

SERFF Tracking Number: SMM-125332710 State: Arkansas
 First Filing Company: State Auto Property and Casualty Insurance State Tracking Number: AR-PC-07-026559
 Company, ...
 Company Tracking Number: SAC-CA-2007-1095
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto Revised Endorsement
 Project Name/Number: Commercial Auto Revised Endorsement/SAC-CA-2007-1095

We are revising this form to incorporate ISO's changes announced in filing designation# CA-2007-OCHI (in response to 2007 Ark. Acts 373, former H.B. 2243).

Form SA0162 10/07 will replace CA0162 02/02.

Company and Contact

Filing Contact Information

Kathy Hartwell, Supervisor, State Filings kathy.hartwell@stateauto.com
 State Auto Insurance Companies (800) 695-9436 [Phone]
 Columbus, OH 43215 (614) 719-0299[FAX]

Filing Company Information

State Auto Property and Casualty Insurance CoCode: 25127 State of Domicile: Iowa
 Company Group Code: 175 Company Type: Property and
 1300 Woodland Avenue Casualty

P. O. Box 66150
 West Des Moines, IA 50265-0150 Group Name: State ID Number:
 (614) 464-5000 ext. [Phone] FEIN Number: 57-6010814

State Automobile Mutual Insurance Company CoCode: 25135 State of Domicile: Ohio
 518 East Broad Street Group Code: 175 Company Type: Property and
 Casualty

P. O. Box 182822
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 464-5000 ext. [Phone] FEIN Number: 31-4316080

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Auto Property and Casualty Insurance Company	\$0.00	10/26/2007	
State Automobile Mutual Insurance Company	\$50.00	10/26/2007	16332876

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/29/2007	10/29/2007

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Disposition

Disposition Date: 10/29/2007
Effective Date (New): 02/01/2008
Effective Date (Renewal): 02/01/2008
Status: Approved
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

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Changes	SA 01 62	10 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 Previous Filing #: CA 01 62 02 02		SA 01 62 10 07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS CHANGES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Arkansas, the Coverage Form is changed as follows:

A. Changes In Liability

Paragraph **a.** of the **Who Is An Insured** Provision in **Section II – Liability Coverage** of the Garage Coverage Form is replaced by the following:

a. The following are "insureds" for covered "autos":

- (1)** You for any covered "auto".
- (2)** Your customers, if your business is shown in the Declarations as an "auto" dealership.
- (3)** Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (a)** The owner or anyone else from whom you hire or borrow a covered "auto". This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.
 - (b)** Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
 - (c)** Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is your "garage operations".
 - (d)** A partner (if you are a partnership), or a member (if you are a limited liability company), for a covered "auto" owned by him or her or a member of his or her household.

(4) Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

B. The Appraisal For Physical Damage Loss Condition is replaced by the following:

- 1.** If you and we disagree on the amount of "loss", either party may make a written request for an appraisal of the "loss". However, an appraisal will be made only if both you and we agree, voluntarily, to have the loss appraised. If so agreed, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. Each party will:
 - a.** Pay its chosen appraiser; and
 - b.** Bear the other expenses of the appraisal and umpire equally.
- 2.** If we submit to an appraisal, we will still retain our right to deny the claim.
- 3.** An appraisal decision will not be binding on either party.

C. Physical Damage Coverage is changed as follows:

If collision coverage, comprehensive coverage or specified causes of loss coverage is provided by this coverage form on at least one covered "auto", then a temporary substitute vehicle is also a covered "auto". A temporary substitute vehicle means any "auto" you do not own which is provided for your use with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:

1. Breakdown;
2. Repair; or
3. Servicing.

D. Changes In Conditions

1. The **Other Insurance** Condition in the Business Auto, Business Auto Physical Damage and Garage Coverage Forms and the **Other Insurance – Primary And Excess Insurance Provisions** in the Truckers and Motor Carrier Coverage Forms is changed by adding the following:

When the following applies:

- a. This Coverage Form and any other Coverage Form or policy providing liability, physical damage, uninsured and underinsured motorists coverage apply to an "auto" in a given "accident"; and
- b. This Coverage Form provides coverage to an "insured" who:
 - (1) Is engaged in the business of providing primarily private passenger vehicles to the public under a rental agreement for a period not to exceed 90 days and rents or leases the "auto" to an individual; or

- (2) Is a duly licensed automobile dealer loaning an "auto" as a temporary replacement to a person whose "auto" is out of use because of its breakdown, repair or servicing; or

- (3) Is a duly licensed automobile dealer and loans the "auto" out for use as a demonstrator "auto"; and

- c. The other coverage form provides coverage to a person who is not working for, and not employed by, a business described in Paragraph **b.(1)**, **b.(2)** or **b.(3)** above, and who, at the time of the "accident", is operating an "auto" provided by a business described in Paragraphs **b.(1)**, **b.(2)** or **b.(3)** above.

then, the other Coverage Form is primary and this Coverage Form is excess over any coverage available to the person described in Paragraph **D.1.c.**

2. The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:

We will be entitled to recovery only after the "insured" has been fully compensated for the "loss" or damage sustained.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	10/29/2007
Comments:				
Attachment:				
PCTrans.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 #
State Auto Insurance Companies	175

4. Company Name(s)	Domicile	NAIC #	FEIN #
State Automobile Mutual Insurance Co.	OH	25135	31-4316080
State Auto Property & Casualty Insurance Co.	IA	25127	67-6010814

5. Company Tracking Number	SAC-CA-2007-1095
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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
Kathy Hartwell 518 East Broad Street Columbus, OH 43215	Supervisor, State Filings	800-695-9436	614-719-0299	kathy.hartwell@stateauto.com

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

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Division One - Commercial Auto
13. Filing Type	[] Rate/Loss Cost [] Rules [] Rates/Rules [X] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14. Effective Date(s) Requested	New: 02/01/2008 Renewal: 02/01/2008
15. Reference Filing?	[] Yes [X] No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	10/26/2007
19. Status of filing in domicile	[X] Not Filed [] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SAC-CA-2007-1095
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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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Division One –Commercial Automobile
Revised Endorsement, SA 01 62 10 07

The State Auto Insurance Companies are members of the Insurance Services Office. Our Commercial Automobile rates, rules and forms are filed on an independent basis.

We are currently using ISO's Changes Endorsement CA0162 02/02.

We are revising this form to incorporate ISO's changes announced in filing designation# CA-2007-OCHI (in response to 2007 Ark. Acts 373, former H.B. 2243).

Form SA0162 10/07 will replace CA0162 02/02.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A - EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

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FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	SAC-CA-2007-1095
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Arkansas Changes	SA 01 62 10 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA 01 62 02 02	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1