

SERFF Tracking Number: TRVD-125355944 State: Arkansas
First Filing Company: Athena Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2007-09-0041
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: 2007-09-0041/2007-09-0041

Filing at a Glance

Companies: Athena Assurance Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, St. Paul Protective Insurance Company

Product Name: Commercial Auto SERFF Tr Num: TRVD-125355944 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto Co Tr Num: 2007-09-0041 State Status: Fees received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Authors: Laurie Buck, Carrie Acuna Disposition Date: 11/14/2007
Date Submitted: 11/13/2007 Disposition Status: Approved
Effective Date Requested (New): 06/01/2008 Effective Date (New): 06/01/2008
Effective Date Requested (Renewal): 06/01/2008 Effective Date (Renewal):
06/01/2008

General Information

Project Name: 2007-09-0041 Status of Filing in Domicile: Not Filed
Project Number: 2007-09-0041 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/14/2007
State Status Changed: 11/14/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

This filing contains our Supplementary Commercial Auto Application for the selection or rejection of Uninsured and Underinsured Motorists and Personal Injury Protection Coverage, in compliance with your States' requirements.

Company and Contact

Filing Contact Information

Laurie Buck, Senior Regulatory Analyst LJBUCK@travelers.com
385 Washington Street (651) 310-8570 [Phone]

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St. Paul, MN 55102 (651) 310-4361[FAX]

Filing Company Information

Athena Assurance Company CoCode: 41769 State of Domicile: Minnesota
385 Washington Street Group Code: 3548 Company Type:
St. Paul, MN 55102 Group Name: State ID Number:
(651) 310-7782 ext. [Phone] FEIN Number: 41-1435765

St. Paul Fire and Marine Insurance Company CoCode: 24767 State of Domicile: Minnesota
385 Washington Street Group Code: 3548 Company Type:
St. Paul, MN 55102 Group Name: State ID Number:
(651) 310-7782 ext. [Phone] FEIN Number: 41-0406690

St. Paul Guardian Insurance Company CoCode: 24775 State of Domicile: Minnesota
385 Washington Street Group Code: 3548 Company Type:
St. Paul, MN 55102 Group Name: State ID Number:
(651) 310-7782 ext. [Phone] FEIN Number: 41-0963301

St. Paul Mercury Insurance Company CoCode: 24791 State of Domicile: Minnesota
385 Washington Street Group Code: 3548 Company Type:
St. Paul, MN 55102 Group Name: State ID Number:
(651) 310-7782 ext. [Phone] FEIN Number: 41-0881659

St. Paul Protective Insurance Company CoCode: 19224 State of Domicile: Illinois
385 Washington Street Group Code: 3548 Company Type:
St. Paul, MN 55102 Group Name: State ID Number:
(651) 310-7782 ext. [Phone] FEIN Number: 36-2542404

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Flat fee for Forms.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
St. Paul Protective Insurance Company	\$50.00	11/13/2007	16625783
St. Paul Fire and Marine Insurance Company	\$0.00	11/13/2007	
St. Paul Guardian Insurance Company	\$0.00	11/13/2007	
St. Paul Mercury Insurance Company	\$0.00	11/13/2007	
Athena Assurance Company	\$0.00	11/13/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/14/2007	11/14/2007

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Disposition

Disposition Date: 11/14/2007
Effective Date (New): 06/01/2008
Effective Date (Renewal): 06/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Supplementary Commercial Automobile Application-Arkansas	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Supplementary Commercial Automobile Application-Arkansas	51279	11-2007	Election/Re New jection/Sup plemental Application s		0.00	AR 51279 11-07.PDF

SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**ARKANSAS**

(To be completed and signed by Named Insured)

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)
 - \$ _____

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
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 11/14/2007

Comments:

Attachments:

NAIC Transmittal.pdf
NAIC Form Filing Schedule.pdf

Satisfied -Name: Cover Letter
Review Status: Approved 11/14/2007

Comments:

Attachment:

2007-09-0041 Filing Letter (3-AR & ND).pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-09-0041
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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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In compliance with the insurance laws and regulations in your state, our companies respectfully submit this filing.

We plan to implement these changes with respect to policies effective on or after June 1, 2008.

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]

ARKANSAS

Check #: N/A

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 #	2007-09-0041			
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 – Arkansas	51279 Rev. 11-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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		



Laurie Buck
Senior Regulatory Analyst
Regulatory Affairs, Business Insurance
Toll Free: (800) 328-2189 Ext. 08570
Direct: (651) 310-8570; Fax: (651) 310-4361
385 Washington Street, 9275-NB14L
St. Paul, MN 55102
LJBuck@travelers.com

November 13, 2007

Commissioner Julie Benafield Bowman
Commissioner of Insurance
State of Arkansas
1200 West Third Street
3rd and Cross
Little Rock, AR 72201-1904

ST. PAUL FIRE AND MARINE INSURANCE COMPANY	3548-24767
ST. PAUL MERCURY INSURANCE COMPANY	3548-24791
ST. PAUL GUARDIAN INSURANCE COMPANY	3548-24775
ATHENA ASSURANCE COMPANY	3548-41769
ST. PAUL PROTECTIVE INSURANCE COMPANY	3548-19224

Commercial Auto
Form Filing
Company Filing Number: 2007-09-0041

Dear Commissioner:

In compliance with the insurance laws and regulations in your state, our companies respectfully submit this filing for our Commercial Auto program.

This filing contains our Supplementary Commercial Auto Application for the selection or rejection of Uninsured and Underinsured Motorists and Personal Injury Protection Coverage, in compliance with your States' requirements.

We plan to implement these changes with respect to policies effective on or after **February 1, 2008**. Your approval of this filing will be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

Sincerely,

Laurie Buck, ACP
Senior Regulatory Analyst
LB/ca
Enclosures