

SERFF Tracking Number: HCAP-125315014 State: Arkansas
First Filing Company: West American Insurance Company, ... State Tracking Number: AR-PC-07-026361
Company Tracking Number:
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: Personal Umbrella
Project Name/Number: New Personal Umbrella Program Rules/20070129

Filing at a Glance

Companies: West American Insurance Company, American Fire and Casualty Company, The Ohio Casualty Insurance Company

Product Name: Personal Umbrella SERFF Tr Num: HCAP-125315014 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-026361
Sub-TOI: 17.2021 Personal Umbrella & Excess Co Tr Num: State Status:
Filing Type: Rate Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Author: Jodi Guggenberger Disposition Date: 10/09/2007
Date Submitted: 10/05/2007 Disposition Status: Filed
Effective Date Requested (New): 11/02/2007 Effective Date (New): 11/02/2007
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: New Personal Umbrella Program Rules Status of Filing in Domicile: Not Filed
Project Number: 20070129 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/09/2007
State Status Changed: 10/08/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We propose to introduce a new Personal Umbrella Program in the state of Arkansas.

Company and Contact

Filing Contact Information

Jodi Guggenberger, Personal Lines State Filing Jodi.Guggenberger@ocas.com
Technician
9450 Seward Road (800) 843-6446 [Phone]
Fairfield, OH 45014-5456 (513) 603-2160[FAX]

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Filing Company Information

West American Insurance Company CoCode: 44393 State of Domicile: Indiana
9450 Seward Road Group Code: 111 Company Type:
Fairfield, OH 45014-5456 Group Name: State ID Number:
(800) 843-6446 ext. [Phone] FEIN Number: 31-0624491

American Fire and Casualty Company CoCode: 24066 State of Domicile: Ohio
9450 Seward Road Group Code: 111 Company Type:
Fairfield, OH 45014-5456 Group Name: State ID Number:
(800) 843-6446 ext. [Phone] FEIN Number: 59-0141790

The Ohio Casualty Insurance Company CoCode: 24074 State of Domicile: Ohio
9450 Seward Road Group Code: 111 Company Type:
Fairfield, OH 45014-5456 Group Name: State ID Number:
(800) 843-6446 ext. [Phone] FEIN Number: 31-0396250

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$100 per rate filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	10/05/2007	
The Ohio Casualty Insurance Company	\$100.00	10/05/2007	15973009
West American Insurance Company	\$0.00	10/05/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	10/09/2007	10/09/2007

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Disposition

Disposition Date: 10/09/2007
Effective Date (New): 11/02/2007
Effective Date (Renewal):
Status: Filed
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

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

SERFF Tracking Number: *HCAP-125315014* *State:* *Arkansas*
First Filing Company: *West American Insurance Company, ...* *State Tracking Number:* *AR-PC-07-026361*
Company Tracking Number:
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2021 Personal Umbrella & Excess*
Product Name: *Personal Umbrella*
Project Name/Number: *New Personal Umbrella Program Rules/20070129*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	Filing Memorandum	Filed	Yes
Supporting Document	New Personal Umbrella Manual	Filed	Yes

SERFF Tracking Number: *HCAP-125315014* *State:* *Arkansas*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 10/09/2007

Comments:

Attachment:

ARPCTD-1(2006) px1107r.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 10/09/2007

Bypass Reason: Not applicable

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 10/09/2007

Bypass Reason: Not applicable

Comments:

Satisfied -Name: Cover Letter **Review Status:** Filed 10/09/2007

Comments:

Attachment:

PX PARIS RULES FILING LETTER 11-07.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Filed 10/09/2007

Comments:

Attachment:

Filing Memo 11-07.pdf

Satisfied -Name: New Personal Umbrella Manual **Review Status:** Filed 10/09/2007

SERFF Tracking Number: *HCAP-125315014* *State:* *Arkansas*
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Comments:

Attachment:

AR PX Manual to File 11-07.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	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

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

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: _____
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

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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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 the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



Personal Lines Product Management

October 5, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: The Ohio Casualty Insurance Company #111-24074
West American Insurance Company #111-44393
American Fire and Casualty Company #111-24066
Personal Umbrella Rates and Rules Filing
Company #2007-0129

Ohio Casualty Group is converting from our own Personal Umbrella Program to ISO's Personal Umbrella Program. This decision enables us to adopt most of ISO's Personal Umbrella forms as well as revise some of our own company forms.

Currently, Personal Umbrella coverage is through either a mono line policy in the Ohio Casualty Insurance Company, or it is attached as an endorsement to a Personal Automobile Policy in The Ohio Casualty Insurance Company, American Fire and Casualty Company or West American Insurance Company. However, all Personal Umbrella coverage that is currently endorsed onto Personal Auto policies will be converted at renewal to mono line policies in the company in which they are currently. Companies and policy numbers will not change, but the 3-digit prefix will change to identify a mono line Umbrella policy and this will be explained to our insureds in a Policyholder Notice.

We are requesting these revisions to be written on or after November 2, 2007.

A corresponding Umbrella forms filing is under # 2007-0127.

Respectfully,

Jodi Gill, P/L State Filing Technician
Personal Lines Automobile Department
1-800-843-6446, Ext 2875

FAX (513) 603-2160
jodi.gill@ocas.com

STATE OF ARKANSAS

PERSONAL UMBRELLA

**WEST AMERICAN INSURANCE COMPANY
OHIO CASUALTY INSURANCE COMPANY
AMERICAN FIRE AND CASUALTY COMPANY**

FILING MEMORANDUM

This memorandum represents a proposed revision to the Personal Umbrella program for the above captioned members of the Ohio Casualty Group of Insurance Companies. There is no rate level effect as all rates will remain the same as they are currently. In conjunction with our new program currently being filed for Private Passenger Auto (Company reference # 20070128) all renewal policies will remain in the company they are currently written in. All new business will be written exclusively in the West American Insurance Company.

We are requesting these changes for all policies written on or after 11/2/2007.

This filing includes the following new coverages:

<u>Coverage</u>	<u>Annual Rate</u>
Motorcycles with guest passenger	\$51
Motorcycles without guest passenger	\$36
Water Jets	\$25

In addition to the above, we are modifying our sailboat coverage to cover all sailboats regardless of horsepower. The rate will remain \$20 annually.

The above rates were determined based on similar coverages and actuarial judgment.

We are also modifying the format of our rating manual to make it more user-friendly. The entire state will continue to be rated as one territory; however, we will refer to this as Territory 001 instead of Territory B.

The Ohio Casualty Group is composed of five agency companies and one direct writing company. At least one member of the group is licensed in 49 states and the District of Columbia. Business is actively solicited in 24 markets.

ARKANSAS 11-07

**OHIO CASUALTY GROUP®
PERSONAL UMBRELLA MANUAL
INDEX**

AGENTS BULLETINS

WRITTEN ON OR AFTER: 11-02-07

Underwriting

[New Business Guidelines](#)

Rules and Rates

Rule 1	Definitions
Rule 2	Eligibility
Rule 3	Description of Coverages
Rule 4	Policy Period
Rule 5	Changes or Cancellations
Rule 6	Waiver of Premium
Rule 7	Restriction of Individual Policies
Rule 8	Premium Determination
Rule 9	Reserved for Future Use

Forms

[Forms Listing](#)

Company Only

Underwriting	Renewal Guidelines
	Endorsement Guidelines
Rule 10	Discounts

**OHIO CASUALTY GROUP®
PERSONAL UMBRELLA MANUAL
RULES AND RATES**

RULE 1. DEFINITIONS

A. Vehicle Definition

1. A Vehicle (whether initial or additional), as used in this Manual is a private passenger motor vehicle owned or leased under contract for a continuous period of at least six months that:
 - a. Meets the eligibility requirements of Rule **2.C**;
 - b. Is not used as a public or livery conveyance for passengers; and
 - c. Is not rented to others.
2. Vehicles include:
 - a. Auto (including Classic and Antique);
 - b. Pickup;
 - c. Van;
 - d. Motorhome which is a self-propelled motor vehicle with a living area that is an integral part of the vehicle chassis and typically consists of cooking, dining, sleeping, plumbing or refrigeration facilities.

B. Additional Residence Definition

1. An Additional Residence as used in this Manual is either:
 - a. A one to four family dwelling, other than the residence premises shown in the policy declarations; or
 - b. A condominium, cooperative, or apartment unit, other than the residence premises shown in the policy declarations.
2. Owner Occupied

A residence is considered "Owner Occupied" if it is occupied by the named insured, and not rented to others.
3. Owned Residence Rented to Others

Residences which are rented to others, whether or not they are also occupied by the named insured.

C. Miscellaneous Off-Road Vehicles Definition

The following are considered Miscellaneous Off-Road Vehicles:

1. Snowmobiles
2. All Terrain Vehicles
3. Unregistered Dune Buggies
4. Golf Carts
5. Go Carts
6. Unregistered Two Wheel Vehicles

D. Motorcycles

A MOTORCYCLE is a Two-Wheeled motorized vehicle designed for use on or off public roads. A motorcycle driver's seat is entirely open air and there is handgrip steering device attached to the motorcycle. The following vehicles are considered Motorcycles for Personal Umbrella:

1. Motorcycles
2. Scooters
3. Mopeds

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PERSONAL UMBRELLA MANUAL
RULES AND RATES**

RULE 2. ELIGIBILITY

- A.** A Personal Umbrella Liability Policy may be issued to:
- 1.** An individual; or
 - 2.** A husband and wife who are residents in the same household. Both husband and wife who are residents in the same household may be listed as named insureds on the declarations page.
- B.** A Personal Umbrella Liability Policy shall not be issued to cover any locations to which commercial farm forms or rates apply.
- C.** An adequate program of underlying insurance must be maintained by the insured as scheduled on the Underlying Insurance form. At a minimum, underlying coverages must include:
- 1.** A Personal Auto Policy, or equivalent, with liability limits of 250/500/50 or \$300,000 CSL, written within the Ohio Casualty Group.
 - 2.** A Homeowner's or a Personal Liability Policy, or equivalent, with a Liability limit of \$300,000.
- D.** The Personal Umbrella Liability Policy must be written separately from any other policy form, including a Homeowner's Policy, a Dwelling Policy, a Personal Liability Policy or a Personal Auto Policy.

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RULES AND RATES**

RULE 3. DESCRIPTION OF COVERAGES

The following is a general description of the coverages provided by the Personal Umbrella Liability Policy Form.

- A.** A standard coverage form is available to provide:
 - 1. Bodily injury, property damage and personal injury coverages in excess of the retained limit.
 - 2. Higher limits of insurance over primary underlying coverage;
 - 3. Broader coverage than is generally available under primary underlying coverage, in certain areas.

- B.** The Personal Umbrella Liability Policy does not provide coverage for the liability of the insured arising out of business activities, except under certain situations as provided in the policy.

- C.** The policy should be consulted for exact contract provisions. Refer to:
 - 1. Personal Umbrella Liability Policy DL 98 01.
 - 2. Mandatory state endorsements – see Forms Listing.
 - 3. Optional endorsements – see Forms Listing.

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RULES AND RATES**

RULE 4. POLICY PERIOD

- A.** The policy may be written for a period of one year and may be extended for successive policy periods based upon the forms, premiums and endorsements then in effect for the company.
- B.** For the establishment of common anniversary dates with the underlying insurance program, a policy may be written for a period less than one year.
- C.** Company premiums for policies written for a period of less than one year shall be computed on a pro rata basis.

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RULES AND RATES**

RULE 5. CHANGES OR CANCELLATIONS

If insurance is increased, cancelled or reduced, the additional or return premium shall be computed on a pro rata basis.

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RULES AND RATES**

RULE 6. WAIVER OF PREMIUM

A. A premium debit of \$5 or less or a premium credit of \$3 or less may be waived if the insured requests the following:

1. cancellation of coverage,
2. reduction in limits of liability,
3. increase in deductible,

except that the actual return premium shall be returned at the request of the insured.

B. If the limits of liability are increased because of a change in the limits prescribed under any Financial Responsibility Law, the additional premium charge shall be the actual difference in premium charges. If \$5 or less, it may be charged or waived.

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RULES AND RATES**

RULE 7. RESTRICTION OF INDIVIDUAL POLICIES

- A.** If a policy would not be issued because of unusual circumstances or exposures, the named insured may request a restriction of the policy provided no reduction in the company premium is allowed.
- B.** Such requests shall be referred to the company.

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RULES AND RATES**

RULE 8. PREMIUM DETERMINATION

- [A. Rating Algorithm](#)
- [B. Base Rate](#)
- [C. Additional Vehicle Rate](#)
- [D. Additional Residences \(Owner Occupied\)](#)
- [E. Operators under Age 25](#)
- [F. Owned Residence Rented to Others](#)
- [G. Swimming Pools, Hot Tubs and Spas](#)
- [H. Miscellaneous Off-Road Vehicles](#)
- [I. Motorcycles](#)
- [J. Watercraft](#)
- [K. Professional Excess Liability](#)
- [L. Farm Liability](#)
- [M. Incidental Office Liability](#)
- [N. Business Pursuits](#)
- [O. Home Business](#)
- [P. Elimination of Retained Limit](#)
- [Q. Increased Limits](#)

The following premium determination procedure shall be followed for all risks. All rates shown in this manual are annual.

The rating exposures present at the inception of the policy period shall be used to determine the annual total premium.

A. Rating Algorithm

Apply the following Rating Algorithm.

Rule Number		Item	Number of Items	Times	Annual Rate	Equals	Annual Premium
8.B		Base Rate for Initial Vehicle/Home	1	x	125.00	=	
8.C	+	Additional Vehicles (Total Vehicles minus 1)		x	31.00	=	
8.D	+	Additional Residences (Owner Occupied)		x	13.00	=	
8.E	+	Operators < 25 years old		x	31.00	=	
8.F	+	Owned Residence Rented to Others (max 15)		x	19.00	=	
8.G	+	Swimming Pools, Hot Tubs, Spa *		x	25.00	=	
8.H	+	Miscellaneous Off-Road Vehicles		x	20.00	=	
8.I	+	Motorcycles w/Guest Passenger		x	51.00	=	
8.I	+	Motorcycles w/o Guest Passenger		x	36.00	=	
8.J	+	Watercraft w/ Outboard Motor > 25 hp		x	20.00	=	

8.J	+	Watercraft w/ Inboard Motor > 50 hp		x	20.00	=	
8.J	+	Sailboats		x	20.00	=	
8.J	+	Inboard/Outdrive Boat		x	20.00	=	
8.J	+	Water Jets		x	25.00	=	
8.K	+	Professional Excess Liability		x	25.00	=	
8.L	+	Farm Liability *		x	35.00	=	
8.M	+	Incidental Office Liability *		x	25.00	=	
8.N	+	Business Pursuits *		x	25.00	=	
8.O	+	Home Business Class 100-199		x	25.00	=	
8.O	+	Home Business Class 200-299		x	50.00	=	
8.O	+	Home Business Class 300-399		x	80.00	=	
8.O	+	Home Business Class 400-500		x	100.00	=	
8.P	+	Charge for Elimination of Retained Limit (Deductible) *		x	10.00	=	
	=	Personal Umbrella Interim Premium (sum charges above)					
8.Q	x	Increased Limits factor for Personal Umbrella					
	=	Total Personal Umbrella Premium					
10	x	Group Discount (Company Only)					
	=	Discounted Personal Umbrella Premium (Company Only)					

Note: for items designated with “*”, Number of Items = 1 if included, 0 if not included.

B. Base Rate

- Determine the Rate for the initial vehicle and home based on the street address of the residence premises shown in the policy declarations at the inception of the policy period.
- Entire State: \$125
- Basic Limits = \$1,000,000 Liability/\$250 Deductible

C. Additional Vehicle Rate

The Base Rate contemplates a charge for one vehicle. If there are additional vehicle exposures:

- Determine the number of “Additional Vehicles” by subtracting 1 from the total number of Vehicles as defined in Rule 1.A.
 - Do not include any vehicles specifically excluded from coverage under the policy.
 - Do not include Miscellaneous Off-Road Vehicles (See Rule 1.C).
 - Do not include Motorcycles.
- Rate for each Additional Vehicle: \$31

D. Additional Residences (Owner Occupied)

The Base Rate contemplates a charge for the residence premises shown in the policy declarations. If there are additional owner occupied locations:

- Determine the number of Additional Owner Occupied Residences as defined in Rule 1.B.

Do not include any Additional Owner Occupied Residences excluded from coverage under the policy.

2. Rate for each Additional Owner Occupied Residence: \$13

E. Operators under Age 25

1. Determine the number of Operators under the Age of 25.

Do not include any Operators under the Age of 25 excluded from coverage under the policy.

2. Rate for each Operator under the Age of 25: \$31

F. Owned Residence Rented to Others

1. Determine the number of Owned Residences Rented to Others as defined in Rule 1.B

a. Do not include any Owned Residences Rented to Others excluded from coverage under the policy.

b. A maximum of 15 Owned Residences Rented to Others are allowed.

2. Rate for each Owned Residence Rented to Others: \$19

G. Swimming Pools, Hot Tubs and Spas

1. Determine if there are Swimming Pools, Hot Tubs or Spas owned by the insured.

2. Rate: \$25 (This rate applies regardless of the number of Swimming Pools, Hot Tubs or Spas)

H. Miscellaneous Off-Road Vehicles

1. Determine the number of Miscellaneous Off-Road Vehicles (See Rule 1.C).

2. Rate for each Miscellaneous Off-Road Vehicle: \$20

I. Motorcycles

1. Determine the number of Motorcycles with Guest Passenger Coverage and/or the number of Motorcycles without Guest Passenger Coverage.

2. Rate for each Motorcycle with Guest Passenger Coverage: \$51

3. Rate for each Motorcycle without Guest Passenger Coverage: \$36

J. Watercraft

1. Determine the number of eligible watercraft in each category below:

a. Watercraft with Outboard Motor greater than 25 hp;

b. Watercraft with Inboard Motor greater than 50 hp;

c. Sailboats;

- d. Inboard/Outdrive Boat;
- e. Water Jets;

Note - Eligible watercraft with lower horsepower than listed above should not be counted. They are covered without additional premium charge.

Note - Watercraft not meeting the eligibility guidelines should be excluded.

2. Rates

- a. Watercraft with Outboard Motor greater than 25 hp: \$20;
- b. Watercraft with Inboard Motor greater than 50 hp: \$20
- c. Sailboats: \$20
- d. Inboard/Outdrive Boat: \$20
- e. Water Jets: \$25

K. Professional Excess Liability

- 1. Teachers, Barbers and Beauticians are the only professions eligible for this coverage. This coverage is available for individuals only. Risks in the name of a partnership or corporation may be written under a Commercial Umbrella Liability Policy.
- 2. Determine the number of Teachers, Barbers and/or Beauticians covered under the policy.
- 3. Rate per Teacher/Barber/Beautician: \$25

L. Farm Liability

- 1. Determine if Farm Liability is to be covered under the policy.
- 2. Rate: \$35 (This rate applies regardless of the number of farms or acreage.)

M. Incidental Office Liability

- 1. The following classes of individually owned offices in the home may be eligible: Accountant, Dentist, Lawyer or Physician. Other incidental office exposures covered by the underlying Homeowners policy may be eligible.
- 2. Determine if Incidental Office Liability is to be covered under the policy.
- 3. Rate: \$25

N. Business Pursuits

- 1. Determine if Business Pursuits are to be covered under the policy.
- 2. Rate: \$25

O. Home Business

1. Determine if any Home Business is present covered under an underlying Personal Lines Policy.
2. Determine the Class Code for each Home Business using the classes displayed in the Home Business Protection Manual.
3. Rates:
 - a. Home Business Class Codes 100-199: \$25
 - b. Home Business Class Codes 200-299: \$50
 - c. Home Business Class Codes 300-399: \$80
 - d. Home Business Class Codes 400-500: \$100

P. Elimination of Retained Limit

1. A deductible of \$250 applies to losses not covered by underlying insurance.
2. This deductible is the only option available for New Business or for Renewal Policies which currently have a \$250 deductible.
3. Renewal Policies which currently have this deductible eliminated may continue with that option. A \$10 annual charge will be included.

Q. Increased Limits

1. The basic limit of liability coverage under the Personal Umbrella Liability Policy is \$1,000,000. This limit may be increased for an additional premium.
2. Refer to the table below for limits greater than \$1,000,000. Multiply by this factor in the second to last step in Rule 8.A. – Premium Determination.

Limit	Factor
\$1,000,000	1.00
\$2,000,000	1.50
\$3,000,000	1.95
\$4,000,000	2.30
\$5,000,000	2.65

ARKANSAS 11-07

**OHIO CASUALTY GROUP®
PERSONAL UMBRELLA MANUAL
RULES AND RATES**

RULE 9. RESERVED FOR FUTURE USE

This Rule is reserved for future use.

ARKANSAS 11-07

**OHIO CASUALTY GROUP®
PERSONAL UMBRELLA LIABILITY MANUAL
COMPANY ONLY**

RULE 10. DISCOUNTS

Group Discounts

A 15% Employee Discount shall apply to employees and retirees of the Ohio Casualty Group who are insured directly with the company.