

SERFF Tracking Number: PRGS-125378585 State: Arkansas
Filing Company: United Financial Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: L061306-AR-PCA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: SBR App/L061306-AR-PCA

Filing at a Glance

Company: United Financial Casualty Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

Effective Date Requested (New): 01/16/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: PRGS-125378585 State: Arkansas

SERFF Status: Closed

Co Tr Num: L061306-AR-PCA

Co Status:

Author: Pdpq 4

Date Submitted: 12/05/2007

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 12/06/2007

Disposition Status: Approved

Effective Date (New): 01/16/2008

Effective Date (Renewal):

General Information

Project Name: SBR App

Project Number: L061306-AR-PCA

Reference Organization:

Reference Title:

Filing Status Changed: 12/06/2007

State Status Changed: 12/06/2007

Corresponding Filing Tracking Number:

Filing Description:

The Server Based Rating (SBR) Application – Form Z421 AR (11/07) is a new form to be used with a new server-based quoting platform.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: This is an Arkansas-specific form

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: PRGS-125378585 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: SBR App/L061306-AR-PCA

Eva Melvin, Senior Counsel eva_melvin@progressive.com
6300 Wilson Mills Rd. (440) 395-3750 [Phone]
Mayfield Village, OH 44143 (440) 395-3790[FAX]

Filing Company Information

United Financial Casualty Company CoCode: 11770 State of Domicile: Ohio
6300 Wilson Mills Rd, N72 Group Code: 155 Company Type:
Mayfield Village, OH 44143-2182 Group Name: State ID Number:
(440) 461-5000 ext. [Phone] FEIN Number: 36-3298008

SERFF Tracking Number: PRGS-125378585 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Financial Casualty Company	\$50.00	12/05/2007	16968135

SERFF Tracking Number: PRGS-125378585 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/06/2007	12/06/2007

SERFF Tracking Number: PRGS-125378585 *State:* Arkansas
Filing Company: United Financial Casualty Company *State Tracking Number:* EFT \$50
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Product Name: Commercial Auto
Project Name/Number: SBR App/L061306-AR-PCA

Disposition

Disposition Date: 12/06/2007

Effective Date (New): 01/16/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRGS-125378585 State: Arkansas
 Filing Company: United Financial Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: L061306-AR-PCA
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: SBR App/L061306-AR-PCA

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Server Based Rating (SBR) Application	Approved	Yes

SERFF Tracking Number: PRGS-125378585 State: Arkansas
 Filing Company: United Financial Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: L061306-AR-PCA
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: SBR App/L061306-AR-PCA

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Server Based Rating (SBR) Application	Z421 AR	11/07	Application/New Binder/Enrollment		49.60	AR Z421 11-07 SBR app 1c.pdf

Application for Insurance

Please review, sign where indicated, and return



Note: The policy number will print if available.
Heading will be 'Named Insured' if SNI not listed.

Policy number: 99999999-9
Named Insureds: XX XXXXXXXXXXXXXXXX
 XXX XXXXXXXXXXXXXXXX
DBA: XXXXXXXXXXXXXXXX
May 10, 2002
Page x of x

Note: The heading below prints on all applications for policies that are sold.
Policy and premium information for policy number 99999999-9

Note: The heading below prints on all applications for policies that are unsold.

Policy and premium information

Note: The name and address of the actual insuring entity will print below.

Insurance company: XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXX
 X. X. XXX XXXXX
 XXXXXXXXXX, XX XXXXX

Note: Agent name will print if provided. If Agent name is not provided, only the Agency name will print.

Note: For Servicing agents for sold and unsold quotes the agent name and address will display.

For Non-Servicing unsold quotes the agency name and address will display

For Non-Servicing sold quotes the agency name will display, c/o Drive Insurance and the address will display as PO Box Cleveland Ohio 44101. If the agent name is provided this will also display.>

Agent: XXXX XXXXXXXX
 XXX XXXXXXXX
 9999 SMITH RD
 CLEVELAND, OH 99999
 99999 <PCA programming note: agent prefix will not display. Only agent code.>
 1-999-999-9999

Note: "Named Insured" will print for heading if SNI is not present. DBA name should print if available. Email address will only populate if one is provided.

Named insureds: XXXXX XXXXXXXXXXXXXXXX
 XXX XXXXXXXXXXXXXXXX
 DBA: XXXXXXXX
 999 MAIN RD
 CLEVELAND, OH 99999
 e-mail address: creditdemo@aol.com
 Phone Number: 1-999-999-9999
 Rep. ID:: 9999999999

Note: The field below will print when credit has been pulled. The name and phone number of the vendor will print.

Financial responsibility vendor: XXXXXXXXXXXXXXXX
 1-999-999-9999

Note: The Policy period will print on all applications for policies that are sold.

Policy period: May 10, 2002 – Nov 10, 2002

Note: The date and time below will print on all applications for policies that are sold.

Effective date and time: May 10, 2002 at 12:01 A.M.

Note: The paragraph below prints on all applications for policies that are not sold.

Your policy will be effective when your required initial payment is received by your agent or at a later date of your choice.

Total policy premium: \$2,429.00

Note: this section will display for sold quotes only.
Initial payment required: \$9,999.03

Initial payment received: \$0.00

Payment plan: 1 payment

Note: This section only prints if the insured has selected OPF bill plan.
 Outside premium finance: Outside Premium Finance Company
 1234 Main Street
 City, OH 12345

Rated drivers

Note: "excluded" is the only value that will appear in Additional Information. If the driver is not excluded, this field will be blank.
 Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Date of birth	Age	Marital Status	Driver's License Number	State	Points	Additional Information
XXXX XXXXXXXX	10/01/1969	xx	Single	xxxxxxxxxx	xx	x	excluded
CDL: yes		CDL original year issued: 2003					

Note: The following section prints if there are violations for any drivers.

Point development

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless the accident is under an applicable payment threshold or we receive additional information from you or another source that proves the accident was not-at-fault.

Note: The following section prints if there are violations for any drivers. See state specifics for violation charge period.

Violations – last <35> months

Name	Violation	Date
XXXX XXXXXXXXXX	AAF	10/10/2005
	DWI	11/11/1911

Note: violations with an 11-11-11 date will display as above.

Note: The section below prints only when there is a driver with a filing

SR22 driver filing

Name	Case number
XXXXX XXXXXXXXXXXXXXXX	9999999999

Note: The section below prints the coverages selected by the insured.

Outline of coverage

Note: The message below regarding policy limits needs to print directly underneath the "Outline of coverage" heading when there is more than one vehicle on the policy. This message below will not print for physical damage only policies.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

(Note: For PCA, these headings will vary based on whether or not we sell UMBI as a policy level coverage. States where UMBI is sold as a policy level coverage will have the headings "Policy level coverage" and "Summary level coverage." All other states will have the heading "Outline of coverage.")

Description	Limits	Deductible	Premium
Liability To Others			\$xxx
Bodily Injury Liability	\$xx,xxx each person/\$xx,xxx each accident		
Property Damage Liability	\$xx,xxx each accident		
Liability To Others			\$xxx
Bodily Injury and Property Damage Liability	\$xx,xxx combined single limit)		
Non-Trucking Liability To Others			xxx
Bodily Injury Liability	xx,xxx each person/xx,xxx each accident		
Property Damage Liability	xx,xxx each accident		

(for CSL limits: \$xx,xxx combined single limit)



Uninsured Motorist Bodily Injury	xx,xxx each person/xx,xxx each accident	XX
Underinsured Motorist Bodily Injury	xx,xxx each person/xx,xxx each accident	XX
Uninsured Motorist Property Damage	xx,xxx each accident	XX
Personal Injury Protection		XX
Note: Limit description and order of display are variable, based on the coverage/limit selected. "\$xx,xxx each person" or "Statutory Limits" will print for limits. If coverage is rejected, nothing will print.		
Income Disability	XXXXXXXXXX	
Medical Expense	XXXXXXXXXX	
Accidental Death	XXXXXXXXXX	
Comprehensive		XX
See Schedule Of Covered Autos	Limit of liability less deductible	
Fire And Theft With Combined Additional Coverage		XX
See Schedule Of Covered Autos	Limit of liability less deductible	
Collision		XX
See Schedule Of Covered Autos	Limit of liability less deductible	
Hired Auto Liability To Others		
Bodily Injury and Property Damage Liability	xx,xxx each person/xx,xxx each accident (for CSL limits: xx,xxx combined single limit)	XX
Employer Nonowned Auto Liability To Others		
Bodily Injury and Property Damage Liability	xx,xxx each person/xx,xxx each accident (for CSL limits: xx,xxx combined single limit)	XX
Trailer Interchange	xx,xxx	XX
On-Hook Towing Liability		
See Schedule of Covered Autos		XX
Garagekeepers Legal Liability		
See Schedule of Covered Locations		XX
Note: if there are fees, the "Subtotal policy premium" and "Fees" sections will print as shown below. If no fees, only "Total 12 month policy premium" will print. Print only the fees if they apply to the state.		
Subtotal policy premium		\$xx
Additional Insured Fee		XX.XX
SR22 Filing Fee		XX.XX
Waivers of Subrogation Fee		XX.XX
Total xx month policy premium	note: XX will display either 6 or 12	\$xx
Note: if Non-Owned coverage is selected, the number of employees will populate below as shown.		
Number of Employees (xx-xx)		

Note: "Auto Total" will appear as the last field after all the coverage premium amounts, so it may appear on any line below depending on the number of coverages present.

Auto coverage schedule

1. **2005 Commercial Truck** Stated Amount: \$xxx
 VIN: XXXXXXXXXXXXXXXXXXXX Garaging Zip Code: xxxxx Territory: 71 Radius: xxx miles
 Personal use: Y Body type: 01 Use class: C

Liability	Liability	UM BI	UIM BI	UM PD	PIP	
Premium	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx	
Physical Damage	Ft/Cac Deductible	Ft/Cac Premium	Collision Deductible	Collision Premium		Auto Total
Premium	xxx	xxx	xxx	xxx		\$xxxxx

Note: the questions in this section will vary by business type and vehicle type.

Vehicle questions

Is this vehicle used for business, personal or both?
 Number of jobsites, deliveries or errands per day:
 Is this vehicle primarily used to haul goods for others?

Auto coverage schedule

2. **2005 Commercial Truck** Stated Amount: \$xxx
 VIN: XXXXXXXXXXXXXXXXXXXX Garaging Zip Code: xxxxx Territory: 71 Radius: xxx miles
 Personal use: Y Body type: 01 Use class: C

Liability	Liability	UM BI	UIM BI	UM PD	PIP			
Premium	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx			
Physical Damage	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	On-Hook Limit	On-Hook Deductible	On-Hook Premium	Auto Total
Premium	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx	\$xxx	\$xxxxx

Note: the questions in this section will vary by business type and vehicle type

Vehicle questions

Is this vehicle used for business, personal or both?
 Number of jobsites, deliveries or errands per day:
 Is this vehicle primarily used to haul goods for others?

Auto coverage schedule

3. Non Owned Attached Trailer * Stated Amount: \$xxx
 VIN: XXXXXXXXXXXXXXXXX Garaging Zip Code: xxxxx Territory: 71 Radius: xxx miles
 Personal use: Y Body type: 01 Use class: C

Liability	Liability	Med Pay
.....
Premium	\$xxx	\$xxx

Non-Owned trailer but only while attached to a listed power unit specifically described on the declarations page.

Note: the questions in this section will vary by business type and vehicle type.

Vehicle questions

.....
 Is this vehicle used for business, personal or both?

 Number of jobsites, deliveries or errands per day:

 Is this vehicle primarily used to haul goods for others?

Note: This section will only print if FR is ordered.

Financial responsibility information

Name	Home address	Age	Date of Birth
.....
XXXXXXXXXXXXXXXXXXXX	123 Main Street	50	xx/xx/xxxx
.....	Anytown, OH 44107-1234

Note: this question only applies to Partnerships and Corporations. If the business does not have a primary Partner or a President/CEO that is involved in the daily operation, the FR fields do not open in ProRater so the only valid answer would be "yes," otherwise this section would not appear.

Is xxxxxx (name of person credit was ordered on) involved in the daily operation of the business? Yes

Business information

Business type	Sub business type	Other
.....
Trucking & Transportation of goods	Mobile home toter	xxxxxxx
.....
Applicant	Employer ID number
.....
Individual/Sole Proprietor	9999999999

1. Are any of the listed vehicles rented or leased to others? <yes/no>
2. Are at least half of the vehicles listed on this policy used in the business? <yes/no>

Additional policy questions

1. What year was the business established?
2. What year did the principal operator start in the current industry/occupation?
3. Does the insured currently have General Liability Insurance or a Business Owners Policy?

Note: The section below prints when discounts apply to the policy. The discount description labels will match the descriptions in the table and not necessarily the redline. Arkansas only has policy discounts.

Premium discounts

Policy	99999999	XXXXXXXXXXXXXXX
Driver	Driver one	XXXXXXXXXXXXXXXXXXXXXXX
Vehicle	1989 Mazda	XXXXXXX

Note: The heading below prints when there is a Loss Payee only.

Loss Payee information

Loss Payee:	LP #1 (PCA programming note: name) 123 FIRST MAIN AL 44102 (PCA programming note: address) 2002 ACURA MDX (XXX999999999999999) (PCA programming note: vehicle)
Loss Payee:	AMERICAN SUZUKI (LOAN) (PCA programming note: name) 456 Main Street, Ohio 44095 (PCA programming note: address) 2002 VOLKSWAGEN JETTA GL (XXX999999999999999) (PCA programming note: vehicle)

Note: The heading below prints when there is an Additional Insured.

Additional Insured information

Additional Insured:	ADDITIONAL INSURED (PCA programming note: name) 123 FIRST MAIN, OH 44107 (PCA programming note: address)
---------------------	---

Note: The heading below prints when there is a Loss Payee and Additional Interest.

Loss Payee and Additional Insured information

Loss Payee:	LP #1 (PCA programming note: name) 123 FIRST MAIN AL 44102 (PCA programming note: address) 2002 ACURA MDX (XXX999999999999999) (PCA programming note: vehicle)
Loss Payee:	AMERICAN SUZUKI (LOAN) (PCA programming note: name) 456 Main Street, Ohio 44095 (PCA programming note: address) 2002 VOLKSWAGEN JETTA GL (XXX999999999999999) (PCA programming note: vehicle)
Additional Insured:	ADDITIONAL INSURED (PCA programming note: name) 123 FIRST MAIN, OH 44107 (PCA programming note: address)

Note: The section below prints the applicable questions. If the customer does not have prior insurance, all questions below "Prior insurance" will not print.

Prior insurance questions

Prior insurance:	("No" will print if customer does not have prior insurance)
Policy number:	(prior insurance company name, (if provided), and policy number will print if customer had prior insurance.)
Effective dates of coverage:	(Inception) xx/xx/xx to (Expiration) xx/xx/xx
Has applicant had continuous coverage for at least one year?	<yes/no>
Bodily injury limits:	(will print if customer had prior insurance)

Note: The section below prints only the applicable questions.

Underwriting questions

-|
Does the applicant require any Waivers of Subrogation? <yes/no> If yes, how many?
(Attach list of names and addresses)
.....|
- How many Additional Insureds are required?
.....|
- Do we insure all commercial vehicles the insured owns? <yes/no>
.....|
<PCA programming note: this question will only display when the user answers NO to the question "Do we insure all commercial vehicles the insured owns?">
- Do you have private passenger type autos insured under another policy <yes/no>
.....|
- Do we insure all vehicles that the insured uses in their business? <yes/no>
.....|
<PCA programming note: this will only display when an MSC90 filing is selected for sold and unsold quotes.>
- Must applicant comply with the Motor Carrier Act of 1980 (MCS90)?
.....|
<PCA programming note: this will only display when an ICC filing is selected for sold and unsold quotes.>
- Does applicant require an ICC Filing?
.....|
<PCA programming note: this will only display when a State filing is selected for sold and unsold quotes. X will display the number that was keyed in by the user.>
- Does applicant require a State Filing? How Many? (Attach list of names and addresses)
.....|
<PCA programming note: this will only display when an Other filing is selected for sold and unsold quotes.>
- Does applicant require any special filings or permits (Other than State or SR22)?



Note: The following form prints when the limit(s) of UM selected are greater than zero but less than the limit(s) of bodily injury liability selected. Form will print on a page by itself. Dataglyphs will appear on this form.

Rejection of higher limit(s) for Uninsured Motorist Coverage and Underinsured Motorist Coverage

I have been offered and I have rejected the option to purchase Uninsured Motorist Coverage and Underinsured Motorist Coverage for bodily injury in an amount equal to the limit(s) of the Bodily Injury Liability coverage that I have selected. Instead, I elect the lower limit(s) of Uninsured Motorist Coverage or Uninsured Motorist and Underinsured Motorist Coverage for bodily injury selected below. I understand that Uninsured Motorist Coverage for bodily injury protects insureds under the policy who sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance (an uninsured motorist). I understand that Underinsured Motorist Coverage for bodily injury protects insureds under the policy who sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle does not have enough insurance (an underinsured motorist). Insureds for purposes of these coverages include any occupant of an insured auto, and when the named insured is a person, the named insured and named insured's resident relatives.

I understand and agree that this rejection of the higher limit(s) and election of lower limit(s) shall be binding on all persons insured under the policy, and that this election shall apply to any renewal, reinstatement, substitute, amended, or replacement policy with this company or any affiliated company, unless the first named insured, or authorized representative of the first named insured, revokes this election or selects a different option.

(Please check one coverage option only.)

Note: the UM/UIM limits which are less than or equal to the Bodily Injury or Non-truck limits elected should display.

Note: Insured's choice should be populated with an "X"

- \$25,000 each person/\$50,000 each accident
- \$50,000 each person/\$100,000 each accident
- \$100,000 each person/\$100,000 each accident
- \$100,000 each person/\$300,000 each accident
- \$250,000 each person/\$500,000 each accident
- \$300,000 each person/\$300,000 each accident
- \$500,000 each person/\$500,000 each accident
- \$750,000 each person/\$750,000 each accident
- \$1,000,000 each person/\$1,000,000 each accident

Note: Insured's choice should be populated with an "X"

For:

- Uninsured Motorist Coverage only
- Uninsured Motorist Coverage and Underinsured Motorist Coverage

Signature of first Named Insured or

Authorized signatory of the Named Insured entity

Date

Title

X

Form 2702 AR (06/04)



Application agreement

Verification of content

The insured declares that the statements contained herein are true to the best of their knowledge and belief. The insured also agrees to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. The insured understands that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter the Company's exposure is omitted or misrepresented.

Notice of information practices

The insured understands that to calculate an accurate price for their insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate the renewal premium or service the insurance. The insured may access information about them and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request. The insured has or will obtain from existing and new drivers employed or contracted by the insured, an acknowledgement that their driving record information may be disclosed to the insured or their employer, contractor, or agent in connection with the insurance being applied for hereunder. The insured agrees to submit to loss control inspections as often as the Company may reasonably require. The insured agrees that refusal to submit to an inspection is grounds for cancellation of this policy.

Note: The following paragraph is AR specific and is legally required.

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.

The insured affirms that

If the initial payment is made by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.

If the initial payment is made by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. The insured understands that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. The insured also understands that if a credit card transaction is authorized for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when the insured reaches the credit limit on the credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes the credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

Other charges

The insured agrees to pay the installment fees shown on the billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan they have selected. The insured understands that the amount of these fees may change upon policy renewal or if they change their payment plan. Any change in the amount of installment fees will be reflected on the payment schedule.

The insured understands that a service charge of \$XX.XX will be assessed to the balance due on the policy if any check offered in payment is not honored by the bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.



The insured agrees to pay a late fee of \$XX.XX during the policy term and each renewal policy term when either the minimum amount due is not paid or payment is postmarked more than X days after the premium due date. The amount of this fee may change upon policy renewal.

**Signature of first named insured or
Authorized signatory of the named insured entity**

Date

X.....

Form Z421 AR (11/07)



<i>SERFF Tracking Number:</i>	<i>PRGS-125378585</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Financial Casualty Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>L061306-AR-PCA</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>SBR App/L061306-AR-PCA</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PRGS-125378585 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 12/06/2007

Comments:

Attachment:

NAIC P&C Transmittal Doc.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 #
The Progressive Group of Insurance Companies	155

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
United Financial Casualty Company	OH	11770	36-3298008	

5. Company Tracking Number	L061306-AR-PCA
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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
	Eva Melvin 6300 Wilson Mills Rd, N72B Mayfield Village, OH 44143	Senior Counsel	(440) 395-3750	440-395-3790	Eva_Melvin@ Progressive.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Eva Melvin

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

9.	Type of Insurance (TOI)	20.0 Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	N/A
13.	Filing Type	<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)
14.	Effective Date(s) Requested	New: 01-16-2008 Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	12-05-2007
19.	Status of filing in domicile	<input checked="" 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 #	L061306-AR-PCA
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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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Included is the above-referenced form for your review and approval. The proposed effective date for this form is **January 16, 2008**. We will notify you if this date changes. This form does not affect rates.

The **Server Based Rating (SBR) Application – Form Z421 AR (11/07)** is a new form to be used with a new server-based quoting platform.

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 #: 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 #	L061306-AR-PCA			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	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	Server Based Rating (SBR) Application	Z421 AR (11/07)	<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		

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