

## Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Commercial Automobile

TOI: 20.0 Commerical Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: AMLX-125254863 State: Arkansas

SERFF Status: Closed

Co Tr Num: CA AR0228601F01

Co Status:

Author: SPI

AmericanAlternativeInsurance

Date Submitted: 08-06-2007

State Tr Num: AR-PC-07-025713

State Status:

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

Disposition Date: 08-07-2007

Disposition Status: Approved

Effective Date Requested (New): 09-15-2007

Effective Date Requested (Renewal):

Effective Date (New): 09-15-2007

Effective Date (Renewal): 09-15-  
2007

## General Information

Project Name: Misc. Form/Rule Filing

Project Number: CA AR0228601F01

Reference Organization:

Reference Title:

Filing Status Changed: 08-07-2007

State Status Changed: 08-07-2007

Corresponding Filing Tracking Number:

Filing Description:

American Alternative Insurance Corporation (AAIC) is submitting for your review and acknowledgment the enclosed Commercial Auto form filing. The purpose of this filing is to introduce a form specific to Limousines, Charter Buses and School Buses, as well as two forms for use on a broader basis.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The filing contains the following new endorsements:

AU2013 (04/07) Physical Damage Catastrophe Limitation

AU2014 (05/07) Waiver of Subrogation

AU2015 (06/07) Additional Insured - Designated Person Or Organization

Please refer to the enclosed forms explanatory memorandum for a description of these endorsements and for an explanation of their applicability.

We propose that this filing apply to all policies effective on or after September 15, 2007.

Your early acknowledgment is appreciated. Should you have any questions regarding this submission, please do not hesitate to contact me.

## Company and Contact

### Filing Contact Information

Judy Cahill, State Filing Analyst  
555 College Road East  
Princeton, NJ 08543-5241

jcahill@munichreamerica.com  
(609) 951-8473 [Phone]  
(609) 275-2147[FAX]

### Filing Company Information

American Alternative Insurance Corporation  
555 College Road East  
Princeton,, NJ 08543-5241  
(800) 305-4954 ext. [Phone]

CoCode: 19720  
Group Code: 361  
Group Name: Munich Re Group  
FEIN Number: 52-2048110  
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State of Domicile: Delaware  
Company Type:  
State ID Number:

## Filing Fees

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

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	08-07-2007	08-07-2007

## **Disposition**

Disposition Date: 08-07-2007

Effective Date (New): 09-15-2007

Effective Date (Renewal): 09-15-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	AAIC Cover Letter, Explanatory Memorandum	Approved	Yes
<b>Form</b>	Physical Damage Catastrophe Limitation	Approved	Yes
<b>Form</b>	Waiver Of Subrogation	Approved	Yes
<b>Form</b>	Additional Insured - Designated Person or Organization	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Physical Damage Catastrophe Limitation	AU2013	(04/07)	Endorsement/Amendment/Conditions		0.00	AU2013.PDF
Approved	Waiver Of Subrogation	AU2014	(05/07)	Endorsement/Amendment/Conditions		0.00	AU2014.PDF
Approved	Additional Insured - Designated Person or Organization	AU2015	(06/07)	Endorsement/Amendment/Conditions		0.00	AU2015.PDF



# PHYSICAL DAMAGE CATASTROPHE LIMITATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

The following is added to C. Limit of Insurance in SECTION III - PHYSICAL DAMAGE COVERAGE:

4. Subject to Paragraphs 1. 2. and 3. above, under Comprehensive Coverage or Specified Causes of Loss Coverage (as applicable) the most we will pay in any one "loss" for all covered "autos" is \$1,000,000, but not more than \$500,000 for any one covered "auto".

All Other Terms and Conditions Remain Unchanged



# WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

## SCHEDULE

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.)

With respect to Condition 5. Transfer of Rights of Recovery Against Others To Us, this endorsement is acknowledging that the "insured" has permission to waive their rights of subrogation against the person or organization shown in the above Schedule, provided such waiver is made prior to "accident" or "loss".



## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

### SCHEDULE

Name of Person or Organization (Additional Insured) and their mailing address:

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

**WHO IS AN INSURED** (Section II - LIABILITY COVERAGE) is amended to include as an "insured" the person(s) or organization(s) shown in the above Schedule with whom you have agreed in an "insured contract" that such person or organization be added as an additional "insured" in your policy. Such person or organization is an "insured" under this Coverage Form but only with respect to their tort liability assumed by you under such "insured contract". Any person's or organization's status as an additional "insured" under this endorsement ends when this policy terminates or the "insured contract" terminates, whichever occurs first.

If we cancel this policy, we will give written notice to the additional "insured" shown in the above Schedule at least 30 days before the date of cancellation. If we elect not to renew this policy we will give written notice to the additional "insured" shown in the above Schedule at least 30 days before the expiration of this policy.

All Other Terms and Conditions Remain Unchanged.

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 08-07-2007

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

**Satisfied -Name:** AAIC Cover Letter, Explanatory  
Memorandum

**Review Status:** Approved 08-07-2007

**Comments:**

**Attachments:**

AAIC Cover Letter.PDF  
Explanatory Memorandum.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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: 50%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Munich Re Group	0361

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Alternative Insurance Corporation	DE	19720	52-2048110	

<b>5. Company Tracking Number</b>	CA AR0228601F01
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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
	Judy Cahill 555 College Road East Princeton NJ 08543-5241	State Filing Analyst	800-305-4954 Ext. 8473	609-275-2147	jcahill@munichreamerica.com

<b>7.</b>	Signature of authorized filer	
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<b>8.</b>	Please print name of authorized filer	Judy Cahill
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**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	Type of Insurance (TOI)	20.0 Commerical Auto
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
<b>11.</b>	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing Title)	Commercial Automobile
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 09/15/2007      Renewal: 09/15/2007
<b>15.</b>	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	Reference Organization (if applicable)	NA
<b>17.</b>	Reference Organization # & Title	NA
<b>18.</b>	Company's Date of Filing	08/06/2007
<b>19.</b>	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

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CA AR0228601F01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Alternative Insurance Corporation (AAIC) is submitting for your review and acknowledgment the enclosed Commercial Auto form filing. The purpose of this filing is to introduce a form specific to Limousines, Charter Buses and School Buses, as well as two forms for use on a broader basis.

The filing contains the following new endorsements:

- AU2013 (04/07) Physical Damage Catastrophe Limitation
- AU2014 (05/07) Waiver of Subrogation
- AU2015 (06/07) Additional Insured – Designated Person Or Organization

Please refer to the enclosed forms explanatory memorandum for a description of these endorsements and for an explanation of their applicability.

We propose that this filing apply to all policies effective on or after September 15, 2007.

Your early acknowledgment is appreciated. Should you have any questions regarding this submission, please do not hesitate to contact me.

<b>22.</b>	<b>Filing Fees</b> (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]				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><b>Check #:</b></td> <td>0018431764</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$50.00</td> </tr> </table> <p style="text-align: center; margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>		<b>Check #:</b>	0018431764	<b>Amount:</b>	\$50.00
<b>Check #:</b>	0018431764				
<b>Amount:</b>	\$50.00				

\*\*\*Refer to 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CA AR0228601F01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	NA
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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	Physical Damage Catastrophe Limitations	AU2013 (04/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Waiver Of Subrogation	AU2014 (05/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Additional Insured - Designated Person or Organization	AU2015 (06/07)	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



555 College Road East  
Princeton, NJ 08543-5241

Phone: 800-305-4954  
Fax: 609-951-8310

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August 6, 2007

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

**RE: American Alternative Insurance Corporation (AAIC)  
NAIC No. 0361-19720 FEIN No. 52-2048110  
Commercial Automobile Insurance – Form Filing  
Company Filing No. CA AR0228601F01**

Dear Commissioner Bowman:

American Alternative Insurance Corporation (AAIC) is submitting for your review and acknowledgment the enclosed Commercial Auto form filing. The purpose of this filing is to introduce a form specific to Limousines, Charter Buses and School Buses, as well as two forms for use on a broader basis.

The filing contains the following new endorsements:

- AU2013 (04/07) Physical Damage Catastrophe Limitation
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Please refer to the enclosed forms explanatory memorandum for a description of these endorsements and for an explanation of their applicability.

We propose that this filing apply to all policies effective on or after September 15, 2007.

Your early acknowledgment is appreciated. Should you have any questions regarding this submission, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Judy Cahill".

Judy Cahill  
State Filing Analyst  
[jcahill@munichreamerica.com](mailto:jcahill@munichreamerica.com)  
PH: (609) 951-8473

## Auto Liability

The following endorsements are New:

<b>Form No./Ed Date</b>	<b>Title</b>	<b>Purpose</b>
AU2014 (05/07)	Waiver of Subrogation	<p>This endorsement is optional, it allows insurers to respond to requests to name a person or organization in a waiver of subrogation. This endorsement is being filed as a generic endorsement for AAIC, not specific to any one class of business, it will be available on a broad basis.</p> <p><u>Coverage Impact</u> : None <u>Rate Impact</u>: None</p>
AU2015 (06/07)	Additional Insured - Designated Person or Organization	<p>This endorsement is optional, it allows for a designated additional insured to be added to the policy and requires that notice of cancellation or nonrenewal be sent to the AI. This endorsement is being filed as a generic endorsement for AAIC, not specific to any one class of business, it will be available on a broad basis.</p> <p><u>Coverage Impact</u>: Broadens Coverage <u>Rate Impact</u>: None</p>
AU2013 (04/07)	Physical Damage Catastrophe Limitation	<p>This endorsement is mandatory for all policies providing Physical Damage on a Stated Amount Basis for the following types of autos: Limousines, Charter Buses; School Buses (privately owned and operated on a for profit basis). This endorsement adds a catastrophe limit of insurance that is the most that will be paid for covered physical damage for all covered autos in any one loss, subject to a per auto limit.</p> <p><u>Coverage Impact</u>: Restricts Coverage <u>Rate Impact</u>: None</p>