

SERFF Tracking Number: BALG-125347213 State: Arkansas
Filing Company: Sagamore Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARSC07-02F
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto Program
Project Name/Number: Personal Auto - SC/ARSC07-02F

Filing at a Glance

Company: Sagamore Insurance Company

Product Name: Personal Auto Program

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Form

SERFF Tr Num: BALG-125347213 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: ARSC07-02F

State Status: Fees received

Co Status:

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Author: Jeremy Jaynes

Disposition Date: 11/19/2007

Date Submitted: 11/16/2007

Disposition Status: Approved

Effective Date Requested (New): 12/27/2007

Effective Date (New): 12/27/2007

Effective Date Requested (Renewal): 12/27/2007

Effective Date (Renewal):

12/27/2007

General Information

Project Name: Personal Auto - SC

Project Number: ARSC07-02F

Reference Organization:

Reference Title:

Filing Status Changed: 11/19/2007

State Status Changed: 11/16/2007

Corresponding Filing Tracking Number:

Filing Description:

Under SERFF filing number BALG-125347214 Sagamore introduced our revised Personal Auto Program. Our revised program is based on our Merit Program and will replace the other four programs currently in use – Secure, Lowpay, Value and Reward. The revised Personal Auto Program is identical to the Merit program with one exception. Instead of using standard discount percentages and accident or violation point assignments, it utilizes a “scorecard” to assign the insured a “point” based on the various factors.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

At this time we have also decided to introduce credit scoring into our Personal Auto program. As a result, we have updated our applications in order to coincide with our revised Personal Auto program. We have noted the changes with

SERFF Tracking Number: BALG-125347213 State: Arkansas
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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto Program
Project Name/Number: Personal Auto - SC/ARSC07-02F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	11/19/2007	11/19/2007

SERFF Tracking Number: *BALG-125347213* *State:* *Arkansas*
Filing Company: *Sagamore Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *ARSC07-02F*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Personal Auto Program*
Project Name/Number: *Personal Auto - SC/ARSC07-02F*

Disposition

Disposition Date: 11/19/2007

Effective Date (New): 12/27/2007

Effective Date (Renewal): 12/27/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BALG-125347213 State: Arkansas
 Filing Company: Sagamore Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: ARSC07-02F
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Auto Program
 Project Name/Number: Personal Auto - SC/ARSC07-02F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Personal Auto Application	Approved	Yes
Form	Personal Auto Electronic Application	Approved	Yes

SERFF Tracking Number: BALG-125347213 State: Arkansas
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 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Auto Program
 Project Name/Number: Personal Auto - SC/ARSC07-02F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Auto Application	U0700-AR	12/07	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 U0700-AR 05/06 Previous Filing #:		APP_1207 (blue).pdf
Approved	Personal Auto Electronic Application	U0700E-AR	12/07	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 U0700E-AR 05/06 Previous Filing #:		EAPP_1207 (blue).pdf

Applicant Information

 Name _____
 Address _____
 City _____
 County _____ State _____ Zip _____
 Home Telephone Number: _____
 Work Telephone Number: _____
 Cellular or Pager Number: _____
 E-mail Address: _____
 Garaging Address (If different) _____

Policy Effective Time and Date

 From _____ AM PM Date _____
 To: 12:01 AM Date _____

Agency Information

 Number _____
 Name _____
 Address _____
 City _____ State _____ Zip _____

Additional Information

 Prior Insurance How many months has this policy been in-force? _____ Number of days lapsed _____
 Homeowner Type House Condo Townhouse Mobile Home
 Motor Vehicle Accident Prevention Course College Graduate **Non-Owner**

Household Residents and Other Drivers Information

Complete for all residents of the household age 14 and older whether a licensed driver or not and all other drivers of the insured vehicles.

No.	First Name	Last Name	DOB	Sex	Mar Stat	Driver's License #	State	Yrs Lic	Social Security #
1									
2									
3									
4									

Employment/School Information

Complete for all residents and drivers listed above.

No.	Employer or School	Address	City / State	Zip	Do they drive to work / school?	If yes, how many miles one way?
1						
2						
3						
4						

Driving Record Information

List all accidents and violations for those residents and drivers listed above occurring in the last 36 months. All accidents will be chargeable unless proof of not at fault is submitted.

Name of Driver	Occurrence Date	Accident/Violation	Occurrence Date	Accident/Violation	Total Points

SR22

Name _____ Case Number _____ State _____

Name _____

Policy # _____

Vehicle Information

Veh #	VIN #	Mod Yr	Make/Model	Body Style	4 WD 2 WD	Bus Use	Annual Mileage
1							
2							
3							
4							

Loss Payee/Additional Insured

Veh #	Loss Payee	Add'l Insured	Name	Address
1				
2				
3				
4				

Special Equipment

Maximum value of all Special Equipment is \$5,000. Maximum value of any stereo is \$1,000.

Veh #	Description	Date Purchased	Value
1			
2			
3			
4			

Coverages

Limits of Liability

Premiums

						Veh #1	Veh #2	Veh #3	Veh #4
Bodily Injury	\$	Each Person	\$	Each Accident					
Property Damage	\$	Each Accident							
Medical Payments	\$	Each Person							
UMBI *	\$	Each Person	\$	Each Accident					
UMPD	\$	Each Accident	\$ 200	Deductible					
UIMBI	\$	Each Person	\$	Each Accident					
Personal Injury Protection									
Medical & Hospital	\$ 5,000	Each Person							
Work Loss		Per Policy Provisions							
Accidental Death	\$ 5,000	Each Person							
Car Damage Not Caused By Collision	Deductible	Veh #1	Veh #2	Veh #3	Veh #4				
		\$	\$	\$	\$				
Collision	Deductible	\$	\$	\$	\$				
Rental Reimbursement		\$20 Per Day, \$300 Maximum							
Towing & Labor		\$40 Per Vehicle							
Special Equipment	\$	Total Value							
Total Premium for Each Vehicle									
						Total Policy Premium			

* UNINSURED MOTORISTS BODILY INJURY LIMITS ARE AVAILABLE UP TO THE LIABILITY LIMITS FOR WHICH YOU APPLIED.

Down Payment \$ _____

Policy Fee \$ _____

PAYMENT COLLECTED \$ _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON (ARKANSAS STATUTE 23-66-503).

Excluded Persons

I agree that with respect to the insurance afforded under this policy or any continuation, extension or replacement thereof, that Sagamore Insurance Company shall not be liable for any loss, damage, and/or liability caused while any vehicle is being operated by the following named person(s):

1. _____ DOB _____

3. _____ DOB _____

2. _____ DOB _____

4. _____ DOB _____

Applicant's Signature X _____ Date _____

Rejection of Uninsured and Underinsured Motorists Coverages

The Arkansas Insurance Laws (Sections 23-89-403, 23-89-404, and 23-89-209), as amended, permit you, the insured named in the policy, to reject the Uninsured and Underinsured Motorists Coverages in their entirety or to reject either or both the Underinsured Motorists Coverage and/or the Uninsured Motorists Property Damage Coverage.

Uninsured and Underinsured Motorists Coverages provide insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom, and for property damage to the insured vehicle for losses in excess of two hundred dollars (\$200).

- agrees that the Uninsured and Underinsured Motorists Coverages afforded in the policy are hereby deleted.
- agrees that the Underinsured Motorists Coverage afforded in the policy is hereby deleted.
- agrees that the Property Damage only portion of the Uninsured Motorists Coverage afforded in the policy is hereby deleted.

Applicant's Signature X _____ Date _____

Rejection of Increased Uninsured Limits

Under Arkansas Insurance Code (Section 23-89-403), if you choose **not** to reject Uninsured Motorists Coverage, you, the named insured in the policy, have the right to purchase Uninsured Motorists Coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

In accordance with the above mentioned Arkansas Insurance Laws, the undersigned insured:

- agrees that the offer of any and all increased limits of Uninsured Motorists Coverage is REJECTED.
- agrees to purchase increased limits of Uninsured Motorists Coverage.
- If you marked the above box, then you must specify the limits which you desire. These limits cannot exceed your third-party liability coverage.

I select: _____ / _____ / _____

Applicant's Signature X _____ Date _____

Rejection of Personal Injury Protection Coverage

The Arkansas Laws require Personal Injury Protection coverage to be included with policies containing liability coverage unless rejected in writing by the named insured. Medical and Hospital Benefits Coverage provides coverage for reasonable and necessary expense because of bodily injury sustained by an insured person and incurred within two (2) years from the date of an accident. Medical and Hospital Benefits Coverage includes coverage for medical, hospital, nursing, dental, surgical, ambulance, funeral expense and prosthetic services. Work Loss Coverage provides coverage for work loss because of bodily injury sustained by an insured person caused by an accident arising out of the ownership, maintenance or use of a motor vehicle. Accidental Death Benefits Coverage provides coverage from the date of an accident because of bodily injury caused by the accident and arising out of the ownership, maintenance or use of motor vehicle.

My rejection (s) are marked below:

- I hereby reject Medical and Hospital Benefits.
- I hereby reject Work Loss Benefits.
- I hereby reject Accidental Death Benefits.

Applicant's Signature X _____ Date _____

Notice of Insurance Information Practices

Personal information about you, including information from a credit report, may be collected from persons other than you. 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. You have a 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 is available upon request. Contact your agent for instruction on how to submit a request to us.

Applicant's Statement - Must be completed and signed by the applicant

	Yes/No
1. Have all drivers , such as children away at school, who may operate your vehicle (s) been listed on this application?	
2. Have all residents of your household been disclosed on this application?	
3. Do you understand that we will not cover any loss that occurs while an undisclosed driver or resident of your household is operating your vehicle?	
4. Have all of your vehicles been listed on this application?	
5. Are any vehicles used in a business?	
6. Do you understand that we will not cover any loss that occurs while your vehicle is being used in a business?	
7. Are there any residents age 15 with a learner's permit in your household?	

I hereby apply for a policy of insurance as set forth in this application on the basis of the statements contained herein. I agree that such policy shall be null and void if such information is false, misleading or would materially affect the acceptance of this application by Sagamore Insurance Company. I understand a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. I hereby authorize the Company to make such additional inquiries, as it may deem necessary, including any information regarding any credit history and rating. **In connection with this application for insurance, we may review your credit report or obtain or use a credit-based score based on the information contained in that credit report. We may use a third party in connection with the development of your credit score.** Upon written request, additional information as to the nature and scope of such reports will be provided.

If the down payment check, draft or other remittance for a new business policy or extension term is not honored by the bank or issuing agency, the policy will be rescinded and no coverage will be afforded. I understand that I will receive a monthly installment notice and agree that a monthly installment fee will apply as long as there is an unpaid balance. I also understand that I will be charged a \$25.00 cancellation fee if this policy cancels for non-payment of premium. This fee is in addition to any premium Sagamore Insurance Company has earned for the coverage provided by this policy and may be deducted from any refund to which I would otherwise be entitled. Should I request midterm cancellation of my policy, the premium returned will be calculated using the customary short rate method.

I certify that all drivers of the insured vehicles and all residents of my household age 14 and older have been disclosed on this application.

Applicant's Signature X _____ **Date** _____ **Time** _____

Agent's Statement

The undersigned hereby certifies that to the best of his/her knowledge, all information contained herein is correct, the statements herein are those of the applicant who has signed this application in my presence, and that the applicant and the undersigned are retaining a duplicate signed copy hereof.

Agent's Signature X _____ **Date** _____ **Time** _____

PERSONAL CAR INSURANCE APPLICATION

Applicant Information

Name _____
 Address _____
 City _____
 County _____ State _____ Zip _____
 Home Telephone Number _____
 Work Telephone Number _____
 Cellular or Pager Number _____
 E-mail Address _____
 Garaging Address (If different) _____

Policy Effective Time and Date

From _____ AM PM Date _____
 To: 12:01 AM Date _____

Agency Information

Number _____
 Name _____
 Address _____
 City _____ State _____ Zip _____

Additional Information

Prior Insurance How many months has this policy been in-force? _____ Number of days lapsed _____
 Homeowner Type House Condo Townhouse Mobile Home
 Motor Vehicle Accident Prevention Course College Graduate **Non-Owner**

Household Residents and Other Drivers Information

Complete for all residents of the household age 14 and older whether a licensed driver or not and all other drivers of the insured vehicles.

No.	Name		DOB	Sex	Mar Stat	Driver's License #	State	Yrs Lic	Social Security #
	First	Last							
1									
2									
3									
4									

Employment/School Information

Complete for all residents and drivers listed above.

No.	Employer or School	Address	City / State	Zip	Do they drive to work / school?	If yes, how many miles one way?
1						
2						
3						
4						

Driving Record Information

List all accidents and violations for those residents and drivers listed above occurring in the last 36 months. All accidents will be chargeable unless proof of not at fault is submitted.

Name of Driver	Occurrence Date	Accident/Violation	Occurrence Date	Accident/Violation	Total Points

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Name _____ Case Number _____ State _____

Name _____

Policy # _____

Vehicle Information

Veh #	VIN #	Mod Yr	Make/Model	Body Style	4 WD 2 WD	Bus Use	Annual Mileage
1							
2							
3							
4							

Loss Payee/Additional Insured

Veh #	Loss Payee	Add'l Insured	Name	Address
1				
2				
3				
4				

Special Equipment

Maximum value of all Special Equipment is \$5,000. Maximum value of any stereo is \$1,000.

Veh #	Description	Date Purchased	Value
1			
2			
3			
4			

Coverages**Limits of Liability****Premiums**

						Veh #1	Veh #2	Veh #3	Veh #4
Bodily Injury	\$	Each Person	\$	Each Accident					
Property Damage	\$	Each Accident							
Medical Payments	\$	Each Person							
UMBI *	\$	Each Person	\$	Each Accident					
UMPD	\$	Each Accident	\$ 200	Deductible					
UIMBI	\$	Each Person	\$	Each Accident					
Personal Injury Protection									
Medical & Hospital	\$ 5,000	Each Person							
Work Loss		Per Policy Provisions							
Accidental Death	\$ 5,000	Each Person							
Car Damage Not Caused by Collision	Deductible	Veh #1	Veh #2	Veh #3	Veh #4				
		\$	\$	\$	\$				
Collision	Deductible	\$	\$	\$	\$				
Rental Reimbursement		\$20 Per Day, \$300 Maximum							
Towing & Labor		\$40 Per Vehicle							
Special Equipment	\$	Total Value							
Total Premium for Each Vehicle									

* UNINSURED MOTORISTS BODILY INJURY LIMITS ARE AVAILABLE UP TO THE LIABILITY LIMITS FOR WHICH YOU APPLIED.

Total Policy Premium _____

Down Payment \$ _____

Policy Fee \$ _____

PAYMENT COLLECTED \$ _____

(Payment Must Be Collected By Agent Before Application is Transmitted and Coverage is Bound)

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON (ARKANSAS STATUTE 23-66-503).

Excluded Persons

I agree that with respect to the insurance afforded under this policy or any continuation, extension or replacement thereof, that Sagamore Insurance Company shall not be liable for any loss, damage, and/or liability caused while any vehicle is being operated by the following named person(s):

1. _____	DOB _____	2. _____	DOB _____
3. _____	DOB _____	4. _____	DOB _____

I/We, the applicant(s), agree with the foregoing terms.

I/We, the applicant(s), do not agree with the foregoing terms.

Rejection of Uninsured and Underinsured Motorists Coverages

The Arkansas Insurance Laws (Sections 23-89-403, 23-89-404, and 23-89-209), as amended, permit you, the insured named in the policy, to reject the Uninsured and Underinsured Motorists Coverages in their entirety or to reject either or both the Underinsured Motorists Coverage and/or the Uninsured Motorists Property Damage Coverage.

Uninsured and Underinsured Motorists Coverages provide insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom, and for property damage to the insured vehicle for losses in excess of two hundred dollars (\$200).

I/We, the applicant(s), reject the Uninsured and the Underinsured Motorists Coverages afforded in the policy.

I/We, the applicant(s), reject only the Underinsured Motorists Coverage portion afforded in the policy.

I/We, the applicant(s), reject the Property Damage only portion of the Uninsured Motorists Coverage afforded in the policy.

Rejection of Increased Uninsured Limits

Under Arkansas Insurance Code (Section 23-89-403), if you choose **not** to reject Uninsured Motorists Coverage, you, the named insured in the policy, have the right to purchase Uninsured Motorists Coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

In accordance with the above mentioned Arkansas Insurance Laws, the undersigned insured:

I/We, the applicant(s), reject the offer of any and all increased limits of the Uninsured Motorists Coverage afforded in the policy.

I/We, the applicant(s), agree to purchase increased limits of the Uninsured Motorists Coverage afforded in the policy.

If you marked the above box, then you must specify the limits which you desire. These limits cannot exceed your third-party liability coverage.

I select: _____ / _____ / _____

Rejection of Personal Injury Protection Coverage

The Arkansas Laws require Personal Injury Protection coverage to be included with policies containing liability coverage unless rejected in writing by the named insured. Medical and Hospital Benefits Coverage provides coverage for reasonable and necessary expense because of bodily injury sustained by an insured person and incurred within two (2) years from the date of an accident. Medical and Hospital Benefits Coverage includes coverage for medical, hospital, nursing, dental, surgical, ambulance, funeral expense and prosthetic services. Work Loss Coverage provides coverage for work loss because of bodily injury sustained by an insured person caused by an accident arising out of the ownership, maintenance or use of a motor vehicle. Accidental Death Benefits Coverage provides coverage from the date of an accident because of bodily injury caused by the accident and arising out of the ownership, maintenance or use of motor vehicle.

My rejection (s) are marked below:

I/We, the applicant(s), hereby reject Medical and Hospital Benefits.

I/We, the applicant(s), hereby reject Work Loss Benefits.

I/We, the applicant(s), hereby reject Accidental Death Benefits.

Notice of Insurance Information Practices

Personal information about you, including information from a credit report, may be collected from persons other than you. 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. You have a 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 is available upon request. Contact your agent for instruction on how to submit a request to us.

I/We, the applicant(s), acknowledge and agree with the terms and conditions of the foregoing Notice of Insurance Information Practices.

I/We, the applicant(s), do not agree with the terms and conditions of the foregoing Notice of Insurance Information Practices.

Applicant's Statement

Yes/ No

1. Have all drivers , such as children away at school, who may operate your vehicle(s) been listed on this application?	
2. Have all residents of your household been disclosed on this application?	
3. Do you understand that we will not cover any loss that occurs while an undisclosed driver or resident of your household is operating your vehicle?	
4. Have all of your vehicles been listed on this application?	
5. Are any vehicles used in a business?	
6. Do you understand that we will not cover any loss that occurs while your vehicle is being used in a business?	
7. Are there any residents age 15 with a learner's permit in your household?	

I hereby apply for a policy of insurance as set forth in this application on the basis of the statements contained herein. I agree that such policy shall be null and void if such information is false, misleading or would materially affect the acceptance of this application by Sagamore Insurance Company. I understand a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, mode of living and driving record. I hereby authorize the Company to make such additional inquiries, as it may deem necessary, including any information regarding any credit history and rating. [In connection with this application for insurance, we may review your credit report or obtain or use a credit-based score based on the information contained in that credit report. We may use a third party in connection with the development of your credit score.](#) Upon written request, additional information as to the nature and scope of such reports will be provided.

If the down payment check for a new business policy or extension term is not honored by the bank, the policy will be rescinded and no coverage will be afforded. I understand that I will receive a monthly installment notice, and agree that a monthly installment fee will apply as long as there is an unpaid balance. I also understand that I will be charged a \$25.00 cancellation fee if this policy cancels for non-payment of premium. This fee is in addition to any premium Sagamore Insurance Company has earned for the coverage provided by this policy and may be deducted from any refund to which I would otherwise be entitled. Should I request midterm cancellation of my policy, the premium returned will be calculated using the customary short rate method.

I/We, the applicant(s), acknowledge and agree with the terms and conditions of the foregoing Applicant's Statement.

I/We, the applicant(s), do not agree with the terms and conditions of the foregoing Applicant's Statement.

Electronic Signature(s)

I agree to conduct this transaction by electronic means. I further agree that by providing my name to Sagamore Insurance Company and/or its authorized representative it is intended to constitute my electronic signature to this application for personal car insurance and my express acceptance of all the terms and conditions contained in this application, including any rejection of uninsured and/or underinsured motorists and personal injury protection coverages. I understand that this application and the agreements and representations contained in it may not be denied legal effect or enforceability solely because my signature is in an electronic form and that the application is enforceable in accordance with the terms of the Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transaction Act and/or any other governing law.

By electronically signing this application, I confirm that all the information provided in the application is true and correct and authorize Sagamore Insurance Company, its successors and assigns, to verify any and all information contained herein. I also agree to provide my name, my social security number, and mother's maiden name to confirm my identity.

TYPE YOUR NAME AND PERSONAL INFORMATION AS YOUR ELECTRONIC SIGNATURE

Applicant's Full Name

Applicant's Social Security Number

Applicant's Mother's Maiden Name

Producer's Statement

The undersigned producer, by typing my name as my electronic signature, hereby certifies and attests, to the best of my knowledge and belief, that (1) all of the recitals and facts set forth in the foregoing electronic application are true and correct; (2) the named applicant(s) personally completed and agreed to the terms and conditions of the foregoing electronic application by "clicking" and "signing" the application in my presence; (3) that I fully explained the applicable coverages, limits of liability, premiums and exclusions contained in the applicable policy to the applicant(s); (4) that I personally verified the identity of the applicant(s) by examining, and retaining a copy of, the applicant's driver license, social security card, birth certificate, passport, or military ID; and (5) that the applicant(s) and the undersigned are retaining a duplicate paper copy of the completed Personal Car Insurance Application.

The producer or individual completing and signing this application MUST be a licensed agent.

TYPE YOUR NAME AS YOUR ELECTRONIC SIGNATURE

Full Name of the Agency

Full Name of Producer Signing Application

[Date & Time]

<i>SERFF Tracking Number:</i>	<i>BALG-125347213</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagamore Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ARSC07-02F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Auto Program</i>		
<i>Project Name/Number:</i>	<i>Personal Auto - SC/ARSC07-02F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BALG-125347213

State: Arkansas

Filing Company: Sagamore Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: ARSC07-02F

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Auto Program

Project Name/Number: Personal Auto - SC/ARSC07-02F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

11/19/2007

Comments:

Attachment:

Formsindustry_rates_PCtransDoc_intelligent.pdf

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

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 (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
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]
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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.)**

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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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

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