

SERFF Tracking Number: AOIC-125378525 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT #50
Company Tracking Number: BOP-AR-99-12/05/2007-54352
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: BOP/54352

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company
Product Name: Businessowners SERFF Tr Num: AOIC-125378525 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT #50
Sub-TOI: 05.0002 Businessowners Co Tr Num: BOP-AR-99-12/05/2007-54352 State Status: Fees verified and received
Filing Type: Form Co Status: Pending Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Authors: Claudia Stewart, Drew Westen Disposition Date: 12/13/2007
Date Submitted: 12/10/2007 Disposition Status: Approved
Effective Date Requested (New): 01/09/2008 Effective Date (New): 01/09/2008
Effective Date Requested (Renewal): 01/09/2008 Effective Date (Renewal): 01/09/2008

State Filing Description:

General Information

Project Name: BOP Status of Filing in Domicile: Authorized
Project Number: 54352 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 12/13/2007
State Status Changed: 12/13/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
FORM FILING: 54352 (01-07) - Waiver of Transfer of Rights of Recovery Against Others to Us

Form Attaches To:

SERFF Tracking Number: AOIC-125378525 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT #50
Company Tracking Number: BOP-AR-99-12/05/2007-54352
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: BOP/54352

Businessowners Standard Property Coverage Form
Businessowners Special Property Coverage Form
Businessowners Common Policy Conditions

Use: Provides a fill in endorsement for a person or organization to waive its right of recovery.

Revisions to the form include: Initial Filing

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after January 09, 2008.

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

Manager:

GREG MACK, CPCU, AIS, AU, MANAGER
BUSINESSOWNERS UNDERWRITING
MACK.GREG@AOINS.COM (emails without attachments)
commlinesund@aoins.net (emails with attachments)
517-327-4915

Underwriter:

CRAIG FILA
FILA.CRAIG@AOINS.COM
(517) 703-2475

Company and Contact

Filing Contact Information

Greg Mack, Manager

mack.greg@aoins.com

SERFF Tracking Number: AOIC-125378525 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT #50
Company Tracking Number: BOP-AR-99-12/05/2007-54352
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: BOP/54352

PO Box 30660 (800) 346-0346 [Phone]
Lansing, MI 48909-8160 (517) 391-1903[FAX]

Filing Company Information

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

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

SERFF Tracking Number: AOIC-125378525 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT #50
Company Tracking Number: BOP-AR-99-12/05/2007-54352
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: BOP/54352

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 Filing x \$50.00 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	12/10/2007	17034621
Owners Insurance Company	\$0.00	12/10/2007	

SERFF Tracking Number: AOIC-125378525 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT #50
Company Tracking Number: BOP-AR-99-12/05/2007-54352
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: BOP/54352

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/13/2007	12/13/2007

SERFF Tracking Number: AOIC-125378525 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT #50
Company Tracking Number: BOP-AR-99-12/05/2007-54352
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: BOP/54352

Disposition

Disposition Date: 12/13/2007
Effective Date (New): 01/09/2008
Effective Date (Renewal): 01/09/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

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

SERFF Tracking Number: AOIC-125378525 State: Arkansas
 First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT #50
 Company Tracking Number: BOP-AR-99-12/05/2007-54352
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Businessowners
 Project Name/Number: BOP/54352

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Waiver of Transfer of Rights of Recovery Against Others to Us	Approved	Yes

SERFF Tracking Number: AOIC-125378525 State: Arkansas
 First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT #50
 Company Tracking Number: BOP-AR-99-12/05/2007-54352
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Businessowners
 Project Name/Number: BOP/54352

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Waiver of Transfer of Rights of Recovery Against Others to Us	54352	01-07	Endorsement/Amendment/Conditions	New	0.00	54352 (1-07).pdf

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies the conditions provided under the following:

BUSINESSOWNERS COMMON POLICY CONDITIONS FORM

SCHEDULE*

Name Of Person or Organization:

If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

Paragraph J.2. **Transfer of Rights of Recovery Against Others to Us** of the **Common Policy Conditions form BP 00 09 (1-87)**, is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

SERFF Tracking Number: AOIC-125378525 *State:* Arkansas
First Filing Company: Auto-Owners Insurance Company, ... *State Tracking Number:* EFT #50
Company Tracking Number: BOP-AR-99-12/05/2007-54352
TOI: 05.0 Commercial Multi-Peril - Liability & Non- *Sub-TOI:* 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: BOP/54352

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125378525 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT #50
Company Tracking Number: BOP-AR-99-12/05/2007-54352
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: BOP/54352

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 12/13/2007

Comments:
Attachment:
54352 AR P&C Trans.pdf

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

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 border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 70%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

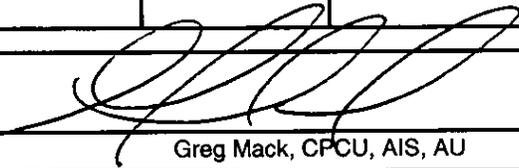
3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

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

5. Company Tracking Number

Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Greg Mack, CPCU, AIS, AU, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-327-4915 800-346-0346 Ext. 4915	(517) 391-1903	MACK.GREG@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Greg Mack, CPCU, AIS, AU

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

9. Type of Insurance (TOI)	5.0000 Commercial Multi-Peril
10. Sub-Type of Insurance (Sub-TOI)	5.0002 Businessowners
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Businessowners
13. Filing Type	FORM
14. Effective Date(s) Requested	January 09, 2008
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	December 10, 2007
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking :	
21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]	
<p>FORM FILING: 54352 (01-07) - Waiver of Transfer of Rights of Recovery Against Others to Us</p> <p>Form Attaches To: Businessowners Standard Property Coverage Form Businessowners Special Property Coverage Form Businessowners Common Policy Conditions</p> <p>Use: Provides a fill in endorsement for a person or organization to waive its right of recovery.</p> <p>Revisions to the form include: Initial Filing</p> <p>Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after January 09, 2008. Forms are submitted in final printed copy.</p> <p>If you have any questions, please feel free to contact one of the following:</p> <p>Manager: GREG MACK, CPCU, AIS, AU, MANAGER BUSINESSOWNERS UNDERWRITING MACK.GREG@AOINS.COM (emails without attachments) commlinesund@aoins.net (emails with attachments) 517-327-4915</p> <p>Underwriter: CRAIG FILA FILA.CRAIG@AOINS.COM (517) 703-2475</p>		

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]	
<p>Check #:</p> <p>Amount:</p> <p>Calculation:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fee</p>		

***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

Ed. 01/05

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.)

This page applies to the following state(s) Arkansas

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number	

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	Waiver of Transfer of Rights of Recovery Against Others to Us	54352 (01-07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property and Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)