

SERFF Tracking Number: HART-125272052 State: Arkansas
Filing Company: Trumbull Insurance Company State Tracking Number: AR-PC-07-025882
Company Tracking Number: FF.15.004.2007.04
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: A-6073-1 (Ed. 10/07) Emergency Expense and Accident Forgiveness Coverage Endorsement for Trumbull
Project Name/Number: A-6073-1 (Ed. 10/07) Emergency Expense and Accident Forgiveness Coverage Endorsement for Trumbull/FF.15.004.2007.04

Filing at a Glance

Company: Trumbull Insurance Company

Product Name: A-6073-1 (Ed. 10/07) SERFF Tr Num: HART-125272052 State: Arkansas

Emergency Expense and Accident Forgiveness

Coverage Endorsement for Trumbull

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025882

Sub-TOI: 19.0001 Private Passenger Auto

Co Tr Num: FF.15.004.2007.04

State Status:

(PPA)

Filing Type: Form

Co Status: Initial Filing

Reviewer(s): Alexa Grissom, Betty

Montesi, Brittany Yielding

Authors: Joyce Driscoll, Claire

Disposition Date: 08/27/2007

Dubord, David Logan, Angela

Isaac

Date Submitted: 08/24/2007

Disposition Status: Approved

Effective Date Requested (New): 11/02/2007

Effective Date (New): 11/02/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: A-6073-1 (Ed. 10/07) Emergency Expense and Accident Status of Filing in Domicile:

Forgiveness Coverage Endorsement for Trumbull

Project Number: FF.15.004.2007.04

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/27/2007

State Status Changed: 08/24/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We herewith submit for approval Form A-6073-1 (Ed. 10/07) Emergency Expense and Accident Forgiveness Coverage Endorsement as described in the Explanatory Memorandum prepared by Nancy A. Daly, Product Consultant.

Company and Contact

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Filing Contact Information

Joyce Driscoll, Filing Analyst joyce.driscoll@thehartford.com
690 Asylum Avenue (860) 547-3468 [Phone]
Hartford, CT 06055 (860) 547-5941[FAX]

Filing Company Information

Trumbull Insurance Company CoCode: 27120 State of Domicile: Connecticut
Hartford Plaza Group Code: 91 Company Type: Property
Hartford, CT 06115 Group Name: State ID Number:
(860) 547-5000 ext. [Phone] FEIN Number: 06-1184984

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0025546969	\$50.00	08/22/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/27/2007	08/27/2007

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Disposition

Disposition Date: 08/27/2007

Effective Date (New): 11/02/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Emergency Expense and Accident Forgiveness Coverage Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Emergency Expense and Accident Forgiveness Coverage Endorsement	A-6073-1	10/07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 A-6073-0 (Ed. 12/06) Previous Filing #: AR-PC-07-023348		A-6073-1.pdf



Emergency Expense and Accident Forgiveness Coverage

In consideration of the premium charged for this policy, the following coverage changes are added to **your** Personal Auto Policy.

Emergency Expense Coverage

Emergency Expense Coverage applies only to **your covered auto**. Emergency Expense Coverage does not apply to any other vehicles whether owned or non-owned. Emergency Expense Coverage applies only if the Declaration page indicates that Other Than **Collision**; or Other Than **Collision and Collision** Coverage is provided for **your covered auto** involved in the covered loss.

If you cannot safely drive **your covered auto** because it is accidentally damaged or destroyed by a covered loss covered under Part **D** – Coverage For Damage To **Your** Auto, while more than 100 miles away from **your** home, **we** will pay up to \$1000 for all **your** reasonable expenses combined for:

1. Temporary housing;
2. Travel expense for you to get home;
3. Cost to return **your covered auto** to **your** home or place of garaging, except in the case of total loss.

We will need paid receipts to verify **your** reasonable expenses.

No deductible will apply to Emergency Expense Coverage.

Accident Forgiveness

If at the time of the accident:

- a. all operators of **your covered auto** have been free of accidents and major traffic violations for at least five years immediately preceding the effective date of the policy in force at the time of the accident; and,
- b. this endorsement is on **your** policy at the time of the accident;

we will waive any premium increase that would normally be associated with that accident, as long as this endorsement is part of **your** Personal Auto Policy.

As used in this provision:

Major traffic violation means any of the following violations of traffic law that you have been convicted of or plead no contest to:

1. Operating a vehicle while under the influence of alcohol or a controlled substance as defined by the Federal Food and Drug Law at 21 U.S.C.A Sections 811 and 812. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs; or
2. Refusal to submit to a breath or chemical test; or
3. Allowing an intoxicated person to drive; or
4. Illegal possession of alcohol or a controlled substance as defined by the Federal Food and Drug Law at 21 U.S.C.A Sections 811 and 812. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs in a motor vehicle; or
5. Unauthorized use of a motor vehicle; or
6. Use of a motor vehicle in the commission of a felony; or
7. Failure to stop and report when involved in an accident; or
8. Homicide or assault arising out of the operation of a motor vehicle; or
9. Driving to endanger or operating a motor vehicle in a reckless or negligent manner; or
10. Driving while license is suspended or revoked; or
11. Passing a stopped school bus; or
12. Fleeing or attempting to elude the police; or
13. Racing, exceeding 99 mph, or speeding 35 mph or more over the posted limit; or
14. Driving on the wrong side of a divided highway.

Nothing in this endorsement shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

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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 08/27/2007

Comments:

Attached is the Uniform Property & Casualty Transmittal Document.

Attachment:

PC-TD-1 2007 FF15004200704.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 08/27/2007

Comments:

Attached is the Explanatory Memorandum.

Attachment:

AR EM A-6073-1.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 #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Trumbull Ins. Co.	Connecticut	00914-27120	06-1184984	

5. Company Tracking Number	FF.15.004.2007.04
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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
	Joyce Driscoll, Technical Services, T-1-54 Hartford Plaza, Hartford, CT 06115	Filing Analyst	860-547-3468	860-547-5941	Joyce.Driscoll@TheHartford.com

7. Signature of authorized filer	<i>Joyce Driscoll</i>
8. Please print name of authorized filer	Joyce Driscoll

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

9. Type of Insurance (TOI)	19.1, 21.1 Private Passenger Automobile
10. Sub-Type of Insurance (Sub-TOI)	Automobile
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	PC
12. Company Program Title (Marketing title)	Mature Market
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: 11/2/07 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	August 24, 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 #	FF.15.004.2007.04
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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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We herewith submit for approval form A-6073-1 (Ed. 10/07) Emergency Expense and Accident Forgiveness Coverage Endorsement as described in the Explanatory Memorandum prepared by Nancy A. Daly, Product Consultant.

The filing fee will be mailed under separate cover.

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 #: 0025546969
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.)**

EXPLANATORY MEMORANDUM

ARKANSAS

Personal Automobile

Trumbull Insurance Company

For the above writing company, we are submitting revised endorsement A-6073-1, Emergency Expense and Accident Forgiveness Coverage, for your approval. The previous version of this form was recently approved for the above writing company under SERFF filing HART-125118329.

The Accident Forgiveness provision in this endorsement has been revised in order to provide clarification on how the rating rule is being applied. The corresponding rating rule is also being submitted under separate cover.

A copy of the revised form is enclosed for your review. We plan on implementing this revision effective 11/2/07. Please advise of any questions or concerns that you might have.

Respectfully Submitted,

Nancy A. Daly

Nancy A. Daly
Product Consultant, Personal Lines
The Hartford Financial Services Group