

SERFF Tracking Number: HCAP-125328380 State: Arkansas
First Filing Company: West American Insurance Company, ... State Tracking Number: AR-PC-07-026521
Company Tracking Number: PL20070066R
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Pleasure Boat Program
Project Name/Number: Rules Revision/PL20070066R

Filing at a Glance

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

Product Name: Pleasure Boat Program SERFF Tr Num: HCAP-125328380 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-026521
Sub-TOI: 09.0006 Other Personal Inland Marine Co Tr Num: PL20070066R State Status:
Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Author: Linda Baker Disposition Date: 10/30/2007
Date Submitted: 10/22/2007 Disposition Status: Filed
Effective Date Requested (New): 01/25/2008 Effective Date (New): 01/25/2008
Effective Date Requested (Renewal): 01/25/2008 Effective Date (Renewal):

General Information

Project Name: Rules Revision Status of Filing in Domicile: Not Filed
Project Number: PL20070066R Domicile Status Comments: This filing has not yet been filed in state of domicile.
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 10/30/2007
State Status Changed: 10/23/2007 Deemer Date:
Corresponding Filing Tracking Number: PL20070066F

Filing Description:

In accordance with the file and use filing requirements of your state, we submit for your review revisions to our Pleasure Boat Program. We are revising various manual rules. The revisions are explained in detail below.

We are converting to a new policy administration system. Some of these revisions are to accommodate this conversion. Others are editorial in nature. We are submitting corresponding forms revisions under separate cover.

These rule revisions correspond to form revisions submitted under separate cover under forms filing file number

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 PL20070066F.

NEW RULES

Rule A.1. (01-08) Mandatory Forms - This new rule is being added to provide a rule of application for OCH-147 Punitive or Exemplary Damages Exclusion. This endorsement was previously filed and approved for use in the state of Arkansas.

Rule A. 2. (01-08) Group Discount - This new rule is being added to provide a rule of application for our employee discount.

REVISED RULE

Rule 10 (06-07) Minimum Premium Rule - Revised to indicate there is no minimum premium for Monoline Pleasure Boat Policies. Replaces 05-01 edition.

Company and Contact

Filing Contact Information

Linda Baker, Product Analyst Linda.Baker@ocas.com
 9450 Seward Road (800) 843-6446 [Phone]
 Fairfield, OH 45014-5456 (513) 603-2160[FAX]

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:

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Fairfield, OH 45014-5456
(800) 843-6446 ext. [Phone]

Group Name:
FEIN Number: 31-0396250

State ID Number:

SERFF Tracking Number: HCAP-125328380 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25.00 per rule filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	10/22/2007	
The Ohio Casualty Insurance Company	\$25.00	10/22/2007	16225636
West American Insurance Company	\$0.00	10/22/2007	

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Product Name: Pleasure Boat Program
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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 10/30/2007
Effective Date (New): 01/25/2008
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-125328380* State: *Arkansas*
 First Filing Company: *West American Insurance Company, ...* State Tracking Number: *AR-PC-07-026521*
 Company Tracking Number: *PL20070066R*
 TOI: *09.0 Inland Marine* Sub-TOI: *09.0006 Other Personal Inland Marine*
 Product Name: *Pleasure Boat Program*
 Project Name/Number: *Rules Revision/PL20070066R*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Cover Letter and Rules Summary	Filed	Yes
Rate	Mandatory Forms	Filed	Yes
Rate	Group Discount	Filed	Yes
Rate	Minimum Premium Rule	Filed	Yes

SERFF Tracking Number: *HCAP-125328380* *State:* *Arkansas*
First Filing Company: *West American Insurance Company, ...* *State Tracking Number:* *AR-PC-07-026521*
Company Tracking Number: *PL20070066R*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0006 Other Personal Inland Marine*
Product Name: *Pleasure Boat Program*
Project Name/Number: *Rules Revision/PL20070066R*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *HCAP-125328380* State: *Arkansas*
 First Filing Company: *West American Insurance Company, ...* State Tracking Number: *AR-PC-07-026521*
 Company Tracking Number: *PL20070066R*
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 Product Name: *Pleasure Boat Program*
 Project Name/Number: *Rules Revision/PL20070066R*

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Mandatory Forms	Rule A.1.	New	PB Addl Rule A.1. 01 08.pdf
Filed	Group Discount	Rule A.2.	New	PB Addl Rule A.2. 01 08.pdf
Filed	Minimum Premium Rule	Rule 10	Replacement	PB Rule 10 06 07.pdf

**OHIO CASUALTY GROUP®
PLEASURE BOAT POLICY PROGRAM
ADDITIONAL RULES**

**RULE A.1.
MANDATORY ENDORSEMENTS**

A. Punitive or Exemplary Damages Exclusion [OCH-147](#)

Use this endorsement with all Pleasure Boat Policies to exclude coverages for punitive or exemplary damages.

**OHIO CASUALTY GROUP®
PLEASURE BOAT PROGRAM MANUAL
ADDITIONAL RULES**

**RULE-A.2.
ADDITIONAL RULE - GROUP DISCOUNT**

A. ELIGIBILITY

1. Lines of Business.

- a. Homeowners
- b. Homeowners - Fam Pak
- c. Dwelling Fire
- d. Personal Liability
- e. Pleasure Boat
- f. Inland Marine

2. Participants

All full time permanent employees and retirees of the Ohio Casualty Group and its wholly owned subsidiaries are eligible including spouse, resident members of immediate family and children away at college. Surviving spouses of deceased employees and retirees also qualify.

B. Applicable Discount

- 1. A 15% discount applies to participants insured directly with the Ohio Casualty Group.

**OHIO CASUALTY GROUP®
PLEASURE BOAT POLICY PROGRAM**

**RULE-10.
MINIMUM PREMIUM**

There is no minimum premium.

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 Product Name: Pleasure Boat Program
 Project Name/Number: Rules Revision/PL20070066R

Supporting Document Schedules

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

Comments:
See attached transmittal and Rate/Rule Filing Schedule.

Attachments:
PCTD-1 PB Rules.pdf
PCRRFS-1 PB Rules.pdf

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 10/30/2007
Bypass Reason: Since this is not a loss cost filing, we are not attaching From RF-1.

Comments:

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 10/30/2007
Bypass Reason: Since this is not a loss cost filing, we are not attaching form RF-2.

Comments:

Satisfied -Name: Cover Letter and Rules Summary **Review Status:** Filed 10/30/2007

Comments:
We are attaching a cover letter and Rules Summary.

Attachment:
Paris PB filing letter RULES.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Liberty Mutual Group	0111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Ohio Casualty Insurance Company		0111-24074	31-0396250	
West American Insurance Company		0111-44393	31-0624491	
American Fire and Casualty Company		0111-24066	59-0141790	

5. Company Tracking Number	PL20070066R
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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
9450 Seward Road Fairfield, Ohio 45014	PL Prod. Analyst	1-800-843-6446 Ext. 2120	513-603- 1160	linda.baker@ocas.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Linda Baker		

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

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0000 Inland Marine Sub-TOI Combinations
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Pleasure Boat Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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 (give description)
14. Effective Date(s) Requested	New: 01/25/2008 Renewal: 01/25/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	October 22, 2007
19. Status of filing in domicile	<input checked="" 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 # PL20070066R

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

In accordance with the file and use filing requirements of your state, we submit for your review revisions to our Pleasure Boat Program. We are revising various manual rules. The revisions are explained in detail in the attached filing exhibits.

We are converting to a new policy administration system. Some of these revisions are to accommodate this conversion. Others are editorial in nature. We are submitting corresponding forms revisions under separate cover.

These rule revisions correspond to form revisions submitted under separate cover under forms filing file number PL20070066F.

These revisions will apply to all new business and renewal policies written on or after January 25, 2008.

[View Complete Filing Description](#)

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 #: EFT

Amount: \$75.00

\$25.00 X 3 Companies = \$75.00

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.)

Effective March 1, 2007

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	PL20070066R
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	PL20070066F

Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
The Ohio Casualty Ins. Co	N/A	0.2%	+\$1	3	\$505	0.5%	-0.6%
West American Ins.Co.	N/A	-2.4%	-\$192	71	\$7,886	30.8%	-24.4%
American Fire & Casualty Co.	N/A	20.1%	+\$24	2	\$118	28.8%	-0.6%

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	-2.0%	
5c.	Effect of Rate Filing – Written premium change for this program	-\$167	
5d.	Effect of Rate Filing – Number of policyholders affected	76	

6.	Overall percentage of last rate revision	-6.6%
7.	Effective Date of last rate revision	8/1/92 (new), 9/25/92 (renewal)
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rule A.1. (01-08) Mandatory Forms	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Rule A.2. (01-08) Group Discount	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	Rule 10 (06-07) Minimum Premium Rule	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



October 22, 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 NAIC #111-24074 FEIN# 31-0396250
WEST AMERICAN INSURANCE COMPANY NAIC #111-44393 FEIN# 31-0624491
AMERICAN FIRE AND CASUALTY COMPANY NAIC #111-24066 FEIN# 59-0141790
PLEASURE BOAT PROGRAM
RULE REVISIONS
OUR FILE NO.: PL20070066R

In accordance with the file and use filing requirements of your state, we submit for your review revisions to our Pleasure Boat Program. We are revising various manual rules. The revisions are explained in detail in the attached filing exhibits.

We are converting to a new policy administration system. Some of these revisions are to accommodate this conversion. Others are editorial in nature. We are submitting corresponding forms revisions under separate cover.

These rule revisions correspond to form revisions submitted under separate cover under forms filing file number PL20070066F.

These revisions will apply to all new business and renewal policies written on or after January 25, 2008.

Should you have questions regarding these revisions or require additional information pertaining to this submission, please do not hesitate to contact me at the number provided below.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of the state of Arkansas.

Sincerely,

A handwritten signature in cursive script that reads 'Linda M. Baker'.

Linda Baker, CPCU, AU
Product Analyst
Personal Lines Product Management
1-800-843-6446, 2120
FAX (513) 603-2160
linda.baker@ocas.com

**RULES SUMMARY
PLEASURE BOAT PROGRAM**

NEW RULE

Rule A.1. (01-08)	Mandatory Forms	This new rule is being added to provide a rule of application for OCH-147 Punitive or Exemplary Damages Exclusion. This endorsement was previously filed and approved for use in the state of Arkansas.
Rule A. 2. (01-08)	Group Discount	This new rule is being added to provide a rule of application for our employee discount.

REVISED RULES

Rule 10 (06-07)	Minimum Premium Rule	Revised to indicate there is no minimum premium for Monoline Pleasure Boat Policies. Replaces 05-01 edition.
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