

SERFF Tracking Number: REGU-125359055 State: Arkansas
Filing Company: Discover Property & Casualty Insurance State Tracking Number: EFT \$50
Company
Company Tracking Number: DPC-AUTO-APP-07
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile Forms
Project Name/Number: /DPC-Auto-App-07

Filing at a Glance

Company: Discover Property & Casualty Insurance Company

Product Name: Commercial Automobile Forms SERFF Tr Num: REGU-125359055 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: DPC-AUTO-APP-07

State Status: Fees received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Joanne Sullivan

Disposition Date: 11/15/2007

Date Submitted: 11/14/2007

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (Renewal):

02/01/2008

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number: DPC-Auto-App-07

Domicile Status Comments:

Reference Organization: ISO

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/15/2007

State Status Changed: 11/14/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Discover Property & Casualty (DP&C), one of the Travelers Insurance Companies, is submitting an independent Commercial Automobile form filing. DP&C is filing Supplementary Commercial Automobile Applications. There is no rate impact related to this filing.

Travelers has reviewed all of the UM/UIM/PIP/mandatory offers of Medical Payment applications and has made changes to be more consistent with the default statements, limit choices, etc. DP&C is also revising their DP&C applications. The new or revised forms are attached to this filing.

SERFF Tracking Number: REGU-125359055 State: Arkansas
 Filing Company: Discover Property & Casualty Insurance State Tracking Number: EFT \$50
 Company
 Company Tracking Number: DPC-AUTO-APP-07
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Automobile Forms
 Project Name/Number: /DPC-Auto-App-07

Attached for your review are the following:

- State Required Filing Forms
- Supplementary Commercial Automobile Application(s)

An EFT in the amount \$50.00 has been initiated to cover your state's filing fees.

We ask that this filing become effective for all policies effective February 1, 2008.

Company and Contact

Filing Contact Information

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

Joanne Sullivan, joannesullivan@ircllc.com
 50 Broad Street (212) 571-3989 [Phone]
 New York, NY 10004 () -[FAX]

Filing Company Information

Discover Property & Casualty Insurance CoCode: 36463 State of Domicile: Illinois
 Company
 5 Batterson Park Group Code: 164 Company Type:
 Farmington, CT 06032 Group Name: State ID Number:
 (860) 674-2660 ext. [Phone] FEIN Number: 36-2999370

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR fee is \$50.00 form filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
---------	--------	----------------	---------------

SERFF Tracking Number: REGU-125359055 State: Arkansas
Filing Company: Discover Property & Casualty Insurance State Tracking Number: EFT \$50
Company
Company Tracking Number: DPC-AUTO-APP-07
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile Forms
Project Name/Number: /DPC-Auto-App-07
Discover Property & Casualty Insurance \$50.00 11/14/2007 16641186
Company

SERFF Tracking Number: REGU-125359055 State: Arkansas
Filing Company: Discover Property & Casualty Insurance State Tracking Number: EFT \$50
Company
Company Tracking Number: DPC-AUTO-APP-07
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile Forms
Project Name/Number: /DPC-Auto-App-07

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/15/2007	11/15/2007

SERFF Tracking Number: REGU-125359055 State: Arkansas
 Filing Company: Discover Property & Casualty Insurance State Tracking Number: EFT \$50
 Company
 Company Tracking Number: DPC-AUTO-APP-07
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Automobile Forms
 Project Name/Number: /DPC-Auto-App-07

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Supporting Document	Authorization Letter	Approved	Yes
Form	Supplementary Commercial Auto Application-Arkansas	Approved	Yes
Form	Supplementary Commercial Auto Application - Personal Injury Protection - Arkansas	Approved	Yes

SERFF Tracking Number: REGU-125359055 State: Arkansas
 Filing Company: Discover Property & Casualty Insurance State Tracking Number: EFT \$50
 Company
 Company Tracking Number: DPC-AUTO-APP-07
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Automobile Forms
 Project Name/Number: /DPC-Auto-App-07

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Supplementary Commercial Auto AR Application- Arkansas	AF 30 01	02 08	Application/ Replaced Binder/Enro llment	Replaced Form #:0.00 UA 103 Ed 0102 Previous Filing #:		AR AF3001AR0 208.pdf
Approved	Supplementary Commercial Auto AR Application - Personal Injury Protection - Arkansas	AF 30 02	0208	Application/ Replaced Binder/Enro llment	Replaced Form #:0.00 UA 103 Ed 0102 Previous Filing #:		AR AF3002AR0 208.pdf

SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION ARKANSAS



(To be completed and signed by Named Insured)

APPLICANT/NAMED INSURED:

POLICY NUMBER:

UNINSURED MOTORISTS COVERAGE – BODILY INJURY

An Uninsured Motor Vehicle means a motor vehicle (1) for which no liability bond or policy at the time of the accident provides at least the amounts required by applicable law; or (2) for which an insuring or bonding company denies coverage or is insolvent; or (3) that is a hit and run vehicle. Refer to your policy for the prevailing coverage provisions.

Your automobile liability or motor vehicle liability policy shall automatically include Uninsured Motorists coverage for damages resulting from bodily injury for protection against the owner or operator of an uninsured motor vehicle from which the insured is legally entitled to recover damages, in an amount equal to the policy's Bodily Injury Liability limits, unless you reject said coverage or select lower limits as indicated below.

- I wish to reject Uninsured Motorists coverage.
- I wish to select Minimum Financial Responsibility (MFR) limits of \$25,000 each person, \$50,000 each accident; or \$50,000 each accident combined single limit (CSL). The Uninsured Motorists coverage limits will be either split (each person/each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability limits on your policy.
- I wish to select limits which are less than the policy's Bodily Injury Liability limits, but greater than the MFR limits. (Specify Limit)
 - \$100,000 each accident (CSL)
 - \$250,000 each accident (CSL)
 - \$300,000 each accident (CSL)
 - \$350,000 each accident (CSL)
 - \$500,000 each accident (CSL)
 - \$750,000 each accident (CSL)
 - \$1,000,000 each accident (CSL)
 - \$ _____

UNINSURED MOTORISTS COVERAGE – PROPERTY DAMAGE

If you are purchasing Uninsured Motorists coverage for bodily injury, we are required to provide you with the opportunity to purchase Uninsured Motorists coverage for property damage for protection against the owner or operator of an uninsured motor vehicle from which the insured is legally entitled to recover damages. Please indicate your selection of limits below:

- \$25,000 each accident
- \$50,000 each accident
- \$100,000 each accident
- I wish to purchase Uninsured Motorists coverage for property damage in an amount equal to the policy's property damage liability limits.
- I do not wish to purchase Uninsured Motorists coverage for property damage.

NOTE: Uninsured Motorists coverage for property damage is subject to a \$200 deductible. However, if you have elected to purchase a large deductible rating plan, the deductible rating plan amount shown on the deductible endorsement in your policy shall apply.

UNDERINSURED MOTORISTS COVERAGE

An Underinsured Motor Vehicle means a motor vehicle for which the sum of all liability bonds or policies at the time of an accident provides a limit that is less than the amount an insured is legally entitled to recover as damages caused by the accident. Refer to your policy for the prevailing coverage provisions.

If you are purchasing Uninsured Motorists coverage for bodily injury, we are providing you with the opportunity to purchase Underinsured Motorists coverage. Underinsured Motorists coverage enables recovery for damages resulting from bodily injury which the insured is legally entitled to recover from the owner or operator of another motor vehicle when the liability insurance limits of the other owner or operator are less than the amount of the damages incurred by the insured.

- I do not wish to purchase Underinsured Motorists coverage.
- I wish to select limits equal to the policy's Bodily Injury Liability limit.
- I wish to select Minimum Financial Responsibility (MFR) limits of \$25,000 each person, \$50,000 each accident; or \$50,000 each accident combined single limit (CSL). The Underinsured Motorists coverage limits will be either split (each person/each accident) or a combined single limit (CSL), consistent with the Bodily Injury Liability limits on your policy.
- I wish to select limits which are less than the policy's Bodily Injury Liability limits, but greater than the MFR limits. (Specify Limit)
 - \$100,000 each accident (CSL)
 - \$250,000 each accident (CSL)
 - \$300,000 each accident (CSL)
 - \$350,000 each accident (CSL)
 - \$500,000 each accident (CSL)
 - \$750,000 each accident (CSL)
 - \$1,000,000 each accident (CSL)
 - \$ _____

I understand that my coverage election shall apply on the policy(ies) in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premium evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected, rejected or accepted by default.

SIGNATURE OF NAMED INSURED	DATE
----------------------------	------

**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
PERSONAL INJURY PROTECTION**



ARKANSAS

(To be completed and signed by Named Insured)

APPLICANT/NAMED INSURED:

POLICY NUMBER:

PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE

If your automobile liability insurance policy covers a private passenger motor vehicle it will be issued with minimum Medical Expense benefits, Work Loss benefits and Accidental Death benefits.

1. Medical Expense benefits provides coverage for reasonable and necessary medical expenses, including hospital, nursing, dental, surgical, ambulance and funeral expenses.

You may select limits up to an aggregate of \$10,000 per person or reject this coverage entirely, by indicating below.

- Medical Expense benefits at the limit of \$_____, per person (\$10,000 maximum)
- Medical Expense benefits are rejected.

2. Work Loss benefits provide for 70% of the loss of income from work during a period commencing 8 days after the date of the accident, and not to exceed 52 weeks, subject to a maximum of \$140 per week. For a non-income earner, the benefits consist of expenses not to exceed \$70.00 per week, or any fractional part of a week, which are reasonably incurred for essential services in lieu of those the injured person would have performed without income. You may reject Work Loss benefits by indicating below.

- Work Loss benefits are rejected.

3. Accidental Death benefits provide for \$5,000 to be paid to the personal representative of the insured, should injury, sickness or disease resulting from an automobile accident cause death within one (1) year from the date of the accident. You may reject Accidental Death benefits by indicating below.

- Accidental Death benefits are rejected.

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premium, evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

SIGNATURE OF NAMED INSURED

DATE

SERFF Tracking Number: REGU-125359055 State: Arkansas
Filing Company: Discover Property & Casualty Insurance State Tracking Number: EFT \$50
Company
Company Tracking Number: DPC-AUTO-APP-07
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile Forms
Project Name/Number: /DPC-Auto-App-07

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/15/2007

Comments:

Attachment:

AR NAIC Trans & RRS.pdf

Satisfied -Name: Forms List **Review Status:** Approved 11/15/2007

Comments:

Attachment:

AR forms list 02-08.pdf

Satisfied -Name: Authorization Letter **Review Status:** Approved 11/15/2007

Comments:

Attachment:

Authorization Letter.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # DPC-Auto-App-07

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

Discover Property & Casualty (DP&C), one of the Travelers Insurance Companies, is submitting an independent Commercial Automobile form filing. DP&C is filing Supplementary Commercial Automobile Applications. There is no rate impact related to this filing.

Travelers has reviewed all of the UM/UIM/PIP/mandatory offers of Medical Payment applications and has made changes to be more consistent with the default statements, limit choices, etc. DP&C is also revising their DP&C applications. The new or revised forms are attached to this filing.

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: \$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.)**

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 #	DPC-Auto-App-07			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	Supplementary Commercial Automobile Application	AF 30 01 AR 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UA 103 Ed 0102	
02	Supplementary Commercial Automobile Application - Personal Injury Protection - Arkansas	AF 30 02 AR 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UA 103 Ed 0102	
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		

DEPARTMENT OF INSURANCE
PROPERTY-CASUALTY FORMS TRANSMITTAL SUPPLEMENT
SHEET FOR MULTIPLE FORM FILING

Supplementary
Commercial Auto
Application – Arkansas

AF 30 01AR 0208

UA 103 Ed 0102

A-CA-M

Supplemental Application for the selection or rejection of Uninsured and Underinsured Motorists Bodily Injury Coverage. This form specifies that the policy will be issued at UM/UIM limits equal to the bodily injury liability limit unless other limits are selected or coverage is rejected.

Supplementary
Commercial Auto
Application – Personal
Injury Protection -
Arkansas

AF 30 02AR 0208

Included in
UA 103 Ed 0102

A-CA-M

Supplemental Application that allows the insured to select optional Medical Expense limits and/or reject Medical Expense, Work Loss and Accidental Death benefits. The form specifies that PIP coverage will be included at minimum limits unless higher limits are requested or coverage is rejected.

October 24, 2007

RE: Authority for Insurance Regulatory Consultants, LLC to Process Filings on behalf of Discover Property & Casualty Insurance Company

Dear Regulatory Official:

Please accept this letter as the authorization for representatives of Insurance Regulatory Consultants, LLC, to prepare and submit, on behalf of Discover Property & Casualty Insurance Company filings in your state. This authorization includes our permission for representatives of Insurance Regulatory Consultants, LLC, to receive and respond to any inquiries that you may raise on these filings.

This authority will continue in place until you receive, from Discover Property & Casualty Insurance Company, a written statement that the authority has been removed.

If you have any questions on this or need any additional information, please don't hesitate to contact me.

Very truly yours,



Arthur W. Wright
President