Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - Motorcycle	SERFF Tr Num: ASPX-125319005	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-026377
Sub-TOI: 19.0002 Motorcycle	Co Tr Num: A-MC-07 4858	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: SPI AssurantPC	Disposition Date: 10/30/2007
	Date Submitted: 10/09/2007	Disposition Status: Approved
Effective Date Requested (New): 02/01/2008		Effective Date (New): 02/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: SCO - Motorcycle	Status of Filing in Domicile:
Project Number: PA AR02488ARF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/30/2007	
State Status Changed: 10/09/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

American Reliable Insurance Company is submitting a revised forms filing to our currently approved Motorcycle Program in Arkansas. Our proposed effective dates are 2/1/2008 for new and 3/15/2008 for renewal business.

Form A1003E0907 - Passenger Limit of Liability endorsement now reflects the definition of insured & family member from the policy for clarification.

Form A1028A0907 - Application has been revised to add a 2 page UM/UIM rejection selection section.

Company and Contact

Filing Contact Information

Wendy Sara-Kalisz,
8655 East Via De Ventura
Scottsdale, AZ 85258
(800) 535-1333 [Phone]
() -[FAX]

Filing Company Information

American Reliable Insurance Company	CoCode: 19615	State of Domicile: Arizona
11222 Quail Roost Dr	Group Code: 19	Company Type:
Miami, FL 33157	Group Name: Assurant, Inc. Group	State ID Number:
(305) 253-2244 ext. [Phone]	FEIN Number: 41-0735002	

Filing Fees

Fee Required?	Yes
Fee Amount:	$40.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Reliable Insurance Company	$40.00	10/09/2007	16030154

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 AssurantPC	10/24/2007	10/24/2007
Pending Industry Response	Alexa Grissom	10/11/2007	10/11/2007	SPI AssurantPC	10/18/2007	10/18/2007

Disposition

Disposition Date: 10/30/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ASPX-125319005*	*State:*	*Arkansas*
Filing Company:	*American Reliable Insurance Company*	*State Tracking Number:*	*AR-PC-07-026377*
Company Tracking Number:	*A-MC-07 4858*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0002 Motorcycle*
Product Name:	*SCO - Motorcycle*		
Project Name/Number:	*SCO - Motorcycle/PA AR02488ARF01*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Certificate of Compliance	Approved	Yes
Supporting Document	Forms Certificates of Compliance	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Reply Letter 10-18-07	Approved	Yes
Form *(revised)*	Passenger Limit of Liability	Approved	Yes
Form	Passenger Limit of Liability	Approved	Yes
Form	Application	Approved	Yes

Objection Letter

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

Dear Wendy Sara-Kalisz,

This will acknowledge receipt of the captioned filing. Are the limits for guest passenger liability the same as the liability limits on the policies you provide?

Please feel free to contact me if you have questions.
Sincerely,
Alexa Grissom

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/24/2007
Submitted Date	10/24/2007

Dear Alexa Grissom,

Comments:
This correspondence serves as our reply to your objection letter.

Response 1

Comments: Yes, the Guest Passenger limit follows the Bodily Injury purchased.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We trust this information adequately satisfies your Department's inquiry. Please feel free to contact me if you should have any questions.

SERFF Tracking Number:	*ASPX-125319005*	*State:*	*Arkansas*
Filing Company:	*American Reliable Insurance Company*	*State Tracking Number:*	*AR-PC-07-026377*
Company Tracking Number:	*A-MC-07 4858*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0002 Motorcycle*
Product Name:	*SCO - Motorcycle*		
Project Name/Number:	*SCO - Motorcycle/PA AR02488ARF01*		

Sincerely,

SPI AssurantPC

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/11/2007
Submitted Date	10/11/2007
Respond By Date	

Dear Wendy Sara-Kalisz,

This will acknowledge receipt of the captioned filing. Please advise if the insured would receive a premium credit for adding the passenger liability limitation endorsement. Also, please refer to Ark. Code Ann. 23-89-214 with which you must comply.

Additionally, the second paragraph of the endorsement should be reworded for clarity.

Please feel free to contact me if you have questions.
Sincerely,
Alexa Grissom

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/18/2007
Submitted Date	10/18/2007

Dear Alexa Grissom,

Comments:
10-18-07

This correspondence is in response to your 10-11-07 objection letter.

Response 1

Comments: Attached you will find a reply letter explaining our position in addition to a revised form.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: Reply Letter 10-18-07

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Passenger Limit of Liability	A1114E	1007	Endorsement/Amendment/Conditions	Replaced		42	A1114E.PDF
Previous Version							
Passenger Limit of Liability	*A1003E*	*0907*	*Endorsement/Amendment/Conditions*	*Replaced*		*42*	A1003E.PDF

No Rate/Rule Schedule items changed.

We trust this information adequately satisfies your Department's inquiry. Please feel free to contact me if you have any questions. Thank you.

Sincerely,
SPI AssurantPC

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Passenger Limit of Liability	A1114E	1007	Endorsement/Amendment/Conditions	Replaced	Replaced Form #: A1003E Previous Filing #:	41.80	A1114E.PDF
Approved	Application	A1028A	0907	Application/Binder/Enrollment	Replaced	Replaced Form #: Previous Filing #:	40.00	A1028A.PDF

AMERICAN RELIABLE INSURANCE COMPANY
PASSENGER LIABILITY –
LIMIT OF LIABILITY ENDORSEMENT

In return for *your* premium payment, *our* liability under Coverage A - LIABILITY COVERAGE, as respects Bodily Injury to Passenger is limited to the minimum amount required in the Motor Vehicle Financial Responsibility law of the *state* where this coverage was purchased.

We do not provide Passenger Liability Bodily Injury coverage for any "insured" or "family member".

Definition of "insured" is:
(1) You or a family member; or
(2) Any other person or organization with respect to legal liability for acts or omissions of a person covered under this part while using your insured vehicle.

Definition of "family member" is:
(1) A person living in your household or related to you by blood, marriage, or adoption, including a ward or foster child.

The liability limit for *passengers* will be as indicated on the *Dec Page* or shown below:

COVERAGE	LIMITS OF LIABILITY
A. 3. – Bodily Injury to Passengers	$_____ each person
	$_____ each accident

The limit of liability for Bodily Injury to Passenger coverage is a sub-limit under Coverage A. 1. Bodily Injury. Any payments made under this coverage will exhaust the Coverage A. 1. Bodily Injury limit of liability by the amount of the payments.

THIS ENDORSEMENT IS EFFECTIVE AS OF _____ OR AT INCEPTION OF THE POLICY TO WHICH IT IS ATTACHED.

All other terms and conditions of the policy remain unchanged.

American Reliable
Insurance Company

MOTORCYCLE APPLICATION
ARKANSAS

Test General Agency
Test Road
Test State
(123) 456-7890 FAX (123) 456-7890

POLICY TERM	From To	BINDING COVERAGE: For Coverage to begin when requested, it is necessary that the application be fully completed. Pay special attention to providing accurate model information and obtaining all required dated signatures or coverage will not be bound. The application must be postmarked within 72 hours of the effective date; otherwise coverage is bound 12:01 A.M. the date received by the General Agent.
	Time Accepted AM PM	

NAMED INSURED	Name		Driver Name		
	Address		City	State	Zip
	Garaging Address (if different than above)				
	County		Rating Territory	Driver's License #	
	Social Security #	Date of Birth	☐ Married ☐ Single/Separated	Phone No. H	Phone No. W
SUB PRODUCER	Sub-Producer Code	Agency Name		Phone No. ( ) -	
	Address		City	State	Zip
LIENHOLDER	Lien Name		Loan #		
	Address		City	State	Zip

DESCRIPTION OF MOTORCYCLE(S) *** In order to bind coverage, Model information MUST be provided.**

Year	Make	*Model	CC's	Purchase Year	Vehicle Identification Number

See back page of application for rating assignment

Coverage Options	Premium
Liability Limits: Guest Passenger Incl. (*Choose One Limit*) ☐ 25/50/25 BI/PD/GP ☐ 100/300/50 BI/PD/GP ☐ 50/100/25 BI/PD/GP ☐ 100/300/100 BI/PD/GP ☐ 50/100/50 BI/PD/GP ☐ 250/500/100 BI/PD/GP	(1) $
Other than Collision/Collision Coverage (Optional) ☐ $250 Ded. ☐ $500 Ded. ☐ $1000 Ded.	(2) $
Uninsured Motorist (Must Sign Below) ☐ Reject ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500	(3) $
Underinsured Motorist (Must Sign Below) ☐ Reject ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500	(4) $
Uninsured Motorist Property Damage **(Must Sign Below)** ☐ Reject ☐ 25 ☐ 50 ☐ 100	(5) $
Personal Injury Protection ($5,000) (Optional) ☐ Reject ☐ Med Pay & Weekly Benefits ☐ Work Loss ☐ Med Pay & Accidental Death ☐ Med Pay ☐ Accidental Death & Weekly Benefits ☐ Accidental Death ☐ Med Pay, Accidental Death & Weekly Ben.	(6) $
Accessory Premium ($1,000 included w/phys. Damagae coverage) Available with OTC & Collision Coverages Only	(7) $
Coverage for Safety Clothing & Towing (Optional) Available with OTC & Collision Coverage Only	(8) $
Sum of Premium Calculation (9) = (1) + (2) + (3) + (4) + (5) + (6) + (7) + (8)	(9) $
Accident/Violation Factor Complete the Accident/Violation Chart on the right, then select the level factor from the Point Chart that corresponds to the level e.g.. Level 2 = Factor 1.20	(10)
Sub Total Accident/Violation Calculation (11) = (9) X (10) rounded to the nearest dollar	(11) $
CREDITS proof required - see discount section ☐ Transfer A (<30 day lapse) **15%** ☐ Safety Training -**10%** ☐ Transfer B (>30 day lapse) **10%** ☐ Multi Cycle -**10%** ☐ Alarm -**5%** ☐ Association - **10%** **30% Maximum**	(12) $
Sub Total with Discount Calculation (13) = sub total (11) - credit discount % (12)	(13) $
TOTAL PREMIUM per unit	(14) $
(Round to the nearest dollar) **Total Policy Premium**	$

Minimum written & retained $50.

ACCESSORIES & NON-STANDARD EQUIPMENT

$1000 provided with OTC & Coll Coverage. All non-standard equipment and accessories must be listed below for coverage to exist. Additional coverage over $1000 is available for an additional premium. (round to the nearest $100).

Exhaust	$	Tour Rack	$
Luggage Rack	$	Tow Behind Trailer	$
Other Accessories	$	Windshield	$
Saddle Bags	$		$
Special Finish	$		$
	$		
TOTAL (rounded to the nearest $100)			$

Helmets are covered up to $300 with OTC & COLL package purchase.

ACCIDENT/VIOLATION CHART Preceding 36 months

Level	Factor	Level	Factor	Level	Factor	Level	Factor	Level	Factor
0	1.00	1	1.05	2	1.20	3	1.40	4	2.25

☐ Level 0 0 minors, zero at-fault accidents, zero majors
☐ Level 1 1-2 minors, zero at-fault accidents, zero majors
☐ Level 2 Up to 2 minors & 1 at-fault accident over $1000, zero majors
☐ Level 3 Up to 3 minors & 1 at-fault accident over $1000 or 1 major or an unverifiable driver license
☐ Level 4 Up to 4 minors & 2 at-fault accidents over $1000 or 2 majors (no multiple DUI's)

See web site or rate guide for eligibility and major violation explanation.

	Yes	No	How Many?	Date(s)
Driving Record	☐	☐		
Accidents (at fault)	☐	☐		
Major Violations	☐	☐		
Minor Violation	☐	☐		

INSTALLMENT BILLING OPTIONS - Annual Policies Only

☐ Full pay 100% down
☐ Two pay 50% down + $6 Installment Fee (Payment Due in 160 Days)
☐ Four pay 25% down + $6 Installment Fee (Payments due on Day 45, 90 & 135)

A1028A0907

American Reliable
Insurance Company

Test General Agency
Test Road
Test State
(123) 456-7890 FAX (123) 456-7890

OPERATOR RATING ASSIGNMENT

Assign the highest rated insured operator to the motorcycle or ATV.

In a situation where you have more insured operators than insured motorcycles/ATV's assign the highest rated insured operator to the highest rated motorcycle/ATV.

If there are an equal number of vehicles and operators, assign the operator to the vehicle they use most.

In a situation where you have more insured motorcycles/ATV's than insured operators assign the operators to the motorcycle/ATV he/she operates most and on the extra motorcycle assign the highest rated insured operator.

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and substantial civil penalties.

IMPORTANT NOTICE

Personal Information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information will be issued with your policy. This notice is given in compliance with the Federal Credit Reporting Act.

APPLICANT'S SIGNATURE

I hereby apply for insurance. I agree the policy shall be null and void if such information is false, misleading or would affect acceptance by the company. I understand that any equipment that is not "factory standard" WILL NOT BE COVERED unless listed and the additional premium paid for values greater than $1000. I understand that motor vehicle records may be verified.

Applicant's Signature X _____ _____/_____/_____
Date

Parent's Signature X _____ _____/_____/_____
(If applicant is under 18) Date

Producer's Signature X _____ _____/_____/_____
Please print legibly Date

INSTALLMENT BILLING PAYMENTS - Annual Policies Only

☐ Full pay 100% down $ _____
☐ Two pay 50% down + $6 Installment Fee (Payment Due in 160 Days)
☐ Four pay 25% down + $6 Installment Fee (Payments due on Day 45, 90 & 135)

The company will impose a charge of $15.00 on NSF checks.

Down pament due $ _____ Payment in 160 days $ _____
Down pament due $ _____ Additional Payments $ _____

American Reliable
Insurance Company

Test General Agency
Test Road
Test State
(123) 456-7890 FAX (123) 456-7890

Arkansas Uninsured Motorists Coverage and Underinsured Motorists Coverage SELECTION/REJECTION (supplement to the application)

Arkansas law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) for complete information on the coverages you are provided.

Uninsured And Underinsured Motorists Coverages

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Bodily Injury Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Unless rejected, your policy must include Bodily Injury Uninsured Motorists Coverage at limits not less than split limits of $25,000 for each person, subject to $50,000 for each accident with respect to bodily injury. You may select optional higher limits up to the policy's bodily injury liability limit. If you purchase Bodily Injury Uninsured Motorists Coverage, then you may also select Property Damage Uninsured Motorists Coverage up to the policy's property damage liability limits or you may reject such coverage.

Unless rejected, Underinsured Motorists Coverage will be provided to you at the same limits as your Bodily Injury Uninsured Motorists Coverage. Underinsured Motorists Coverage is NOT available if you have rejected Bodily Injury Uninsured Motorists Coverage.

Please indicate your choice(s) from A. AND B. (if applicable).

A. Selection Or Rejection Of Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage

Please indicate your choice(s) from 1., 2. OR 3. as follows:

1. Selection Of Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage

By completing this section, you are selecting BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate item(s) in a. OR b. and signing below. Please note that we only offer Bodily Injury Uninsured Motorists Coverage and Property Damage Uninsured Motorists Coverage up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) _____ **a.** I select Bodily Injury Uninsured Motorists Coverage at limit(s) equal to the minimum limits required by Arkansas law AND Property Damage Uninsured Motorists Coverage as indicated below. I acknowledge that I have been offered Bodily Injury Uninsured Motorists Coverage at limit(s) up to the bodily injury liability limits of my policy. I reject any increased limits of Bodily Injury Uninsured Motorists

(Initials) _____ Split Limits Bodily Injury And Property Damage

$ 25,000/50,000/25,000

or

(Initials) _____ **b.** I select Bodily Injury Uninsured Motorists And Property Damage Uninsured Motorists Coverage at the following limit(s):

(Initials) _____ Split Limits Bodily Injury And Property Damage

$ 50/100/25

_____ 50/100/50

_____ 100/300/50

_____ 100/300/100

_____ 250/500/100

_____ _____
Signature Of Applicant/Named Insured **Date**

Test General Agency
Test Road
Test State
(123) 456-7890 FAX (123) 456-7890

2. Rejection Of Property Damage Uninsured Motorists Coverage And Selection Of ONLY Bodily Injury Uninsured Motorists Coverage

By completing this section, you are rejecting Property Damage Uninsured Motorists Coverage and selecting ONLY Bodily Injury Uninsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate item(s) in a. OR b. and signing below. Please note that we only offer Bodily Injury Uninsured Motorists Coverage up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) **a.** I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at limits equal to the minimum limits required by Arkansas law. I acknowledge that I have been offered Bodily Injury Uninsured Motorists Coverage at limit(s) up to the liability limits of my policy. I reject any increased limits of Bodily Injury Uninsured Motorists Coverage that are higher than the minimum limits required by Arkansas law.

_____

(Initials) Split Limits Bodily Injury

_____ $ 25,000/50,000/25,000

or

(Initials)

_____ **b.** I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at the following limits:

(Initials) Split Limits Bodily Injury

_____ $ 50/100

_____ 100/300

_____ 100/300

_____ 250/500

Signature Of Applicant/Named Insured **Date**

3. Rejection Of BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage

By initialing and signing below, you are rejecting Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage in its entirety.

(Initials)

_____ I reject BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage.

Signature Of Applicant/Named Insured **Date**

B. Selection Or Rejection Of Bodily Injury Underinsured Motorists Coverage

(Bodily Injury Underinsured Motorists Coverage is NOT available if you have rejected Bodily Injury Uninsured Motorists Coverage.)

If you have elected to purchase Bodily Injury Uninsured Motorists Coverage, you have the option to select Bodily Injury Underinsured Motorists Coverage at limits equal to your Bodily Injury Uninsured Motorists Coverage limits or reject the coverage in its entirety.

1. Selection Of Bodily Injury Underinsured Motorists Coverage

(Initials)

_____ I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Uninsured Motorists Coverage limits.

Signature Of Applicant/Named Insured **Date**

or

2. Rejection Of Bodily Injury Underinsured Motorists Coverage

(Initials)

_____ I reject Bodily Injury Underinsured Motorists Coverage.

Signature Of Applicant/Named Insured **Date**

American Reliable
Insurance Company

ARKANSAS
SUPPLEMENTAL MOTORCYCLE APPLICATION

Test General Agency
Test Road
Test State
(123) 456-7890 FAX (123) 456-7890

NAMED INSURED	Name				
	Address	City	State	Zip	
	Garaging Address (if different than above)				
	County	Rating Territory.	Driver's License #		
	Social Security #	Date of Birth	☐ Married ☐ Single/Separated	Phone No. H	Phone No. W
LIENHOLDER	Lien Name	Loan #			
	Address	City	State	Zip	

DESCRIPTION OF MOTORCYCLE(S) *** In order to bind coverage, Model information MUST be provided.**

Year	Make	*Model	CC's	Purchase Year	Vehicle Identification Number

COVERAGE OPTIONS (LIMITS MUST MATCH VEHICLE #1)

Coverage Options	Premium
Liability Limits: Guest Passenger Incl. (*Choose One Limit*) ☐ 25/50/25 BI/PD/GP ☐ 100/300/50 BI/PD/GP ☐ 50/100/25 BI/PD/GP ☐ 100/300/100 BI/PD/GP ☐ 50/100/50 BI/PD/GP ☐ 250/500/100 BI/PD/GP	(1) $
Other than Collision/Collision Coverage (Optional) ☐ $250 Ded. ☐ $500 Ded. ☐ $1000 Ded.	(2) $
Uninsured Motorist (Must Sign Below) ☐ Reject ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500	(3) $
Underinsured Motorist (Must Sign Below) ☐ Reject ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500	(4) $
Uninsured Motorist Property Damage **(Must Sign Below)** ☐ Reject ☐ 25 ☐ 50 ☐ 100	(5) $
Personal Injury Protection ($5,000) (Optional) ☐ Reject ☐ Med Pay & Weekly Benefits ☐ Work Loss ☐ Med Pay & Accidental Death ☐ Med Pay ☐ Accidental Death & Weekly Benefits ☐ Accidental Death ☐ Med Pay, Accidental Death & Weekly Ben.	(6) $
Accessory Premium ($1,000 included w/phys. Damagae coverage) Available with OTC & Collision Coverages Only	(7) $
Coverage for Safety Clothing & Towing (Optional) Available with OTC & Collision Coverage Only	(8) $
Sum of Premium Calculation (9) = (1) + (2) + (3) + (4) + (5) + (6) + (7) + (8)	(9) $
Accident/Violation Factor Complete the Accident/Violation Chart on the right, then select the level factor from the Point Chart that corresponds to the level e.g.. Level 2 = Factor 1.20	(10)
Sub Total Accident/Violation Calculation (11) = (9) X (10) rounded to the nearest dollar	(11) $
CREDITS proof required - see discount section ☐ Transfer A (<30 day lapse) **15%** ☐ Safety Training **-10%** ☐ Transfer B (>30 day lapse) **10%** ☐ Multi Cycle **-10%** ☐ Alarm **-5%** ☐ Association - **10%** **30% Maximum**	(12) $
Sub Total with Discount Calculation (13) = sub total (11) - credit discount % (12)	(13) $
TOTAL PREMIUM per unit	(14) $
(Round to the nearest dollar) **Total Policy Premium**	$

Minimum written & retained $50.

ACCESSORIES & NON-STANDARD EQUIPMENT

$1000 provided with OTC & Coll Coverage. All non-standard equipment and accessories must be listed below for coverage to exist. Additional coverage over $1000 is available for an additional premium. (round to the nearest $100).

Exhaust	$	Tour Rack	$
Luggage Rack	$	Tow Behind Trailer	$
Other Accessories	$	Windshield	$
Saddle Bags	$		$
Special Finish	$		$
	$		
		TOTAL (rounded to the nearest $100)	$

Helmets are covered up to $300 with OTC & COLL package purchase.

ACCIDENT/VIOLATION CHART Preceding 36 months

Level	Factor	Level	Factor	Level	Factor	Level	Factor	Level	Factor
0	1.00	1	1.05	2	1.20	3	1.40	4	2.25

☐ Level 0 0 minors, zero at-fault accidents, zero majors
☐ Level 1 1-2 minors, zero at-fault accidents, zero majors
☐ Level 2 Up to 2 minors & 1 at-fault accident over $1000, zero majors
☐ Level 3 Up to 3 minors & 1 at-fault accident over $1000 or 1 major or an unverifiable driver license
☐ Level 4 Up to 4 minors & 2 at-fault accidents over $1000 or 2 majors (no multiple DUI's)

See web site or rate guide for eligibility and major violation explanation.

	Yes	No	How Many?	Date(s)
Driving Record	☐	☐		
Accidents (at fault)	☐	☐		
Major Violations	☐	☐		
Minor Violation	☐	☐		

INSTALLMENT BILLING OPTIONS - Annual Policies Only

☐ Full pay 100% down
☐ Two pay 50% down + $6 Installment Fee (Payment Due in 160 Days)
☐ Four pay 25% down + $6 Installment Fee (Payments due on Day 45, 90 & 135)

American Reliable
Insurance Company

ARKANSAS
SUPPLEMENTAL MOTORCYCLE APPLICATION

Test General Agency
Test Road
Test State
(123) 456-7890 FAX (123) 456-7890

NAMED INSURED	Name				
	Address		City	State	Zip
	Garaging Address (if different than above)				
	County	Rating Territory.	Driver's License #		
	Social Security #	Date of Birth	☐ Married ☐ Single/Separated	Phone No. H	Phone No. W
LIENHOLDER	Lien Name		Loan #		
	Address		City	State	Zip

DESCRIPTION OF MOTORCYCLE(S) *** In order to bind coverage, Model information MUST be provided.**

Year	Make	*Model	CC's	Purchase Year	Vehicle Identification Number

See Back For Operator Rating Assignments

Coverage Options	Premium
Liability Limits: Guest Passenger Incl. (*Choose One Limit*) ☐ 25/50/25 BI/PD/GP ☐ 100/300/50 BI/PD/GP ☐ 50/100/25 BI/PD/GP ☐ 100/300/100 BI/PD/GP ☐ 50/100/50 BI/PD/GP ☐ 250/500/100 BI/PD/GP	(1) $
Other than Collision/Collision Coverage (Optional) ☐ $250 Ded. ☐ $500 Ded. ☐ $1000 Ded.	(2) $
Uninsured Motorist (Must Sign Below) ☐ Reject ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500	(3) $
Underinsured Motorist (Must Sign Below) ☐ Reject ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500	(4) $
Uninsured Motorist Property Damage (Must Sign Below) ☐ Reject ☐ 25 ☐ 50 ☐ 100	(5) $
Personal Injury Protection ($5,000) (Optional) ☐ Reject ☐ Med Pay & Weekly Benefits ☐ Work Loss ☐ Med Pay & Accidental Death ☐ Med Pay ☐ Accidental Death & Weekly Benefits ☐ Accidental Death ☐ Med Pay, Accidental Death & Weekly Ben.	(6) $
Accessory Premium ($1,000 included w/phys. Damagae coverage) Available with OTC & Collision Coverages Only	(7) $
Coverage for Safety Clothing & Towing (Optional) Available with OTC & Collision Coverage Only	(8) $
Sum of Premium Calculation (9) = (1) + (2) + (3) + (4) + (5) + (6) + (7) + (8)	(9) $
Accident/Violation Factor Complete the Accident/Violation Chart on the right, then select the level factor from the Point Chart that corresponds to the level e.g.. Level 2 = Factor 1.20	(10)
Sub Total Accident/Violation Calculation (11) = (9) X (10) rounded to the nearest dollar	(11) $
CREDITS proof required - see discount section ☐ Transfer A (<30 day lapse) **15%** ☐ Safety Training **-10%** ☐ Transfer B (>30 day lapse) **10%** ☐ Multi Cycle **-10%** ☐ Alarm **-5%** ☐ Association - **10%** **30% Maximum**	(12) $
Sub Total with Discount Calculation (13) = sub total (11) - credit discount % (12)	(13) $
TOTAL PREMIUM per unit	(14) $
(Round to the nearest dollar) **Total Policy Premium**	$

Minimum written & retained $50.

ACCESSORIES & NON-STANDARD EQUIPMENT

$1000 provided with OTC & Coll Coverage. All non-standard equipment and accessories must be listed below for coverage to exist. Additional coverage over $1000 is available for an additional premium. (round to the nearest $100).

Exhaust	$	Tour Rack	$
Luggage Rack	$	Tow Behind Trailer	$
Other Accessories	$	Windshield	$
Saddle Bags	$		$
Special Finish	$		$
	$		
		TOTAL (rounded to the nearest $100)	$

Helmets are covered up to $300 with OTC & COLL package purchase.

ACCIDENT/VIOLATION CHART Preceding 36 months

Level	Factor	Level	Factor	Level	Factor	Level	Factor	Level	Factor
0	1.00	1	1.05	2	1.20	3	1.40	4	2.25

☐ Level 0 0 minors, zero at-fault accidents, zero majors
☐ Level 1 1-2 minors, zero at-fault accidents, zero majors
☐ Level 2 Up to 2 minors & 1 at-fault accident over $1000, zero majors
☐ Level 3 Up to 3 minors & 1 at-fault accident over $1000 or 1 major or an unverifiable driver license
☐ Level 4 Up to 4 minors & 2 at-fault accidents over $1000 or 2 majors (no multiple DUI's)

See web site or rate guide for eligibility and major violation explanation.

	Yes	No	How Many?	Date(s)
Driving Record	☐	☐		
Accidents (at fault)	☐	☐		
Major Violations	☐	☐		
Minor Violation	☐	☐		

INSTALLMENT BILLING OPTIONS - Annual Policies Only

☐ Full pay 100% down
☐ Two pay 50% down + $6 Installment Fee (Payment Due in 160 Days)
☐ Four pay 25% down + $6 Installment Fee (Payments due on Day 45, 90 & 135)

American Reliable
Insurance Company

ARKANSAS
SUPPLEMENTAL MOTORCYCLE APPLICATION

Test General Agency
Test Road
Test State
(123) 456-7890 FAX (123) 456-7890

NAMED INSURED	Name				
	Address		City	State	Zip
	Garaging Address (if different than above)				
	County	Rating Territory.	Driver's License #		
	Social Security #	Date of Birth	☐ Married ☐ Single/Separated	Phone No. H	Phone No. W
LIENHOLDER	Lien Name		Loan #		
	Address		City	State	Zip

DESCRIPTION OF MOTORCYCLE(S) *** In order to bind coverage, Model information MUST be provided.**

Year	Make	*Model	CC's	Purchase Year	Vehicle Identification Number

See Back For Operator Rating Assignments

Coverage Options	Premium
Liability Limits: Guest Passenger Incl. (*Choose One Limit*) ☐ 25/50/25 BI/PD/GP ☐ 100/300/50 BI/PD/GP ☐ 50/100/25 BI/PD/GP ☐ 100/300/100 BI/PD/GP ☐ 50/100/50 BI/PD/GP ☐ 250/500/100 BI/PD/GP	(1) $
Other than Collision/Collision Coverage (Optional) ☐ $250 Ded. ☐ $500 Ded. ☐ $1000 Ded.	(2) $
Uninsured Motorist (Must Sign Below) ☐ Reject ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500	(3) $
Underinsured Motorist (Must Sign Below) ☐ Reject ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500	(4) $
Uninsured Motorist Property Damage **(Must Sign Below)** ☐ Reject ☐ 25 ☐ 50 ☐ 100	(5) $
Personal Injury Protection ($5,000) (Optional) ☐ Reject ☐ Med Pay & Weekly Benefits ☐ Work Loss ☐ Med Pay & Accidental Death ☐ Med Pay ☐ Accidental Death & Weekly Benefits ☐ Accidental Death ☐ Med Pay, Accidental Death & Weekly Ben.	(6) $
Accessory Premium ($1,000 included w/phys. Damagae coverage) Available with OTC & Collision Coverages Only	(7) $
Coverage for Safety Clothing & Towing (Optional) Available with OTC & Collision Coverage Only	(8) $
Sum of Premium Calculation (9) = (1) + (2) + (3) + (4) + (5) + (6) + (7) + (8)	(9) $
Accident/Violation Factor Complete the Accident/Violation Chart on the right, then select the level factor from the Point Chart that corresponds to the level e.g.. Level 2 = Factor 1.20	(10)
Sub Total Accident/Violation Calculation (11) = (9) X (10) rounded to the nearest dollar	(11) $
CREDITS proof required - see discount section ☐ Transfer A (<30 day lapse) **15%** ☐ Safety Training **-10%** ☐ Transfer B (>30 day lapse) **10%** ☐ Multi Cycle **-10%** ☐ Alarm **-5%** ☐ Association - **10%** **30% Maximum**	(12) $
Sub Total with Discount Calculation (13) = sub total (11) - credit discount % (12)	(13) $
TOTAL PREMIUM per unit	(14) $
(Round to the nearest dollar) **Total Policy Premium**	$

Minimum written & retained $50.

ACCESSORIES & NON-STANDARD EQUIPMENT

$1000 provided with OTC & Coll Coverage. All non-standard equipment and accessories must be listed below for coverage to exist. Additional coverage over $1000 is available for an additional premium. (round to the nearest $100).

Exhaust	$	Tour Rack	$
Luggage Rack	$	Tow Behind Trailer	$
Other Accessories	$	Windshield	$
Saddle Bags	$		$
Special Finish	$		$
	$		
		TOTAL (rounded to the nearest $100)	$

Helmets are covered up to $300 with OTC & COLL package purchase.

ACCIDENT/VIOLATION CHART Preceding 36 months

Level	Factor	Level	Factor	Level	Factor	Level	Factor	Level	Factor
0	1.00	1	1.05	2	1.20	3	1.40	4	2.25

☐ Level 0 0 minors, zero at-fault accidents, zero majors
☐ Level 1 1-2 minors, zero at-fault accidents, zero majors
☐ Level 2 Up to 2 minors & 1 at-fault accident over $1000, zero majors
☐ Level 3 Up to 3 minors & 1 at-fault accident over $1000 or 1 major or an unverifiable driver license
☐ Level 4 Up to 4 minors & 2 at-fault accidents over $1000 or 2 majors (no multiple DUI's)

See web site or rate guide for eligibility and major violation explanation.

	Yes	No	How Many?	Date(s)
Driving Record	☐	☐		
Accidents (at fault)	☐	☐		
Major Violations	☐	☐		
Minor Violation	☐	☐		

INSTALLMENT BILLING OPTIONS - Annual Policies Only

☐ Full pay 100% down
☐ Two pay 50% down + $6 Installment Fee (Payment Due in 160 Days)
☐ Four pay 25% down + $6 Installment Fee (Payments due on Day 45, 90 & 135)

Rate Information

Rate data does NOT apply to filing.

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: Certificate of Compliance

Review Status: Approved 10/30/2007

Comments:

Attachment:

Certificate of Compliance.PDF

Satisfied -Name: Forms Certificates of Compliance

Review Status: Approved 10/30/2007

Comments:

Attachment:

Forms Certificates of Compliance.PDF

Satisfied -Name: Cover Letter

Review Status: Approved 10/30/2007

Comments:

Attachment:

Cover Letter.PDF

Satisfied -Name: Reply Letter 10-18-07

Review Status: Approved 10/30/2007

Comments:

Attachment:

Reply Letter 10-18-07.PDF

Effective March 1, 2007

Property & Casualty Transmittal Document

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 #
	Assurant, Inc. Group	0019

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	American Reliable Insurance Company	AZ	19615	41-0735002	

5.	Company Tracking Number	A-MC-07 4858

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Wendy Sara-Kalisz 8655 East Via De Ventura Scottsdale AZ 85258		800-535-1333		

7.	Signature of authorized filer	Wendy Sara
8.	Please print name of authorized filer	Wendy Sara-Kalisz

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

9.	**Type of Insurance (TOI)**	19.0 Personal Auto
10.	**Sub-Type of Insurance (Sub-TOI)**	19.0002 Motorcycle
11.	**State Specific Product code(s) (if applicable) [See State Specific Requirements]**	
12.	**Company Program Title** (Marketing Title)	Motorcycle Program
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☒ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: 02/01/2008 Renewal: 3/15/2008
15.	**Reference Filing?**	☐ Yes ☒ No
16.	**Reference Organization** (if applicable)	NA
17.	**Reference Organization # & Title**	NA
18.	**Company's Date of Filing**	10/9/2007
19.	**Status of filing in domicile**	☐ Not Filed ☐ Pending ☒ Authorized ☐ Disapproved

© 2007 National Association of Insurance Commissioners

Property & Casualty Transmittal Document

20.	**This filing transmittal is part of Company Tracking #**	A-MC-07 4858

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

American Reliable Insurance Company is submitting a revised forms filing to our currently approved Motorcycle Program in Arkansas. Our proposed effective dates are 2/1/2008 for new and 3/15/2008 for renewal business.

Form A1003E0907 - Passenger Limit of Liability endorsement now reflects the definition of insured & family member from the policy for clarification.

Form A1028A0907 - Application has been revised to add a 2 page UM/UIM rejection selection section.

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]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

© 2007 National Association of Insurance Commissioners

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

I, Valley Owens (*Name*), Vice President (*Title of Authorized Officer*) of American Reliable Insurance Company (*Name of Insurer*)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:
   a. Arkansas Code Annotated;
   b. Arkansas Rules and Regulations;
   c. Arkansas Insurance Bulletins, Directives and Orders;
   d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
   e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? *(Yes or No)* ►	Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ►	A-MC-07 4858		
Signature of Authorized Officer ►	Valley Owens		
Name of Authorized Officer ►	Valley Owens		
Title of Authorized Officer ►	Vice President		
Email address of Authorized Officer ►	Valley.Owens@assurant.com		
Telephone # of Authorized Officer ►	800-535-1333	Date ►	10/9/2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: American Reliable Insurance Company 0019-19615

DESCRIPTION: Passenger Limit of Liability

FORM NUMBER: A1003E

EDITION DATE: 0907

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 41.8, 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

Vice President
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: American Reliable Insurance Company 0019-19615

DESCRIPTION: Application

FORM NUMBER: A1028A

EDITION DATE: 0907

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 40, 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

VICE PRESIDENT
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)

ASSURANT
Specialty
Property

American Reliable
Insurance Company
American Bankers Insurance
Company of Florida
8655 E. Via De Ventura, Suite E200
Scottsdale, AZ 85258
T 480.483.8666 F 480.483.1675

www.assurant.com

SERFF FILING

October 9, 2007

Arkansas Insurance Department
Director of Insurance
1200 West Third Street
Little Rock, AR 72201

Re: American Reliable Insurance Company
Revised Form Filing
Motorcycle Program
Company File No.: A-MC-07 4858

NAIC No.: 0019-19615
FEIN No.: 41-0735002

American Reliable Insurance Company is submitting a forms revision to our currently approved Motorcycle Program in Arkansas. For this revision, we are requesting effective dates of **2/1/2008** for New and **3/15/2008** for Renewal Business.

Enclosed for your review and approval are the following:

- P&C Transmittal Document - F777
- Form Filing Schedule - F778
- Forms Certificates of Compliance
- Certificate of Compliance
- Copies of the forms applicable to this filing
- $40.00 EFT Fees for 2 Forms

We request the option of moving boxes, reformatting text and changing page size to accommodate system programming and client needs. The content will remain as approved by your Department.

We hope you will be in a position to grant favorable consideration to this submission. Please feel free to contact me at the email address or telephone number listed below if you should have any questions.

Sincerely,

Wendy Sara
Regulatory Analyst
Phone: 800-535-1333, Ext. 563
Fax: 1-480-443-3785
E-Mail: wendy.sara-kalisz@assurant.com

Enclosures

ASSURANT
Specialty
Property

American Reliable
Insurance Company
American Bankers Insurance
Company of Florida
8655 E. Via De Ventura, Suite E200
Scottsdale, AZ 85258
T 480.483.8666 F 480.483.1675

www.assurant.com

SERFF Objection Letter Reply:

Ms. Alexa Grissom
Arkansas Insurance Department
Director of Insurance
1200 West Third Street
Little Rock, AR 72201

October 18, 2007

Re: American Reliable Insurance Company
Revised Form Filing
Motorcycle Program
Company File No.: A-MC-07 4858

NAIC No.: 0019-19615
FEIN No.: 41-0735002

This letter serves as American Reliable Insurance Company's response to your objection letter via SERFF dated 10/11/2007.

Issue 1
The rate for Guest Passenger Liability reflects the exclusion of coverage for insured/family member, it always has. The policy has a definition within that reads as follows and this definition was put into the Guest Passenger Liability endorsement form A1003E0907 for clarification, it has not changed coverage:

"*You*" and "*your*" mean the Policyholder named in the *Dec Page* and spouse if living in the same household.

"*Family Member*" means a person living in *your* household and related to *you* by blood, marriage or adoption, including a ward or foster child.

(1) *You* or a *family member*.
(2) Any other person or organization with respect only to legal liability for acts or omissions of a person covered under this Part while using *your insured vehicle.* No person shall be considered an *insured* if the person uses the *vehicle* without a reasonable belief of having permission to use the *vehicle.*

Refer to the policy, Part I - Liability - Exclusion section, it excludes Bodily Injury to the named insured; which, includes family member.

Issue 2
In regard to clarifying the second paragraph, the language you requested is attached in the revised Form A1114E1007 – Passenger Liability – Limit of Liability Endorsement that replaces Form A1003E0907.

Please feel free to contact me at the email address or telephone number listed below if you should have any questions.

Sincerely,
Wendy Sara
Regulatory Analyst
Phone: 800-535-1333, Ext. 563
E-Mail: wendy.sara-kalisz@assurant.com

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.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Passenger Limit of Liability	10/09/2007	A1003E.PDF

AMERICAN RELIABLE INSURANCE COMPANY
PASSENGER LIABILITY –
LIMIT OF LIABILITY ENDORSEMENT

In return for *your* premium payment, *our* liability under Coverage A - LIABILITY COVERAGE, as respects Bodily Injury to Passenger is limited to the minimum amount required in the Motor Vehicle Financial Responsibility law of the *state* where this coverage was purchased.

We do not provide liability coverage for any "insured" or "family member".

Definition of "insured" is:
(1) You or a family member; or
(2) Any other person or organization with respect to legal liability for acts or omissions of a person covered under this part while using your insured vehicle.

Definition of "family member" is:
(1) A person living in your household or related to you by blood, marriage, or adoption, including a ward or foster child.

The liability limit for *passengers* will be as indicated on the *Dec Page* or shown below:

COVERAGE	LIMITS OF LIABILITY
A. 3. – Bodily Injury to Passengers	$_____ each person
	$_____ each accident

The limit of liability for Bodily Injury to Passenger coverage is a sub-limit under Coverage A. 1. Bodily Injury. Any payments made under this coverage will exhaust the Coverage A. 1. Bodily Injury limit of liability by the amount of the payments.

THIS ENDORSEMENT IS EFFECTIVE AS OF _____ OR AT INCEPTION OF THE POLICY TO WHICH IT IS ATTACHED.

All other terms and conditions of the policy remain unchanged.