

SERFF Tracking Number: AOIC-125332756 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: AR-PC-07-026614  
Company Tracking Number: CAU-AR-99-10/26/2007-89089  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: CAU/89089

## Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Commercial Automobile SERFF Tr Num: AOIC-125332756 State: Arkansas  
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-026614  
Sub-TOI: 20.0001 Business Auto Co Tr Num: CAU-AR-99-10/26/2007-89089 State Status:

Filing Type: Form Co Status: Pending Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Authors: Claudia Stewart, Julia Kloeckner Disposition Date: 11/02/2007  
Date Submitted: 10/31/2007 Disposition Status: Approved

Effective Date Requested (New): 12/15/2007 Effective Date (New): 12/15/2007  
Effective Date Requested (Renewal): 01/21/2008 Effective Date (Renewal): 01/21/2008

## General Information

Project Name: CAU Status of Filing in Domicile: Authorized  
Project Number: 89089 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 11/02/2007  
State Status Changed: 11/01/2007 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: See Attached List

Forms Attach To:

Automobile Coverage Form

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after November 25, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

SERFF Tracking Number: AOIC-125332756 State: Arkansas  
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KAREN TABOR, CPCU, AU, AIS, MANAGER  
COMMERCIAL AUTOMOBILE UNDERWRITING  
TABOR.KAREN@AOINS.COM (emails without attachments)  
commlinesund@aoins.net (emails with attachments)  
(517) 323-1421 Ext. 1421  
Underwriter:  
WENDY BURCHELL  
BURCHELL.WENDY@AOINS.COM  
(517) 327-4934

## Company and Contact

### Filing Contact Information

Karen Tabor, Manager tabor.karen@aoins.com  
PO Box 30660 (800) 346-0346 [Phone]  
Lansing, MI 48909-8160 (517) 391-1903[FAX]

### Filing Company Information

Auto-Owners Insurance Company CoCode: 18988 State of Domicile: Michigan  
P.O. Box 30660 Group Code: 280 Company Type: PC  
Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:  
Group  
(800) 346-0346 ext. [Phone] FEIN Number: 38-0315280  
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Owners Insurance Company CoCode: 32700 State of Domicile: Ohio  
P.O. Box 30660 Group Code: 280 Company Type: PC  
Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:  
Group  
(800) 346-0346 ext. [Phone] FEIN Number: 34-1172650  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00

<i>SERFF Tracking Number:</i>	<i>AOIC-125332756</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026614</i>
<i>Company Tracking Number:</i>	<i>CAU-AR-99-10/26/2007-89089</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>CAU/89089</i>		
<b>Retaliatory?</b>	<b>No</b>		
<b>Fee Explanation:</b>	<b>1 filing</b>		
<b>Per Company:</b>	<b>No</b>		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	10/31/2007	16404564
Owners Insurance Company	\$0.00	10/31/2007	

SERFF Tracking Number: AOIC-125332756 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/02/2007	11/02/2007

SERFF Tracking Number: AOIC-125332756 State: Arkansas  
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Product Name: Commercial Automobile  
Project Name/Number: CAU/89089

## Disposition

Disposition Date: 11/02/2007  
Effective Date (New): 12/15/2007  
Effective Date (Renewal): 01/21/2008  
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

*SERFF Tracking Number:* AOIC-125332756                      *State:* Arkansas  
*First Filing Company:* Auto-Owners Insurance Company, ...                      *State Tracking Number:* AR-PC-07-026614  
*Company Tracking Number:* CAU-AR-99-10/26/2007-89089  
*TOI:* 20.0 Commercial Auto                      *Sub-TOI:* 20.0001 Business Auto  
*Product Name:* Commercial Automobile  
*Project Name/Number:* CAU/89089

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Rental Automobile Gap Coverage	Approved	Yes
<b>Form</b>	Deductible Amendatory	Approved	Yes
<b>Form</b>	Replacement Coverage - Air Bag	Approved	Yes

SERFF Tracking Number: AOIC-125332756 State: Arkansas  
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Automobile  
 Project Name/Number: CAU/89089

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rental Automobile Gap Coverage	89102	08-07	Endorsement/Amendment/Conditions	New	49.00	89102 (08-07).pdf
Approved	Deductible Amending	89103	08-07	Endorsement/Amendment/Conditions	New	55.20	89103 (08-07).pdf
Approved	Replacement Coverage - Air Bag	89089	08-07	Endorsement/Amendment/Conditions	New	0.00	89089_8-07_.pdf

**RENTAL AUTOMOBILE GAP COVERAGE**  
Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 4. LIMIT OF LIABILITY**, the following condition is added:

If the covered **automobile** is:

- (1) a rented **private passenger automobile**;
- (2) not a total loss; and
- (3) sold in it's damaged condition rather than repaired, as decided by the rental company from which **you** rented the **automobile**; and

The first named **insured** is:

- (1) an individual entity; or
- (2) other than an individual entity with:
  - (a) the Broadened Coverage for Named Individuals - Drive Other Cars endorsement on the policy; and
  - (b) the **automobile** to which the Broadened Coverage for Named Individuals - Drive Other Cars endorsement is attached has Comprehensive and Collision Coverages

**we** will pay the amount for which **you** are liable under the terms of the rental agreement.

All other policy terms and conditions apply.

**DEDUCTIBLE AMENDATORY**  
Automobile Policy

It is agreed:

**SECTION III - DAMAGE TO YOUR AUTOMOBILE, 1. COVERAGES**, is amended as follows:

1. Under **c. Comprehensive Coverage**, the last paragraph is deleted and replaced with:

When a deductible is indicated in the Declarations for this coverage, **we** will reduce **our** payment by that amount. When more than one of **your automobiles** is involved in the same covered loss, only one deductible shall apply. If the deductibles differ, **we** shall only apply the highest deductible.

2. **d. Collision Coverage** is deleted and replaced with the following:

**d. Collision Coverage**

(1) **We** will pay for loss or damage to **your automobile** and its **equipment** caused by accidental collision with another object or by accidental upset.

(2) When a deductible is indicated in the Declarations for this coverage, **we** will reduce **our** payment by that amount.

(a) This deductible shall not apply:

1) when **your automobile** which is a **private passenger automobile** or a **trailer** when attached to **your private passenger automobile** is in a collision with another **automobile**:

a) **we** insure and which **you** do not own, rent or have in **your** care, custody or control; or

b) whose owner or operator has been identified; and

i) is legally responsible for the entire amount of the damage; and

ii) is covered by a **property damage** liability policy or bond

but only if the damage exceeds the deductible amount.

2) when one or more of **your automobiles** is in a collision with another of **your automobiles**, including any hired **automobiles** to which the HIRED AUTOMOBILE PHYSICAL DAMAGE endorsement, if a part of this policy, applies.

(b) Only one deductible applies to:

1) **your automobile**;

2) **your attached trailer**; or

3) any hired **automobiles** to which the HIRED AUTOMOBILE PHYSICAL DAMAGE endorsement, if a part of this policy

when both the **automobile** and attached **trailer** are in a collision with an **automobile** we do not insure that is not owed by **you** or a **relative**. If the deductibles differ, we shall only apply the highest deductible.

All other policy terms and conditions apply.

## **REPLACEMENT COVERAGE - AIR BAG**

### **Automobile Policy**

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 3. COVERAGE EXTENSIONS**, the following coverage extension is added:

#### **Air Bag Replacement Coverage**

- (1) **We** will extend the Comprehensive Coverage that applies to **your automobile** for the replacement of the air bag when it inflates without **your automobile** having been involved in a Comprehensive or Collision loss.
- (2) This coverage extension does not apply to a **private passenger automobile** already provided air bag replacement coverage under this policy.
- (3) When a deductible is shown in the Declarations for this coverage extension, **we** will reduce **our** payment by that amount.

All other policy terms and conditions apply.

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<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>CAU/89089</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 11/02/2007

**Comments:**

**Attachments:**

89089PC TD 1 AR.pdf  
89089PC TD 2 AR.pdf  
89089 PC TD 3 AR.pdf

# Property & Casualty Transmittal Document (Revised 1/1/07)

<b>1. Reserved for Insurance Dept. Use Only</b>     	<b>2. Insurance Department Use Only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

<b>5. Company Tracking Number</b> CAUAR21026200789089
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**Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]**

6. Name and address	Telephone #s	FAX #	E-mail
Karen Tabor, CPCU, AU, AIS, Manager P.O. Box 30660 Lansing, MI 48909-8160	(517) 323-1421 800-346-0346 Ext. 1421	(517) 391-1903	TABOR.KAREN@AOINS.COM

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Karen Tabor, CPCU, AU, AIS

**Filing Information (see general instructions for descriptions of these fields)**

<b>9. Type of Insurance (TOI)</b>	20.0000 Commercial Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	20.0001 Business Auto
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Commercial Automobile
<b>13. Filing Type</b>	FORM
<b>14. Effective Date(s) Requested</b>	November 25, 2007
<b>15. Reference Filing?</b>	No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization #</b>	
<b>18. Company's Date of Filing</b>	October 26, 2007
<b>19. Status of filing in domicile</b>	Michigan- Exempt

## Property and Casualty Transmittal Document-

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CAUAR21026200789089
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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FORM FILING: See Attached List

Forms Attach To:

Automobile Coverage Form

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after November 25, 2007. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

**Manager:**

KAREN TABOR, CPCU, AU, AIS, MANAGER  
 COMMERCIAL AUTOMOBILE UNDERWRITING  
 TABOR.KAREN@AOINS.COM (emails without attachments)  
 commlinesund@aoins.net (emails with attachments)  
 (517) 323-1421            Ext. 1421

**Underwriter:**

WENDY BURCHELL  
 BURCHELL.WENDY@AOINS.COM  
 (517) 327-4934

<b>22.</b>	<b>Filing Fees</b> (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]
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Check #: *EFT*

Amount: *\$50.-*

Calculation:

**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.)

## 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.)

<b>This page applies to the following state(s) Arkansas</b>					
<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		CAUAR21026200789089		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b>				
<b>3.</b>	<b>Component/Form Name/ Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous State Filing Number, if required by state</b>
1	REPLACEMENT COVERAGE - AIR BAG	89089 (08-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2	Rental Automobile Gap Coverage	89102 (08-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3	Deductible Amendatory Endorsement	89103 (08-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

AR-3