policy Period: March 22, 2007 to March 22, 2008 12:01 a.m. Eastern Time

Unit #1: 2004 YAMAHA YJ125 VINO

Vehicle Identification Number: LPRSE13Y1111
Garaging Address: 9898 Marion Way, Candler FL 32111

Unit Information:

Unit rated using engine size of 124 cc.

Operator Information

Principal Operator: John Doe
Occasional Operators: Jane Doe

Coverage	Limit/Description	12-Month Premium
Bodily Injury Liability	\$10,000 each person, \$20,000 each accident	\$30.00
Property Damage Liability	\$10,000 each accident	\$23.00
Uninsured Motorists Bodily Injury	\$10,000 each person, \$20,000 each accident	\$58.00
Total 12-Month Premium for Unit # 1		\$111.00

Discounts Applied: Homeowner Discount **Amount:** -\$11.25
Surcharges Applied: None **Amount:**

Other Information

Lienholder:
 First National Bank; 999 Center Drive, Ft.Thomas KY 41051

Additional Insured:
 John Smith; 123 Main Street, Candler FL 32111

Policy Form and Endorsements:
 VM009 06/05 VMA09 10/05 VM7FL 12/04 VMN18 12/03



POLICY DECLARATIONS

Motorcycle/Off Road Vehicle
New Business

Policy Number: 000-135-835
Policy Period: March 22, 2007 to March 22, 2008 12:01 a.m. Eastern Time

Unit #2: 2002 KAWASAKI YZ999 VINO

Vehicle Identification Number: LPRSE13Y2222
Garaging Address: 9898 Marion Way, Candler FL 32111

Unit Information:

Unit rated using engine size of 124 cc.

Operator Information

Principal Operator: John Doe
Occasional Operators: None

Coverage	Limit/Description	12-Month Premium
Bodily Injury Liability	\$10,000 each person, \$20,000 each accident	\$60.00
Property Damage Liability	\$10,000 each accident	\$46.00
Uninsured Motorists Bodily Injury	\$10,000 each person, \$20,000 each accident	\$116.00
Total 12-Month Premium for Unit # 2		\$222.00

Discounts Applied: Homeowner Discount **Amount:** -\$11.25
Surcharges Applied: None **Amount:** None

Other Information

Lienholder:

None

Additional Insured:

None

Policy Form and Endorsements:

VM009 06/05 VMA09 10/05 VM7FL 12/04 VMN18 12/03



POLICY DECLARATIONS

Motorcycle/Off Road Vehicle
New Business

Policy Number: 000-135-835
Policy Period: March 22, 2007 to March 22, 2008 12:01 a.m. Eastern Time

Policy Form and Endorsements Summary

PVS00 06/06 Privacy Notice
VM7FL 12/04 Riders Choice Policy Coverage Option Form - Florida
VMN18 12/03 Riders Choice Policy Outline - Florida
VM009 06/05 Riders Choice Policy
VMA09 10/05 Amendment Of Policy Provisions - Florida

***PLEASE REVIEW THE INFORMATION CONTAINED IN THIS POLICY
IF ANY INFORMATION IS INCORRECT, PLEASE CONTACT CUSTOMER SERVICE:***

Agent Name
(555) 546-8798

CLAIMS TELEPHONE NUMBER: 1-800-543-2644
HOURS: 8:00 A.M. - 7:00 P.M. EST/EDT

AMERICAN MODERN INSURANCE GROUP

MAILING ADDRESS
PO BOX 5323
CINCINNATI, OHIO 45201-5323

MAIN ADMINISTRATIVE OFFICE
7000 MIDLAND BOULEVARD
AMELIA, OHIO 45102-2607

Date prepared: 03/22/2007
Bill to: Insured
Form #: 0110-4269 10/07

Insured Copy

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Rate Information

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty
Bypass Reason: n/a information now in the new serff system
Comments:

Review Status: Approved 10/04/2007

Satisfied -Name: Cover letter
Comments:
Attachment: arletter.pdf

Review Status: Approved 10/04/2007

Satisfied -Name: Explanatory Memorandum
Comments:
Attachment: Renewal Co Filing Memo.pdf

Review Status: Approved 10/04/2007

Satisfied -Name: Revised form filing
Comments:
Attachment: revisedf1page.pdf

Review Status: Approved 10/04/2007



AMERICAN MODERN HOME
INSURANCE COMPANY

August 22, 2007

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

**RE: Riders Choice Program
American Modern Home Insurance Company NAIC #23469
Form Filing Addendum
Company filing #20070821-03**

Dear Commissioner:

At this time, American Modern Home Insurance Company wishes to file an addendum to our filed and approved Form filing for Riders Choice Program in the state of Arkansas. The referenced program was reviewed and approved for use by your department on August 18, 2005.

The attached filing memorandum will provide a completed and detailed summary of this filing addendum.

We are proposing an effective date of on or after January 1, 2008.

Please acknowledge receipt and approval and return it to my attention. Thank you for your time and consideration of this filing. If you have any questions, please contact me at 1-800-759-9008, ext. 5871, fax number 513-947-4655 or via e-mail at mdeller@amig.com.

Regards,

Melissa Deller
Compliance Analyst

Explanatory Memorandum
American Modern Home Insurance Company
Riders Choice Program

American Modern Home Insurance Company is pleased to submit the following updates to our Riders Choice Program. We are updating our policy processing and management system and some changes are required for this as follows.

DECLARATION PAGE

We are updating our declaration page introducing a new layout and structure.

Summary Page

Similar to our current policy summary page, it contains information pertaining to the units for the product. We have included listed and excluded operators on this page.

DEC Unit Page

Similar to our current unit page, our revised form prints for each unit within the policy. It contains information pertaining to the specific unit including coverages, endorsement forms, unit premium, discounts and surcharges, etc. We have included occasional operators on this page, and have moved the accidents and violations to the summary page.

Forms Summary Page

New to our declaration page, the forms summary page contains a listing of forms which includes form name, form edition date and title of form.

Our forms listing, page F-1 in the enclosed material, identifies our current declarations page as well as the new form that will be rolled out with the implementation of our new processing system.

**ARKANSAS
AMERICAN MODERN HOME INSURANCE COMPANY
RIDER'S CHOICE MOTORCYCLE PROGRAM**

FORMS REQUIRED TO BE FILED

Mandatory Forms

Form Number	Title
VM000 (12/04)	Riders Choice Policy
VMA03 (01/05)	Riders Choice Policy Amendment of Policy Provisions – Arkansas
0110-4269 (5/92)	Free Form Declarations Page (Currently in use)
0110-4269 (10/07)	Free Form Declarations Page (rolled out with the implementation of our new processing system)

Optional Forms

Form Number	Title
JENRI	Cancellation Notice
JENRIC – 16	Non-Renewal Notice
VMD00 (08/04)	Motorcycle Driver Exclusion Endorsement
VMR00 (12/03)	Riders Choice Policy Replacement Cost Coverage Endorsement
VMU03 (11/05)	Riders Choice Policy Uninsured Motorists Coverage Endorsement – Arkansas
VMW03 (01/05)	Riders Choice Policy Underinsured Motorists Coverage Endorsement – Arkansas
VM103 (12/03)	Riders Choice Policy Personal Injury Protection Coverage – Arkansas
VM4AR (11/04)	Rejection of Uninsured and Underinsured Motorists Coverages and Offer of Increased Uninsured Limits – Arkansas
VM5AR (02/02)	Rejection of Personal Injury Protection Coverage – Arkansas
VM500 (12/04)	Riders Choice Policy Physical Damage Stated Amount Coverage Endorsement – Custom Cycle

Important Notice

Form Number	Title
VMN21 (12/03)	Riders Choice Policy Notice to Insureds – Arkansas
71428 (02/02)	Arkansas Act 197 of 1987

FORMS NOT REQUIRED TO BE FILED

Mandatory Forms

Form Number	Title
V81AR (06/06)	ID Card
MC-AP-AR (04/04)	Riders Choice Application (currently in use)
MC-AP-AR (07/07)	Riders Choice Application (rolled out with the implementation of our new processing system)
77-05-MC-AR (03/05)	Riders Choice Program Underwriting Guidelines – Arkansas

Important Notices

Form Number	Title
VMN06 (09/04)	Important Notice to Policyholders
VMN30 (12/03)	Important Notice to Policyholders
VMN31 (12/03)	Important Notice to Policyholders
VMN32 (12/03)	Important Notice to Policyholders
VMN33 (12/03)	Important Notice to Policyholders
VMN41 (09/04)	Important Notice to Policyholders

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	F-1	01/01/08	8/22/07