

Filing at a Glance

Company: Arch Insurance Company

Product Name: Commercial Auto Deductible SERFF Tr Num: REGU-125228480 State: Arkansas

Form Filing

TOI: 20.0 Commerical Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025425

Sub-TOI: 20.0003 Other

Co Tr Num: ARCH-07-122

State Status:

Filing Type: Form

Co Status:

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

Author: Kevin Purcell

Disposition Date: 07-13-2007

Date Submitted: 07-11-2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07-13-2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 07-13-
2007

General Information

Project Name: Commercial Auto Deductible Form Filing

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-13-2007

State Status Changed: 07-12-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Arch Insurance Company (AIC) is submitting an independent Commercial Auto Deductible Endorsement. This endorsement explicitly states that Uninsured Motorists/Underinsured Motorists (UM/UIM) coverage is subject to the deductible. The endorsement lists the various available Allocated Loss Adjustment Expense (ALAE) treatment options, one of which will be selected at the direction of the insured. The endorsement will be used only when the risk qualifies under the states commercial deregulation requirements.

Company and Contact

Filing Contact Information

Kevin Purcell,

kevinpurcell@ircllc.com

50 Broad Street

(212) 571-3989 [Phone]

New York, NY 10004

() -[FAX]

Filing Company Information

Arch Insurance Company

CoCode: 11150

State of Domicile: Missouri

One Liberty Plaza

Group Code: 1279

Company Type: P&C

53rd Floor
New York, NY 10006
(212) 651-9863 ext. [Phone]

Group Name: Arch Capital
FEIN Number: 43-0990710

State ID Number:

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------|---------|----------------|---------------|
| Arch Insurance Company | \$50.00 | 07-11-2007 | 14554379 |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| Approved | Llyweyia Rawlins | 07-13-2007 | 07-13-2007 |

Disposition

Disposition Date: 07-13-2007

Effective Date (New): 07-13-2007

Effective Date (Renewal): 07-13-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-13-2007 01:53 PM

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--------------------------------------------------|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Cover Letter & Authorization | Approved | Yes |
| Form | COMMERCIAL AUTOMOBILE DEDUCTIBLE ENDORSEMENT | Approved | Yes |

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|-------------------------------------------------------|--------------------|--------------|------------------------------------------------|----------------------|-------------|-------------------------------------------------|
| Approved | COMMERCIAL AUTOMOBILE DEDUCTIBLE ENDORSEMENT | 00 CA0076 00 | 06 07 | Endorseme New nt/Amendm ent/Condi ons | | 0.00 | Auto Deductible 00 CA0076 00 06 07.pdf |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTOMOBILE DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

- Business Auto Coverage Form**
- Garage Coverage Form**
- Motor Carrier Coverage Form**
- Truckers Coverage Form**

Schedule

The per “accident” **Deductible** of \$ _____ applies on a combined basis to all coverages indicated by an “X” in the table below, except for such coverages (if any) for which a separate **Deductible** is shown below.

| Indicate below | Coverage | Per Accident Deductible |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| | All Coverages (except Physical Damage coverage and Garagekeepers coverage) | \$ |
| | Liability Coverages (“bodily injury”, “property damage”, “covered pollution cost or expense” and medical payments combined) | \$ |
| | Personal Injury Protection (or equivalent no-fault coverage) | \$ |
| | Added Personal Injury Protection (or equivalent added no-fault coverage) | \$ |
| | Uninsured Motorist (including “property damage”, if applicable) | \$ |
| | Underinsured Motorist | \$ |
| | Other: | \$ |

Deductible Aggregate: \$ _____

A. DEDUCTIBLE

Our obligation to pay damages, costs, expenses, benefits, or medical payments, subject to the Limit of Insurance as shown in the Declarations, will be reduced by the per “accident” **Deductible** shown in the Schedule. Our Limit of Insurance includes, and is not in addition to, the **Deductible**.

B. DEDUCTIBLE AGGREGATE (this provision applies only if an amount is shown as the **Deductible Aggregate** in the Schedule)

Subject to the applicable Limit of Insurance and related policy provisions, we will pay for all damages, costs, expenses, benefits, or medical payments payable under the policy without reduction by the per “accident” **Deductible** when, as a result of the application of the per “accident”

Deductibles to damages, costs, expenses, benefits, or medical payments payable under the policy, the sum of all per “accident” **Deductible** paid by you exceeds the amount shown in the Schedule as the **Deductible Aggregate**.

If the policy period is longer than one year, the **Deductible Aggregate** amount applies separately to each policy year. Each policy year begins with the inception or anniversary date of the policy and ends at the earlier of the next anniversary date or the expiration of the policy.

The **Deductible Aggregate** amount shown above is not subject to adjustment unless a basis of adjustment is shown below.

The **Deductible Aggregate** is adjustable at the rate of _____ per _____; however, the minimum amount of the aggregate deductible will be no less than the **Deductible Aggregate** amount shown above.

The adjustment basis is _____ and is estimated at the inception of this policy as the amount of _____.

If this policy and any other policy issued to you by us have Commercial Automobile Deductible Endorsements applying to the same occurrence, accident, claim, person or organization, the maximum deductible that will apply under all policies shall not exceed the highest applicable **Deductible** under any one of the policies. In addition, the sum of all per “accident” **Deductible** paid by you shall not exceed the highest applicable **Deductible Aggregate** under any one of the policies.

C. ALLOCATED LOSS ADJUSTMENT EXPENSES

You must reimburse us for “Allocated Loss Adjustment Expenses” incurred by us as part of Supplementary Payments in defending a claim or “suit” as indicated by one of the options below:

1. Option I - “Allocated Loss Adjustment Expenses” Are Included In The Per “Accident” **Deductible** Shown In The Schedule. Your total reimbursement for damages, costs, expenses, benefits, medical payments and “Allocated Loss Adjustment Expenses” combined shall not exceed the per “accident” **Deductible** shown in the Schedule.

2. Option II - “Allocated Loss Adjustment Expenses” Are Payable In Addition To The Per “Accident” **Deductible** Shown In The Schedule On A Shared Basis. The portion of “Allocated Loss Adjustment Expenses” that you must pay will be calculated by dividing the smaller of the per “accident” **Deductible** shown in the Schedule or the damages, costs, expenses, benefits, and medical payments we pay by the damages, costs, expenses, benefits, and medical payments we pay. If we pay no damages, costs, expenses, benefits, and medical payment, you must reimburse us for all “Allocated Loss Adjustment Expenses” up to the per “accident” **Deductible** shown in the Schedule and ____% (if no amount is shown, 50% will apply) of all remaining “Allocated Loss Adjustment Expenses”. Your total reimbursement for damages, costs, expenses, benefits, medical payments and “Allocated Loss Adjustment Expenses” under this option may exceed the per “accident” **Deductible** shown in the Schedule.

3. Option III - “Allocated Loss Adjustment Expenses” Are Payable In Addition To The Per “Accident” **Deductible** Shown In The Schedule And Are Your Full Responsibility. You must pay all “Allocated Loss Adjustment Expenses” attributed to all damages, costs, expenses, benefits, and medical payments paid by us. Your total reimbursement for damages, costs, expenses, benefits, medical payments and “Allocated Loss Adjustment Expenses” under this option may exceed the per “accident” **Deductible** shown in the Schedule.

4. Option IV - "Allocated Loss Adjustment Expenses" Are Payable By Us. We will pay all "Allocated Loss Adjustment Expenses" attributed to all damages, costs, expenses, benefits, and medical payments paid by us.

Your obligation to reimburse us for "Allocated Loss Adjustment Expense" applies separately to each "accident".

"Allocated Loss Adjustment Expenses" means such claim adjustment expenses directly allocated by us to a particular claim. Such expenses shall include, but not be limited to, attorney's fees for claims in suit; court costs; pre- and post judgment interest; undercover operatives and detective services; employing experts; medical examination, medical cost containment expenses, laboratory, x-ray, and autopsy; stenographic, witnesses, summons, and copies of documents and transcripts; or expenses reasonably chargeable to the investigation, negotiation, settlement or defense of any claim or "suit" against you or for the protection and perfection of your or our subrogation rights.

"Allocated Loss Adjustment Expenses" does not include our general overhead, the salary and benefits of any our employees, nor the fees of any attorney who is our employee or under our permanent retainer; nor the fees of any attorney we retain to provide counsel to us about our obligations, if any, under any policy issued by us with respect to a claim or "suit" against you.

D. OUR RIGHT TO REIMBURSEMENT

When we pay all or any part of any **Deductible** shown in the Schedule, you must promptly reimburse us for: a) the **Deductible** or the part of the **Deductible** paid by us, and b) all "Allocated Loss Adjustment Expenses" incurred by us in defending a claim or "suit" according to the option selected in Section **C.**, above.

If we require collateral or other security to secure the **Deductible** and other obligations under this Commercial Automobile Deductible Endorsement, you shall provide such collateral or other security in an amount and form as we may determine.

Upon notification of payment by us, you will promptly reimburse us for any such amounts that we have paid. If you fail to reimburse us, or fail to provide us with any security or collateral in an amount or form as we may require, we may treat such failure as non-payment of premium and we may, at our option, cancel this policy by mailing or delivering to you advance written notice in accordance with the CANCELLATION Common Policy Condition. Any resulting return premium may be applied to the reimbursement amounts due.

We may mutually agree upon a final payment amount to satisfy your present and future payment obligations under this Commercial Automobile Deductible Endorsement. Payment by you of such amount will end your obligations to make payments to us under this endorsement.

All other terms and conditions of this policy remain unchanged.

Endorsement Number:

Policy Number:

Named Insured:

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date:

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

| | | | |
|--------------------------|------------------------------------------------------|-----------------------------------|------------|
| Satisfied -Name: | Uniform Transmittal Document- Property & Casualty | Review Status: Approved | 07-13-2007 |
| Comments: | | | |
| Attachment: | | | |
| NAIC DEREG..pdf | | | |
| Satisfied -Name: | Cover Letter & Authorization | Review Status: Approved | 07-13-2007 |
| Comments: | | | |
| Attachments: | | | |
| AR.pdf | | | |
| Authorization Letter.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: | |
| New Business | |
| Renewal Business | |
| f. State Filing #: | |
| g. SERFF Filing #: | |
| h. Subject Codes | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Arch Capital Group | 1279 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|------------------------|----------|--------|------------|---------|
| Arch Insurance Company | MO | 11150 | 43-0990710 | |
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| | | | | |
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| | |
|-----------------------------------|-------------|
| 5. Company Tracking Number | ARCH-07-122 |
|-----------------------------------|-------------|

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

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------------------------------------------------------------|----------------|--------------|--------------|----------------------------------------------------------------------|
| | Kevin Purcell, IRC 50 Broad Street, Suite 501 New York, NY 10004 | Vice President | 212-571-3989 | 212-571-2502 | kevinpurcell@ircllc.com |
| | | | | | |

| | |
|-------------------------------------------------|--------------------------------------------------------------------------------------|
| 7. Signature of authorized filer |  |
| 8. Please print name of authorized filer | Kevin Purcell |

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, 20.0002, 20.0003, 20.0004 |
| 11. State Specific Product code(s) (if applicable)[See State Specific | N/A |
| 12. Company Program Title (Marketing title) | |
| 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: Upon Approval Renewal: Upon Approval |
| 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 | 7/11/2007 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # ARCH-07-122

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

Arch Insurance Company (AIC) is submitting an independent Commercial Auto Deductible Endorsement. This endorsement explicitly states that Uninsured Motorists/Underinsured Motorists (UM/UIM) coverage is subject to the deductible. The endorsement lists the various available Allocated Loss Adjustment Expense (ALAE) treatment options, one of which will be selected at the direction of the insured. The endorsement will be used only when the risk qualifies under the state's commercial deregulation requirements.

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 # | ARCH-07-122 | | | |
| 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 | Commercial Auto Deductible Endorsement | 00 CA0076 00 06 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 | | |



Insurance Regulatory Consultants, LLC

filing on behalf of ARCH INSURANCE COMPANY

Submitted Within SERFF

July 11, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Please be advised that Insurance Regulatory Consultants (IRC) has been appointed to submit this filing on behalf of Arch Insurance Company. A copy of this authorization is attached to this filing.

**Re: Arch Insurance Company
NAIC Number: 1279-11150; FEIN Number: 43-0990710
Commercial Auto Deductible Form Filing
Company File Number: ARCH-07-122
Proposed Effective Date: Upon Approval
State of Arkansas**

Dear Commissioner Bowman:

Arch Insurance Company (AIC) is submitting an independent Commercial Auto Deductible Endorsement. This endorsement explicitly states that Uninsured Motorists/Underinsured Motorists (UM/UIM) coverage is subject to the deductible. The endorsement lists the various available Allocated Loss Adjustment Expense (ALAE) treatment options, one of which will be selected at the direction of the insured. The endorsement will be used only when the risk qualifies under the state's commercial deregulation requirements.

Enclosed for your review:

- Required State Filing Forms
- Form 00 CA0076 00 06 07- Commercial Automobile Deductible Endorsement

I have authorized an EFT in the amount of \$50.00 to cover the required filing fee.

We ask that this filing become effective for all policies upon your approval.

Should you need any additional information or have any questions, please do not hesitate to contact me.

Sincerely,

Kevin W. Purcell
Insurance Regulatory Consultants, LLC
(212) 571-3894 (phone)
(212) 571-2502 (fax)
kevinpurcell@ircllc.com (e-mail)
filing on behalf of Arch Insurance Company



ARCH INSURANCE COMPANY

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Arch Insurance Company. This authorization extends to all correspondence regarding this filing.

Carol Kennedy

Name

July 1, 2007

Date

Vice President

Title

Arch Insurance Company

Company

Signature

(212) 651-9863

Telephone Number

**Re: Arch Insurance Company
NAIC Number: 1279-11150 FEIN: 43-0990710
Commercial Auto Deductible Form Filing
Company File Number: ARCH-07-122**