

SERFF Tracking Number: SAFA-125262810 State: Arkansas  
First Filing Company: First National Insurance Company of America, ...State Tracking Number: AR-PC-07-025847  
Company Tracking Number: 07-AR-13245-F  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Private Passenger Automobile  
Project Name/Number: Original Parts Replacement/07-AR-13245-F

## Filing at a Glance

Companies: First National Insurance Company of America, Safeco Insurance Company of America, Safeco Insurance Company of Illinois

Product Name: Private Passenger Automobile SERFF Tr Num: SAFA-125262810 State: Arkansas  
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: AR-PC-07-025847  
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: 07-AR-13245-F State Status:  
(PPA)  
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty  
Montesi, Brittany Yielding  
Disposition Date: 08/23/2007  
Authors: Sandy Jackson, Betty  
Osher, Wanda Varnell  
Date Submitted: 08/21/2007 Disposition Status: Approved  
Effective Date Requested (New): 11/01/2007 Effective Date (New): 11/01/2007  
Effective Date Requested (Renewal): Effective Date (Renewal):

## General Information

Project Name: Original Parts Replacement  
Project Number: 07-AR-13245-F  
Reference Organization:  
Reference Title:  
Filing Status Changed: 08/23/2007  
State Status Changed: 08/21/2007  
Corresponding Filing Tracking Number:  
Filing Description:

Status of Filing in Domicile:  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
Deemer Date:

The endorsement is created to cover the cost of new original vehicle manufacturer parts as replacements parts. If new original vehicle manufacturer parts are not available then we will cover new non-manufacturer parts or a reconditioned original vehicle part.

## Company and Contact

### Filing Contact Information

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Betty Osher, State Filings Analyst betosh@safeco.com  
Safeco Plaza (206) 545-6101 [Phone]  
Seattle, WA 98185 (206) 925-1414[FAX]

**Filing Company Information**

First National Insurance Company of America CoCode: 24724 State of Domicile: Washington  
SAFECO PLAZA Group Code: 163 Company Type: P&C  
4333 BROOKLYN AVENUE NE  
SEATTLE, WA 98185 Group Name: State ID Number:  
(800) 544-2614 ext. [Phone] FEIN Number: 91-0742144  
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Safeco Insurance Company of America CoCode: 24740 State of Domicile: Washington  
SAFECO PLAZA Group Code: 163 Company Type: P&C  
4333 BROOKLYN AVENUE NE  
SEATTLE, WA 98185 Group Name: State ID Number:  
(800) 544-2614 ext. [Phone] FEIN Number: 91-0742148  
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Safeco Insurance Company of Illinois CoCode: 39012 State of Domicile: Illinois  
2800 West Higgins Road Group Code: 163 Company Type: P&C  
Suite 1100  
Hoffman Estates, IL 60195-5205 Group Name: State ID Number:  
(800) 544-2614 ext. [Phone] FEIN Number: 91-1115311  
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## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
01377080	\$50.00	07/31/2007

## State Specific

Check\_No: 01377080  
Check\_Amt: \$50.00  
Check\_Rec: N/A

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/23/2007	08/23/2007

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## Disposition

Disposition Date: 08/23/2007  
Effective Date (New): 11/01/2007  
Effective Date (Renewal):  
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

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*Product Name:* Private Passenger Automobile  
*Project Name/Number:* Original Parts Replacement/07-AR-13245-F

<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>	Cover Letter	Approved	Yes
<b>Form</b>	Original Parts Replacement 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	Original Parts Replacement Endorsement	SA-2730/EP	7/07	Endorsement/New Amendment/Conditions		0.00	SA_2730EP_072007_f.pdf

## ORIGINAL PARTS REPLACEMENT ENDORSEMENT

It is agreed that the policy is amended as follows only when the Declarations indicates that this endorsement applies to that vehicle.

### PART D — COVERAGE FOR DAMAGE TO YOUR AUTO

The **Limit of Liability** provision is replaced by the following:

#### LIMIT OF LIABILITY

**A.** Our limit of liability for loss will be the lesser of:

1. The actual cash value of **your covered auto** or **non-owned auto** sustaining the loss;
2. The amount necessary to repair or replace the property, meaning one of the following:
  - a. the cost of repair or replacement agreed upon by you and us;
  - b. a competitive bid approved by us; or
  - c. a written estimate based upon the prevailing competitive price. The prevailing competitive price means prices charged by a majority of the repair market in the area where the vehicle is to be repaired as determined by us.

We agree the written estimate will include the cost of new original vehicle manufacturer parts as replacement parts. This does not apply to the repair or replacement of vehicle safety glass. If a new original vehicle manufacturer part is not in production or distribution, the estimate may include a new non-original vehicle manufacturer part or a reconditioned original vehicle manufactured part.

**B.** An adjustment for depreciation and physical condition may be made based upon the physical condition and wear and tear of the property or damaged part of the property at the time of the loss. This adjustment for physical condition includes but is not limited to, broken, cracked or missing parts, rust, dents, scrapes, gouges and paint condition. When replacing parts normally subject to repair or replacement during the useful life of the vehicle, we will not pay for the amount of any betterment.

#### Additional Conditions

- A.** The coverage provided under this endorsement does not apply to any electronic equipment designed for the production or reproduction of sound, pictures, audio, visual or data or that receives or transmits sound, pictures or data signals.
- B.** Eligibility for this coverage will continue until the effective date of the first policy renewal after the vehicle to which it applies has reached the eleventh year of the vehicle. The year of the vehicle is determined by subtracting the vehicle model year from the current year.

All other provisions of the policy apply.

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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 08/23/2007

**Comments:**

**Attachments:**

FFS-1 2007.pdf  
PC TD-1 Transmittal.pdf

**Satisfied -Name:** Cover Letter  
**Review Status:** Approved 08/23/2007

**Comments:**

**Attachment:**

AR Cover Letter.pdf

Effective March 1, 2007

### 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>	07-AR-13245-F			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Original Parts Replacement Endorsement	SA-2730/EP 7/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NEW	
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		

## Property &amp; Casualty Transmittal Document (Revised 1/1/06)

<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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	Safeco Insurance Companies			<b>Group NAIC #</b>	163
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>		
Safeco Insurance Company of America	Washington	24740	91-0742148		
Safeco Insurance Company of Illinois	Washington	39012	91-1115311		
First National Insurance Company of America	Washington	24724	91-0742144		

<b>5. Company Tracking Number</b>	07-AR-13245-F
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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
Betty Osher, T-5 4333 Brooklyn Ave. NE Seattle, WA 98105	Senior Forms Analyst	206.545.6101	206-925-1414	<a href="mailto:betosh@safeco.com">betosh@safeco.com</a>
7. Signature of authorized filer				
8. Please print name of authorized filer		Betty Osher		

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

<b>9. Type of Insurance (TOI)</b>	19.0 Personal Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	19.0001 Private Passenger Auto (PPA)
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	Personal Auto Program
<b>13. Filing Type</b>	<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. Effective Date(s) Requested</b>	New: November 1, 2007 Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	August 20, 2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" 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>	07-AR-13245-F
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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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The endorsement is created to cover the cost of new original vehicle manufacturer parts as replacements parts. If new original vehicle manufacturer parts are not available then we will cover new non-manufacturer parts or a reconditioned original vehicle part.

<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]
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**Check #: 01377080**  
**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.)**

PC TD-1 pg 2 of 2



SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

Safeco Plaza
Seattle, WA 98185-0001

Phone: (206) 545-5000
www.safeco.com

August 20, 2007

Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Safeco Insurance Company of America 163-24740
Safeco Insurance Company of Illinois 163-39012
First National Insurance Company of America 163-24724
Independent Automobile Form Filing
Personal Auto Program
Original Parts Replacement Endorsement, SA-2730/EP 7/07
Proposed Effective Date: November 1, 2007
Filing Number: 07-AR-13245-F

The above captioned endorsement is submitted on behalf of the companies listed. This endorsement is new and will not replace any endorsements currently on file.

The endorsement is created to cover the cost of new original vehicle manufacturer parts as replacements parts. If new original vehicle manufacturer parts are not available then we will cover new non-manufacturer parts or a reconditioned original vehicle part.

Below is a comparison of how our Limit of Liability for Coverage for Damage to Your Auto changes with the Original Parts Replacement Endorsement.

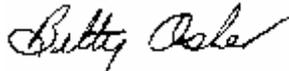
Table with 2 columns: ORIGINAL PARTS REPLACEMENT ENDORSEMENT and PART D - COVERAGE FOR DAMAGE TO YOUR AUTO (Auto Policy). Each column contains a 'LIMIT OF LIABILITY' section with detailed bullet points and sub-points comparing the two policies.

	<p><del>3. The limit of liability shown in the Declarations.</del></p> <p><del>However, the most we will pay for loss to any non-owned auto, which is a trailer is \$1,500.</del></p>
<p>B. An adjustment for depreciation and physical condition may be made based upon the physical condition and wear and tear of the property or damaged part of the property at the time of the loss. This adjustment for physical condition includes but is not limited to, broken, cracked or missing parts, rust, dents, scrapes, gouges and paint condition. When replacing parts normally subject to repair or replacement during the useful life of the vehicle, we will not pay for the amount of any betterment.</p>	<p>B. An adjustment for depreciation and physical condition may be made based upon the physical condition and wear and tear of the property or damaged part of the property at the time of the loss. This adjustment for physical condition includes but is not limited to, broken, cracked or missing parts, rust, dents, scrapes, gouges and paint condition. When replacing parts normally subject to repair or replacement during the useful life of the vehicle, we will not pay for the amount of any betterment</p>

The rates and rule for this coverage will be filed under a separate cover.

We are requesting an effective date for this submission of November 1, 2007.

Sincerely,



Betty Osher, CPCU  
Senior Forms Analyst  
Product Management  
(206) 545-6101  
FAX (206) 925-1414  
betosh@safeco.com