

SERFF Tracking Number: CLTR-125363850 State: Arkansas  
Filing Company: American Central Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AC 83 N AR IM FORM  
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
Product Name: Classic Auto Program  
Project Name/Number: Classic Auto Program/

## Filing at a Glance

Company: American Central Insurance Company

Product Name: Classic Auto Program

TOI: 09.0 Inland Marine

Sub-TOI: 09.0006 Other Personal Inland  
Marine

Filing Type: Form

SERFF Tr Num: CLTR-125363850

SERFF Status: Closed

Co Tr Num: AC 83 N AR IM FORM

Co Status:

Authors: Karen Pollitt, Stephanie  
Young, Linda Ryan-James

Date Submitted: 11/20/2007

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and  
received

Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding

Disposition Date: 11/27/2007

Disposition Status: Approved

Effective Date (New):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

## General Information

Project Name: Classic Auto Program

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 11/27/2007

State Status Changed: 11/27/2007

Corresponding Filing Tracking Number:

Filing Description:

The Privacy Notice Form (AC N 83 04 07) was filed for American Central Insurance Company on 6/28/07 and approved on 7/12/07. The file number of the original filing is AR-PC-07-025263.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Subsequent to filing this form in Arkansas, American Central Insurance Company has revised the form to the countrywide version substituting the group name OneBeacon Insurance Company for American Central Insurance Company for consistency. The form number and edition date will remain the same. There are no other changes to the form other than the name change. The previous form is not in production and has not been issued to any insureds.

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## Company and Contact

### Filing Contact Information

(This filing was made by a third party - coulterandassociatesinc)

Stephanie Young, Consultant stephaniey@coulter-and-associates.com  
 C/O Coulter-and-associates.com (609) 443-7540 [Phone]  
 Cranbury, NJ 08512 (609) 443-4103[FAX]

### Filing Company Information

American Central Insurance Company CoCode: 37915 State of Domicile: Missouri  
 One Beacon Street Group Code: 1129 Company Type: Property and  
 Casualty  
 Boston, MA 02108-3106 Group Name: State ID Number:  
 (617) 725-6000 ext. [Phone] FEIN Number: 04-2672903  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Form filing = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Central Insurance Company	\$50.00	11/20/2007	16733044

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/27/2007	11/27/2007

*SERFF Tracking Number:* CLTR-125363850      *State:* Arkansas  
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*Product Name:* Classic Auto Program  
*Project Name/Number:* Classic Auto Program/

## **Disposition**

Disposition Date: 11/27/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: Classic Auto Program/

<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>Supporting Document</b>	Authorization to File	Approved	Yes
<b>Supporting Document</b>	Compliance Certification	Approved	Yes
<b>Form</b>	Privacy Notice	Approved	Yes

SERFF Tracking Number: CLTR-125363850 State: Arkansas  
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 Product Name: Classic Auto Program  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Privacy Notice	AC N 83	04 07	Disclosure/ Replaced Notice	Replaced Form #:0.00 AC N 83 04 07 Previous Filing #: AR-PC-07- 025263		Countrywide Privacy Notice AC N 83 04 07.pdf

## *Our Policy Regarding Your Privacy*

In order to provide the insurance products and services that respond to our customers' diverse needs, OneBeacon Insurance Group ("OneBeacon") collects certain personal information. OneBeacon does not disclose any nonpublic personal information to any affiliated or nonaffiliated third party for marketing purposes. At OneBeacon, maintaining the confidentiality of our customers' personal information is of the highest importance. OneBeacon's personal information-handling practices are governed by this privacy policy and are further regulated by law. This notice describes those practices and how they preserve your privacy in a way that permits OneBeacon to provide you with the products and service you demand.

### *Collection of Personal Information*

We get most of our information directly from you. The application you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. Depending on the nature of your insurance transaction, we may need additional information about you or other potential insureds from outside sources such as motor vehicle records, loss information reports, credit reports, court records or other public records. For property insurance, we may send someone to inspect your property and verify information about its value and condition, and a photo of the property may be taken.

We also may obtain information from third parties such as other insurance companies or consumer reporting agencies. A consumer report from such an agency may contain information as to credit worthiness and credit standing. If we order any kind of consumer report, upon request, we will tell you how to get a copy of the report. The agency preparing a consumer report for us may keep the information collected about you as permitted by law, and it may be disclosed to other persons.

### *Disclosure of Personal Information*

Information which has been collected about you will be contained in either our policy records or in your agent's files. We review it in evaluating your request for insurance coverage and in determining your rates. We will also use information in our policy records for purposes related to issuing and servicing insurance policies and settling claims. OneBeacon may disclose personal information to others in order to service, process or administer business such as underwriting and claims operations. In this context, OneBeacon may disclose (i) information we receive from you on applications and other forms, including information such as assets, income, and identifying information such as name, address and social security number; (ii) transaction information such as information about balances, payment history and parties to the transaction; and (iii) information from consumer reporting agencies such as a consumer's credit worthiness and credit history.

If coverage is declined or the charge for coverage is increased because of information contained in a consumer report, we will tell you as required by state law and the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report.

### *Parties to Whom Information May be Disclosed*

OneBeacon will not disclose information about you to others without your written consent unless the disclosure is necessary to conduct our business. By law, OneBeacon is permitted to share information about you without prior permission under certain circumstances to certain persons and organizations such as:

- Your agent or broker.

- Parties who perform a business, professional or insurance function for our company, including our reinsurance companies.

- Claim adjusters, appraisers, investigators and attorneys who need the information to investigate, defend or settle a claim involving you.

- Insurance support organizations which are established to collect information for the purpose of detecting and preventing insurance crimes and fraudulent claims.

Insurance regulatory agencies in connection with the regulation of our business.

Law enforcement or other governmental authorities to protect our legal interest, or in cases of suspected fraud or illegal activities.

Authorized persons as ordered by subpoena, warrant or other court order or as required by law.

Lienholder, mortgagee, assignee, lessor, or other person shown on our records or our agent's as having a legal or beneficial interest in a policy of insurance.

Parties acting in a fiduciary or representative capacity to you (attorneys, accountants and auditors).

Insurance rate advisory organizations.

Parties enforcing OneBeacon's rights in connection with the settlement of a debt, the transfer of interests or an audit.

Parties administering transactions as requested or authorized by you.

### *Right of Access to Personal Information*

You have the right to know what kind of information we keep in our files about you, to have reasonable access to it and to receive a copy. Write to us if you have questions about the information. Provide your complete name, address, type of policy and policy number that was issued or applied for with us. Mail your request to: Privacy Administrator, Post Office Box 254, Canton, MA 02021-0254. Certain types of information generally collected when evaluating claims or possible lawsuits need not be disclosed to you.

Within thirty (30) business days of receipt of your request, we will inform you in writing of the nature and substance of retrievable recorded personal information about you in our files. You may review this information in person or receive a copy by mail. We will also identify the person or organization to which we have disclosed this information within the past two (2) years. In addition, you will be given the name and address of any consumer reporting agency which prepared a report about you so that you can contact them for a copy.

After you have reviewed the personal information about you in our file, you can write to us if you believe it should be corrected, amended or deleted. We will consider your request, and within thirty (30) days either change the information or tell you that we did not and state the reason. If we do not make changes, you will have the right to insert in our file a concise statement containing what you believe to be the correct, relevant or fair information, and explaining which information on file you believe to be improper. We will notify persons designated by you to whom we have previously disclosed the information of the change or your statement. Subsequent disclosures we make also will include your statement.

### *Confidentiality and Security of Personal Information*

Our company maintains appropriate standards and procedures to prevent unauthorized access to your information. OneBeacon limits employee access to personally identifiable information to those with a business reason for knowing such information. We educate our employees so that they will understand the importance of confidentiality of personal information and take appropriate measures to enforce privacy responsibilities.

### *Treatment of Personal Information of Former Customers*

OneBeacon follows this personal information privacy policy even when a customer relationship no longer exists.

If you have additional questions about the privacy of your personal information or about your insurance needs in general, please contact your agent.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/27/2007

**Comments:**

**Attachment:**

AR NAIC P&C Transmittal-IM Form 2.pdf

**Satisfied -Name:** Authorization to File **Review Status:** Approved 11/27/2007

**Comments:**

**Attachment:**

ACIC filing authority letterhead.pdf

**Satisfied -Name:** Compliance Certification **Review Status:** Approved 11/27/2007

**Comments:**

**Attachment:**

AR Compliance Cert.pdf

## Property & Casualty Transmittal Document

<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 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
One Beacon	1129

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Central Insurance Company	Missouri	37915	04-2672903	

<b>5. Company Tracking Number</b>	AC N 83 04 07 AR IM Form
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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
	Stephanie Young 379 Princeton-Hightstown Road Cranbury, NJ 08512	Sr. Compliance Consultant	(609) 443-7540	(609) 443-4103	stephaniey@coulter-and-associates.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Stephanie Young		

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

<b>9. Type of Insurance (TOI)</b>	09.0 Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	09.0006 Other Personal Inland Marine
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Classic Car Program Introduction
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New:    On Approval                      Renewal:    On Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AC N 83 AR IM Form
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Privacy Notice Form (AC N 83 04 07) was filed for American Central Insurance Company on 6/28/07 and approved on 7/12/07. The file number of the original filing is AR-PC-07-025263.

Subsequent to filing this form in Arkansas, American Central Insurance Company has revised the form to the countrywide version substituting the group name OneBeacon Insurance Company for American Central Insurance Company for consistency. The form number and edition date will remain the same. There are no other changes to the form other than the name change. The previous form is not in production and has not been issued to any insureds.

<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: \$50.00**

Form filing = \$50.00

**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.)**

PC TD-1 pg 2 of 2

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AC 83 N AR IM Form
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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	Privacy Notice	AC N 83 04 07	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

## 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	Overall percentage rate indication (when applicable)		
<b>5b</b>	Overall percentage rate impact for this filing		
<b>5c</b>	Effect of Rate Filing – Written premium change for this program		
<b>5d</b>	Effect of Rate Filing – Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	
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<b>7.</b>	Effective Date of last rate revision	
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<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state

**American Central Insurance Company**  
One Beacon Lane  
Canton, MA 02021

Date: May 15, 2007  
To: State Insurance Departments  
From: Gavin Blair  
Subject: Filing Authority for Coulter & Associates, Inc.

I, *Gavin Blair*, an officer of American Central Insurance Company, have authorized Coulter & Associates, Inc., acting as our Contracts Consultants, to file products and correspond with your Department on our Behalf. This Authorization is effective until May 1, 2008.

Officer Signature: *Gavin Blair*

Title: *Vice President and Attorney*

# ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT



I, Noel Edsall, Vice President of  
(Name) (Title of Authorized Officer)  
American Central Insurance Company  
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

corrective action shall be taken by the commissioner against the company.

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate

Does this Certification apply to all the companies in this filing? (Yes or No) ▶ Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number

Signature of Authorized Officer ▶	<u>Noel Edsall</u>	
Name of Authorized Officer ▶	<u>NOEL EDSALL</u>	
Title of Authorized Officer ▶	<u>Vice President</u>	
Email address of Authorized Officer ▶	<u>pshirtcliff@onebeacon.com</u>	
Telephone # of Authorized Officer ▶	<u>781-832-8147</u>	Date ▶ <u>Nov 19, 2007</u>

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@arkansas.gov](mailto:information.pnc@arkansas.gov) AID PC SelfCert (4/30/03)