

## Filing at a Glance

Company: State Auto Property and Casualty Insurance Company

Product Name: AR PPA

SERFF Tr Num: STAT-125252056 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-025698

Sub-TOI: 19.0001 Private Passenger Auto  
(PPA)

Co Tr Num: PC-PPA-2007-570

State Status:

Filing Type: Rate

Co Status:

Reviewer(s): Alexa Grissom, Betty  
Montesi, Brittany Yielding

Authors: Doug Griffith, Barb  
Wickham

Disposition Date: 08-13-2007

Date Submitted: 08-03-2007

Disposition Status: Filed

Effective Date Requested (New): 11-15-2007

Effective Date (New): 11-15-2007

Effective Date Requested (Renewal): 11-15-2007

Effective Date (Renewal):

## General Information

Project Name: AR 11 15 RR

Project Number: PC-PPA-2007-570

Reference Organization:

Reference Title:

Filing Status Changed: 08-13-2007

State Status Changed: 08-03-2007

Corresponding Filing Tracking Number:

Filing Description:

Please see the attached for our Rating/Rule filing for Personal Tiered Auto.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Stacey Bitler, Associate Actuary

stacey.bitler@stateauto.com

518 E. Broad Street

(614) 917-5490 [Phone]

Columbus, OH 43215

(614) 719-0293[FAX]

### Filing Company Information

State Auto Property and Casualty Insurance  
Company

CoCode: 25127

State of Domicile: Iowa

1300 Woodland Ave

Group Code: 175

Company Type: Property and  
Casualty

PO Box 66150

West Des Moines, IA 50265-0150

Group Name:

State ID Number:

(614) 464-5000 ext. [Phone]

FEIN Number: 57-6010814

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Auto Property and Casualty Insurance Company	\$100.00	08-03-2007	14949681

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	08-13-2007	08-13-2007

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Survey Form	Supporting Document	Barb Wickham	08-03-2007	08-03-2007

## **Disposition**

Disposition Date: 08-13-2007

Effective Date (New): 11-15-2007

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty Filed	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Form A-1	Filed	Yes
Supporting Document	Revised Manual Pages, Rating Document	Filed	Yes
Supporting Document <i>(revised)</i>	Survey Form	Filed	Yes
Supporting Document	Survey Form	Filed	Yes

**Amendment Letter**

Amendment Date:

Submitted Date: 08-03-2007

**Comments:**

Attached is a corrected copy of the APCS.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Survey Form**

Comment:

Survey Form.pdf

AR PPA Survey Form.xls

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Filed	08-13-2007
<b>Comments:</b>			
<b>Attachment:</b>	Transmittal AR PPA.pdf		
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b> Filed	08-13-2007
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Filed	08-13-2007
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			
<b>Satisfied -Name:</b>	Form A-1	<b>Review Status:</b> Filed	08-13-2007
<b>Comments:</b>			
<b>Attachment:</b>	A-1 PPA RR 1115.pdf		
<b>Satisfied -Name:</b>	Revised Manual Pages, Rating Document	<b>Review Status:</b> Filed	08-13-2007
<b>Comments:</b>			
<b>Attachments:</b>	AR PPA Revised Manual Pages.pdf AR PPA Rate Doc.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: 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
State Auto Insurance Companies	175

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Auto Property & Casualty Insurance Company	IA	25127	57-6010814	

<b>5. Company Tracking Number</b>	<b>PC-PPA-2007-570</b>
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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
	Stacey J. Bitler, ACAS 518 E. Broad Street Columbus, OH 43215	Associate Actuary	800.695.9436 (ext. 5490)	614.719.0293	stacey.bitler@stateauto.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Stacey J. Bitler, ACAS

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	19.0 Personal Auto		
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	19.0001 Private Passenger Auto (PPA)		
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>			
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	Private Passenger Auto		
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:	November 15, 2007	Renewal: <span style="float: right;">November 15, 2007</span>
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16.</b>	<b>Reference Organization (if applicable)</b>			
<b>17.</b>	<b>Reference Organization # &amp; Title</b>			
<b>18.</b>	<b>Company's Date of Filing</b>	August 2, 2007		
<b>19.</b>	<b>Status of filing in domicile</b>	<input 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>	<b>PC-PPA-2007-570</b>
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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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**1. Towing and Labor Costs:**

- We are expanding the Towing and Labor optional coverage to include a higher limit of \$100 per disablement with a semiannual premium of \$9.00.
- In addition, we have expanded the coverage options for Motor Homes with several higher limit options. The corresponding limits and semiannual premiums are located on rate document page 8.

**2. Excess Electronic Equipment Limits (PP0313):**

We are introducing new Excess Electronic Equipment limits. Please see rate document page 8.

**3. Auto/Home Discount:**

Currently, an HO-4 or HO-6 policy must have a minimum Coverage C limit of \$30,000 to qualify an Auto policy for the discount. This coverage requirement is being revised to \$20,000. The impact for this change is negligible.

**4. Prime of Life Discount:**

Currently, an HO-4 or HO-6 policy must have a minimum Coverage C limit of \$30,000 to qualify an Auto policy for the Prime of Life discount. This coverage requirement is being revised to \$20,000. The impact for this change is negligible.

**5. Payment plans:**

- We are removing the requirement that policies must have a valid credit score to be eligible for any payment plan.
- We are eliminating the \$1 service charge from all EFT payments.

Please see manual pages GR 9 &-10.

**6. Manual Changes:**

All manual changes have been outlined in the rate/rule schedule.

<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]
<p><b>Check #: EFT</b> <b>Amount: \$100.00</b></p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

### RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>PC-PPA-2007-570</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and Use
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
State Auto Property & Casualty Insurance Company		0%	0	12,112	\$15,369,410		

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	0
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<b>7.</b>	<b>Effective Date of last rate revision</b>	11-15-06
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	File and Use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Page GR-2, Rule 2.B.4. – Eligibility Requirements – The wording in this rule has been revised due to the new Trust Endorsement PP1303.	[ ] New [X] Replacement [ ] Withdrawn	
02	Page GR-9 , Rule 6 - The following sentence has been removed “A valid credit score is required in order to select a payment plan.” Also, the EFT \$1 service charge has been removed.	[ ] New [X] Replacement [ ] Withdrawn	

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

1.	This filing transmittal is part of Company Tracking #	PC-PPA-2007-535	
9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
03	Page GR-10, Rule 6 - Added new wording "Customers can pay Online/Credit Card Payments".	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04	Page CD-1, Rule 1 - The Coverage C limit for HO-4 and HO-6 has been revised from \$30,000 to \$20,000.	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05	Page CD-4, Rule 5 - The Coverage C limit for HO-4 and HO-6 has been revised from \$30,000 to \$20,000.	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06	Optional Coverage Section – The Table of Contents has been revised to reflect the following changes.	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07	Page OC-1, Rule 1 - Added \$100 per disablement with a \$9 premium to Towing and Labor. Also added limits and rates for motor homes.	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
08	Pages OC-2 - OC-9, Rule 4 -The title and rule wording has been revised. This has shifted the following rules to the next pages. Endorsement is now PP0313 instead of AU0313. Added limits and premiums.	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
09	Page OC-3, Rule 5 – The wording in this rule has been revised to follow endorsement PP0313.	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
10	Page OC-5, Rule 9 – Added activated electronic vehicle recovery system wording.	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
11	Page OC-9, Rule 14 – The Auto Replacement Cost Coverage wording has been revised to include A.3. The paragraph following A.3. has been revised.	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
12		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
14		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
15		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
16		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
17		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submission that do not alter the information contained herein need not include this form.

Company Name \_\_\_\_\_  
NAIC No. \_\_\_\_\_ Group No. \_\_\_\_\_

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?  
\_\_\_\_\_

2. Do you furnish a market for young drivers? \_\_\_\_\_  
Over age 65 drivers? \_\_\_\_\_

3. Do you require collateral business to support a youthful driver risk? \_\_\_\_\_

4. Do you insure drivers with an international or foreign driver's license? \_\_\_\_\_

5. Specify the percentage you allow in credit or discounts for the following:

- a. Driver Over 55 \_\_\_\_\_%
- b. Good Student Discount \_\_\_\_\_%
- c. Multi-car Discount \_\_\_\_\_%
- d. Accident Free Discount\* \_\_\_\_\_%
- \*Please Specify Qualification for Discount \_\_\_\_\_
- \_\_\_\_\_
- e. Anti-theft Discount \_\_\_\_\_%
- f. Other (specify) \_\_\_\_\_%
- \_\_\_\_\_ %
- \_\_\_\_\_ %
- \_\_\_\_\_ %
- \_\_\_\_\_ %

6. Do you have an installment payment plan for automobile insurance? \_\_\_\_\_  
If so, what is the fee for installment payments? \_\_\_\_\_

7. Does your company utilize a tiered rating plan? \_\_\_\_\_ If so, list the programs and percentage difference. \_\_\_\_\_  
\_\_\_\_\_

State the current volume for each program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Telephone Number

## ARKANSAS PERSONAL AUTO MANUAL GENERAL RULES SECTION

### 2. ELIGIBILITY REQUIREMENTS (CON'T)

1. Resident relatives other than husband and wife;
  2. Resident individuals; or
  3. Non-resident relatives, including a non-resident husband and wife; if
    - a. They are written on a specified auto basis, and
    - b. The Joint Ownership Coverage Endorsement **AU0344** is attached. Refer to the endorsement for the extent of coverage.
  4. a. The grantor of the trust must be:
    1. An individual or a husband and wife; and
    2. The only named insured(s) shown in the Declarations.b. All vehicles insured under the policy must be owned by the trust.
  - c. A vehicle owned by a trust, in which the grantor is a corporate entity, is not eligible under the Personal Auto Program but may be written under a commercial auto policy.
  - d. The Trust Endorsement **PP1303** must be attached.
- C. Motorcycles, motor homes, golf carts, snowmobiles or other similar type vehicles are eligible for coverage if:
1. They are written on a specified vehicle basis,
  2. They are owned by:
    - a. an individual,
    - b. a husband and wife
    - c. two or more relatives other than husband and wife; or
    - d. two or more resident individuals; and
  3. Coverage is limited in accordance with the Miscellaneous Type Vehicle **PP0323** or Snowmobile Endorsement **PP0320**.
- D. A Personal Auto Policy shall be used to afford coverage to a named individual who does not own an auto. The Named Non Owner Coverage Endorsement **PP0322** must be attached.
- E. A Personal Auto Policy shall be used to afford coverage to:
1. Private passenger autos and motor vehicles considered as private passenger autos in Rule 1; and
  2. Motorcycles, motor homes, golf carts or other similar types of vehicles and snowmobiles;
- If they are owned jointly by a trust and the named insured:
1. The trust may not be designated in the Declarations as a named insured.
  2. If the trust is the exclusive owner of any of the vehicles described above, the exposure may be written under a commercial auto policy.

### 3. FRIENDS FOR A LIFETIME

The "Friends For A Lifetime" program, an extra added benefit of the PRIME of Life and Gold Plus Plan, guarantees to provide the named insured with automobile insurance coverage for the rest of the insured's life if the insured meets the qualifications of the program. This program will provide the named insured with the automobile insurance coverage for which they qualify, based on their claims, accidents or moving violations, for life.

To qualify for the "Friends For A Lifetime" program, the named insured must meet the following conditions:

1. Named Insured and spouse must be age 45 or older;
2. Must have been insured with the State Auto Insurance Companies for five consecutive years, with no claims during the five year period.
3. Must continue to pay premiums when due;
4. All drivers of the insured's car must continue to maintain valid driver's licenses;
5. Must remain physically able to operate an auto; and
6. The Insured must continue to reside in a state where the "Friends For A Lifetime" program is offered, and the insured's current agent must be licensed with State Auto National.

**\*Note:** Premiums may be higher.

STATE AUTO INSURANCE COMPANIES

GR - 2

**ARKANSAS PERSONAL AUTO MANUAL  
GENERAL RULES SECTION**

**5. SAFE DRIVER INSURANCE PLAN (SDIP) (CON'T)**

**2. Renewal Business**

Information necessary to assign proper renewal Driving Record Sub-Classification shall be determined from any one or combination of the following:

- a. Company's own records, or
- b. Motor Vehicle records, or
- c. An application signed by the applicant and producer.

**6. PAYMENT PLAN**

The following are the pay plans. Existing business will have the option to remain on it's current plan.

<b>Six Monthly Policy Term</b>			
<b>Available Pay Plan Options</b>	<b>E-Pay Available</b>	<b>Service Charge</b>	<b>Billing Due Dates</b>
Full Pay	Yes	N/A	Full payment due at inception of policy term
Two Pay	Yes	\$4 N/A E-Pay	50% due at inception with remaining due in 3 months
Five Pay	N/A	\$4	20% due at inception with remaining billed in 20% installments each 30 days
Monthly E-Pay	Yes	N/A	Monthly installments

<b>Twelve Month Policy Term (Advantage Auto Only)</b>			
<b>Available Pay Plan Options</b>	<b>E-Pay Available</b>	<b>Service Charge</b>	<b>Billing Due Dates</b>
Full Pay	Yes	N/A	Full payment due at inception of policy term
Two Pay	Yes	N/A	50% due at inception with remaining due in 6 months
Four Pay	Yes	\$4 N/A E-Pay	25% due at inception with remaining billed in 25% installments each 90 days
Eleven Pay	N/A	\$4	10% due at inception with remaining billed in 9% installments each 30 days
Monthly E-Pay	Yes	N/A	Monthly installments

- NSF Charge – A \$20 non-sufficient fund fee will be charged on all returned checks.
- The insured has the option of choosing the date they would like the deduction to take place on EFT billed policies. The insured will be notified by the company 14 days in advance of the initial amount of premium to be deducted, as well as any changes to that amount of one dollar (\$1.00) or more.

## ARKANSAS PERSONAL AUTO MANUAL GENERAL RULES SECTION

### 6. PAYMENT PLAN (CON'T)

- **Customers Can Pay Online / Credit Card Payments.** Direct bill customers can now make premium payments online at [www.stateauto.com](http://www.stateauto.com). After selecting the option to “Pay Your Policy” customers can make a one-time payment without enrolling in the system or they can enroll in our “Pay Now” program where personal and payment type information is stored to facilitate and expedite future payments. Whether direct bill customers are making a one-time online payment or are enrolled in our “Pay Now” program, they can opt to pay through use of an automated check (ACH payment) or can make payment using a VISA™ or MasterCard™ credit or “pin-less” debit card. Credit card and “pin-less” debit card payments are accepted for all transactions with the exception of the initial downpayment on a policy.
- **Timing Considerations** – If the down payment for the pay plans shown above is received 21 days or less before the effective date, the remaining installment payments will be divided accordingly by the number of installments remaining in the term. At renewal, the payment cycle will convert to the valid pay plan that was selected. For example, if a five pay is requested and the application is entered less than 21 days before the effective date, the first term will become a four pay with 25% required down with three more payments of 25% each required. The renewal term will convert to the five pay plan at 20% per installment.

### 7. POLICY PERIOD

- A. No policy may be written for a period longer than six months for Liability Coverage or Physical Damage Coverage unless it is written under the Advantage Auto Program..

### 8. PREMIUM DETERMINATION

Single Limit Liability, or Bodily Injury and Property Damage Liability; Medical Payments; and Comprehensive and Collision premiums are determined as follows:

- A. Refer to the Classification Rule to determine the applicable Classification, Rating Factor and Statistical Code.
- B. Refer to the Model Year Rule to determine the model year of the auto refer to State Auto’s Vehicle Look-up for the appropriate symbol of the auto.
- C. Refer to Territory Definitions to determine the territorial schedule and code number for the location where the auto is principally garaged.

**Note:** When a risk is statutorily required to have, or is eligible for, a coverage that is not available in the territory of principal garaging, use the registration address to determine the territory for that coverage.

- D. Refer to the State Rate Pages to determine base rates for the desired coverage for the appropriate territory. For Medical Payments and Uninsured Motorists, refer to State Auto Vehicle Look-up by year, make and model to determine appropriate size code.
- E. For Stated Amount Comprehensive, multiply the rate by the limit of liability to determine the Base Premium.
- F. The premium for each coverage is determined by multiplying the base rate by the appropriate rating factor.
- G. When a surcharge is applicable under the Certified Risk — Financial Responsibility Laws Rule, the surcharge is to be applied to the liability premium determined by the foregoing provisions.

Use the Secondary Factors and code for sports cars.

# ARKANSAS PERSONAL AUTO MANUAL

## CREDITS/DISCOUNTS SECTION

### 1. PRIME OF LIFE DRIVER DISCOUNT

The Prime of Life Plan provides a competitive account price and unique extra value coverages specific to the needs and lifestyles of insureds age 45 years and older. All insureds 45 years of age and older who are assigned to and rated on a vehicle written in any of the auto tiers with the Auto/Home Discount, qualify and will automatically receive the Prime of Life Plan. In addition, the plan offers the "Friends For A Lifetime" automobile guarantee for those insureds 45 years or older that meet the qualifying conditions of this extra added benefit.

The Prime of Life Plan consists of extra value coverages provided by endorsement AU-671 added to any auto tier and endorsement FI-199 added to the Homeowners Policy. The Prime of Life Driver Discount applies to all drivers age 45 and older in any of the auto tiers.

This discount is available for insureds who are at least 45 years of age or older and have the Auto/Home Discount on their policy. We have outlined below a number of rules and requirements that apply.

#### A. CREDIT

The credit is applied to the otherwise applicable semi-annual premium for each coverage except UM/UIM coverage of the vehicle the 45 or older driver is assigned to and rated on.

Age	All Auto Tiers
45 – 49	10%
50 – 54	15%
55 and older	20%

#### B. ELIGIBILITY

All auto tiers are eligible for the credit.

- ...Policies with Forms HO-4 and HO-6 must have Coverage "C" limits of at least \$20,000 to qualify an eligible auto policy for the discount.

The vehicles that qualify for the credit are those rated as Private Passenger Autos, Pickups, Vans, Motor Homes (Business Use), Classic Autos – Regular Use, Registered Golf Carts and Registered Dune Buggies. Named Non-Owner policies also qualify for this credit.

#### C. PROCESSING INSTRUCTIONS

##### 1. New Applications

When automobile applications are submitted that are eligible for the Prime of Life Driver Discount, the discount will be automatically applied to the policy.

##### 2. Promise of Second Policy

In cases where there is the promise of a second policy, we will apply the discount to an existing policy under certain conditions. Here are the key points you will want to keep in mind:

- If you promise the supporting policy within **six months**, we will add the Prime of Life Driver Discount to the companion policy.
- If the first piece of business is new, simply include the Prime of Life Driver Discount, indicating in the "Remarks" section on the application when you expect to write the supporting policy (this must occur within the required six months).

## ARKANSAS PERSONAL AUTO MANUAL CREDITS/DISCOUNTS SECTION

### 4. DRIVER TRAINING CLASSIFICATION (CON'T)

- a. The course was conducted by instructors certified by the State Department of Education or other responsible educational agency, and
- b. The course was conducted by a recognized secondary school, college or university and had the approval of the State Department of Education or other responsible educational agency, or
- c. The course was conducted by other schools, and such course and school had the approval and supervision of the State Department of Education or other responsible educational agency, or
- d. The course was conducted by a commercial driving school under the jurisdiction of the Motor Vehicle Department, provided that by Statute or Regulation such school meets the same requirements as schools having official sanction from the responsible state educational agency.
- e. "Satisfactory Evidence" is a certificate signed by a school official certifying to the fulfillment of the requirements in a, b, and c; or d. or e. above.

### 5. AUTO/HOME DISCOUNT

We are pleased to make available a credit to insureds that have both automobile and homeowner policies written with the State Auto Insurance Companies. This program, designed to encourage account selling, now offers even greater premium credits to help you develop new targeted lines business. By doing this we can also help you retain accounts while your insureds save premium dollars. While the application of this plan is relatively simple, we have outlined below a number of rules and requirements that apply to our various programs.

#### A. CREDIT

The credit is 10% of the otherwise applicable semi-annual premium for each coverage in the Medalist, Elite and Budget Auto tiers and 5% for the Personal Auto tier. In addition, a State Auto Commercial Auto policy containing the insured's private passenger autos can qualify an eligible homeowners policy for the credit.

#### B. ELIGIBILITY

•...HO-4 and HO-6 policies must have Coverage "C" limits of at least \$20,000 to qualify an eligible auto policy for the discount.

\*State Auto National policies can qualify an eligible homeowners policy for the discount. Refer to the State Auto National manual for applicable discounts for State Auto National policies.

The vehicles that qualify for the credit are those rated as Private Passenger Autos, Pickups, Vans, Motor Homes (business use), Classic Autos classified and rated as Private Passenger Autos, Antique Autos, Classic Autos Limited Use, Electric Autos, Registered Dune Buggies, Registered Golf Carts, Named Non-Owner rated policies and Extended Non-Owner rated policies. Motor Homes rated as pleasure do not qualify for the credit but may qualify a homeowners policy for the discount.

The following vehicles do not qualify for the credit and do not qualify a homeowners policy for the discount.

1. Motorcycles, Mopeds, Go-Carts, Motorscooters, Motorbikes.
2. Snowmobiles and All-Terrain Vehicles.
3. Non Registered Dune Buggies and Non Registered Golf Carts.
4. Recreational Trailers and Utility Trailers.

#### C. PROCESSING INSTRUCTIONS

##### 1. New Applications

When auto applications are submitted that are eligible for the Auto/Home Discount, indicate in the Credits and Surcharging Section of the application.

**ARKANSAS PERSONAL AUTO MANUAL  
OPTIONAL COVERAGES SECTION**

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**ARKANSAS PERSONAL AUTO MANUAL  
OPTIONAL COVERAGES SECTION**

**1. TOWING AND LABOR COSTS - PP0303**

A. This coverage may be added to the following vehicle types when other than collision coverage is afforded: private passenger autos, pick ups, customized vans, vans, business use motor homes, pleasure use motor homes, classic autos-limited use, classic autos, antique autos, registered golf carts, registered dune buggies and electric autos.

B. Premium charges are as follows:

<b>Limit of Liability</b>	<b>Rate Per Car Semi-Annually</b>
\$50 per disablement	\$4
\$75 per disablement	\$6
\$100 per disablement	\$9

<b>Motorhomes</b>	
<b>Limit per Disablement</b>	<b>Rate Per Car Semi-Annually</b>
\$150 per disablement	\$9
\$200 per disablement	\$11
\$250 per disablement	\$14

**2. OPTIONAL LIMITS TRANSPORTATION EXPENSES - PP0302**

A. The \$20/600 limit is included in the policy for vehicles that have other than collision or other than collision and collision coverage.

B. Premium charges are as follows:

<b>Coverage Semi-Annually</b>	<b>Rate Per Car Semi-Annually</b>
\$20 per day/\$600 aggregate	Incl.
\$25 per day/\$750 aggregate	\$4
\$30 per day/\$900 aggregate	\$5
\$50 per day/\$1500 aggregate	\$9

**3. DIFFERENCE IN VALUE - LEASED AUTOS/OWNED AUTOS - AU0158**

**A. ELIGIBILITY**

A policy providing Comprehensive and Collision coverage may be extended to provide coverage for the difference between the unpaid amount due on a leased or financed new auto and the actual cash value of the auto, subject to the following:

A new auto as used in this rule is an auto that has not previously been titled by the state and in which the lender, a financial institution or dealer, retains a valid security interest in the auto.

**B. COVERAGE**

Coverage under the endorsement applies only in the event of a covered total loss. The maximum amount payable is \$5,000. Coverage does not apply to overdue payments or penalty charges assessed for excessive mileage or excessive wear and tear, carry-over loans, balances or amounts in excess of the original purchase price of the car.

**C. RATES**

1. Charge 2% of the combined Comprehensive and Collision coverage premium, prior to discounts.
2. The minimum semi-annual premium charge is \$4.

**ARKANSAS PERSONAL AUTO MANUAL  
OPTIONAL COVERAGES SECTION**

**4. COVERAGE FOR EXCESS ELECTRONIC EQUIPMENT — PP0313**

**A. Coverage for Electronic Equipment That Reproduces, Receives or Transmits Audio, Video or Data Signals**

Electronic equipment that reproduces, receives or transmits audio, visual or data signals, which is permanently installed in the vehicle at the time of loss is automatically covered under the policy without an additional premium charge. Such equipment includes, but is not limited to:

- a. Radios and Stereos
- b. Tape decks;
- c. Compact Disc Systems;
- d. Navigation Systems;
- e. Internet Access Systems;
- f. Personal Computers;
- g. Video Entertainment Systems;
- h. Telephones;
- i. Televisions;
- j. Two Way Mobile Radios;
- k. Scanners; or
- l. Citizen Band Radio;

However, electronic equipment that reproduces, receives or transmits audio, visual or data signals permanently installed in locations not used by the vehicle manufacturer for installation of such equipment is subject to a sub-limit of \$1000. This sub limit may be increased to any one of the limits shown below.

**2. Rating**

The provisions of Rule 3, Classifications and Rule 4, Safe Driver Insurance Plan do not apply for this coverage.

<b>Maximum Limit of Liability For Excess Electronic Equipment</b>	<b>Premium per Auto</b>
\$1,500	\$40
\$2,000	\$80
\$2,500	\$120
\$3,000	\$160
\$3,500	\$200
\$4,000	\$240
\$4,500	\$280
\$5,000	\$320

**3. Endorsement**

Attach the Excess Electronic Equipment Coverage Endorsement to the policy, **PP 0313**.

**ARKANSAS PERSONAL AUTO MANUAL  
OPTIONAL COVERAGES SECTION**

**5. COVERAGE FOR TAPES, RECORDS, DISCS AND OTHER MEDIA — PP0313**

1. Coverage for up to \$200 worth of Tapes, Records, Discs and other media applies at no additional charge when coverage is provided for increased limits for excess electronic equipment.
2. When coverage is not provided for increased limits for Excess Electronic Equipment, coverage for \$200 worth of tapes, records, disks, and other media if available for an additional charge.
  - a. Attach the Coverage for Tapes, Records, Disks and Other Media Endorsement – **PP0313**
  - b. Premium - \$5.00 per car, semi-annually.

**6. CUSTOMIZING EQUIPMENT COVERAGE - PP0318**

Comprehensive and Collision coverage for customizing equipment may be purchased for any van or pickup insured for physical damage coverage. Refer to the Customizing Equipment Coverage endorsement for extent of coverage.

Rate as follows:

- A.** Refer to the ISO Symbol and Identification Section to determine the symbol for the vehicle.
- 1989 & PRIOR**
1. If a symbol is shown, increase the rating symbol shown by 2, to account for the additional customizing equipment.

**NOTE:** A Symbol 7 will be changed to 10 and a Symbol 8 will be changed to 11, as Symbol 9 is not used.

2. If a symbol is not shown, assign a symbol using the table for 1981-1989 model years based on the total cost of the vehicle, including customizing.

**NOTE:** Always check the ISO Symbol and Identification Section as most vans produced since 1976 have a symbol assigned.

**1990 & LATER**

1. If a symbol is shown, increase the rating symbol shown by 4, to account for the additional customizing equipment.

**NOTE:** For example, a Symbol 7 will be changed to 12 and a Symbol 8 will be changed to 13, as Symbol 9 is not used.

2. If a symbol is not shown, assign a symbol using the table for 1990 and subsequent model years based on the total cost of the vehicle, including customizing.

**NOTE:** Always check the ISO Symbol and Identification Section as most vans produced since 1976 have a symbol assigned.

- B.** Refer to the State Rate Pages and determine the base rate using the symbol determined above and the model year of the vehicle.
- C.** Apply other relativities and factors applicable according to the Premium Determination Rule.

# ARKANSAS PERSONAL AUTO MANUAL

## Optional Coverages

### 7. NAMED NON-OWNER POLICY - PPO322

**NOTE:** (For individuals who do not own an auto)  
(Class Code 945600)

**Liability and Medical Payments Coverage** — Charge 50% of the premium that would apply if such individual owned an auto.

**Uninsured Motorists Insurance** — Refer to the State Rate Pages. Charge the Uninsured Motorists rate applicable to owners.

### 8. EXTENDED NON-OWNED LIABILITY COVERAGE - PPO306

(Class Code 902000)

**A.** Liability coverage — Liability coverage may be extended to an individual described below:

1. The insured named in the policy, the spouse if a resident of the same household or a resident relative who is furnished an auto for regular use but is NOT employed by a garage:

When no Primary Liability insurance is in effect on the auto, charge 50% of the liability premium which would apply if the furnished auto were being specifically insured as an owned auto by the individual.

When there is Primary Liability insurance in effect on the auto or if the auto is used in the business of the United States Government, charge the premiums per person shown in the table below. The premiums are for the minimum financial responsibility requirement limits in the State.

Person Named	Bodily Injury	Property Damage	Single Limit
Insured named or Spouse	\$2	\$1	\$3
Relative	\$4	\$1	\$6

2. If the insured named in the policy, the spouse if a resident of the same household or a resident relative is furnished an auto for regular use and is employed by a garage, coverage is not available.

**B.** Medical Payments — Premiums per person — available only if Bodily Injury and Property Damage coverages are extended. Charge 50% of the medical payment premium which would apply if the furnished auto were being specifically insured as an owned auto by the insured.

# ARKANSAS PERSONAL AUTO MANUAL

## Optional Coverages

### 9. DEDUCTIBLES

- A. Deductible Liability Insurance** — is not available for vehicles classified and rated in accordance with the rules of this manual.
- B. Comprehensive Deductible for Which No Premium Is Shown** — Charge the following percentage of the \$100 Deductible Comprehensive Premium:

Full Coverage	133%
\$50 Deductible	113%
\$200 Deductible	90%
\$250 Deductible	86%
\$500 Deductible	70%
\$1,000 Deductible	54%

**Note:** The Other Than Collision deductible will be reimbursed if a vehicle is stolen and subsequently recovered as the result of an activated electronic vehicle recovery system (i.e., OnStar, LoJack, etc.).

- C. Collision Deductible for Which No Premium Is Shown** — Charge the following percentage of the \$250 Deductible Collision Premium:

\$50 Deductible	132%
\$100 Deductible	115%
\$200 Deductible	105%
\$500 Deductible	93%
\$1,000 Deductible	80%

**Note:** These relativities should be applied after the factors for symbols not displayed on rate pages according to the General Rules Section number 13.

### 10. UNINSURED/UNDERINSURED MOTORISTS COVERAGE

#### A. UNINSURED MOTORISTS COVERAGE

1. Owners — (Class Code — Refer to Statistical Plan)

**a. Bodily Injury**

This form of auto insurance for Bodily Injury must be afforded at limits not less than the Financial Responsibility limits under every auto liability policy issued or delivered to the owner of a motor vehicle registered or principally garaged in Arkansas. Attach applicable endorsement.

**Exceptions:**

1. The named insured has the right to reject such coverage in writing.
2. After a named insured rejects such coverage, the insurer shall not be required to notify any insured on any renewal, reinstatement, substitute, amended, or replacement policy as to the availability of such coverage.
3. The written agreement to reject such coverage shall continue until the rejection is withdrawn in writing by the named insured.

**b. Property Damage**

If Bodily Injury Uninsured Motorists Coverage is purchased, the named insured must be offered Property Damage Uninsured Motorists Coverage, subject to a \$200 deductible.

**Exceptions:**

1. Property Damage Uninsured Motorists limits shall be made available up to the policy's property damage liability limits.
2. The named insured has the right to reject Property Damage Uninsured Motorists Coverage in writing.

# ARKANSAS PERSONAL AUTO MANUAL

## Optional Coverages

### 10. UNINSURED/UNDERINSURED MOTORISTS COVERAGE (CON'T)

3. Subsequent, continuation, renewal, reinstatement, or replacement policies, or the transfer of vehicles thereunder, issued by the same insurer need not provide the rejected coverage unless the named insured requests such coverage in writing.

**c. Basic Limits**

Rates for the \$50,000 Bodily Injury ONLY and \$75,000 Bodily Injury and Property Damage or \$25,000/50,000 Bodily Injury ONLY and \$25,000/50,000/25,000 Bodily Injury and Property Damage Coverages are shown on the State Rate Pages. Property Damage Uninsured Motorists Coverage is subject to a \$200 Deductible

**d. Increased Limits**

If a named insured purchases liability limits greater than the financial responsibility limits, the insurer shall have available, and the agent shall offer a named insured or applicant, increased limits Bodily Injury Uninsured Motorists up to the liability limits on the policy. Rates are shown on the State Rate Pages.

An insured or applicant not desiring to purchase higher limits shall reject the increased limit in writing or the application for insurance coverage. This requirement for written rejection shall be applicable to new business written on or after January 1, 2000.

**e. Rates**

Refer to the Size of Car Rule for application of size percentages. The rates are not subject to classification rating or modification by any rating plan.

**Non-owners (Class Code 9900)**

If a named non-owner policy is extended to afford Uninsured Motorists coverage, the rate for such extension of coverage shall be the applicable uninsured motorist rate shown on the State Rate Pages for Owners.

### B. UNDERINSURED MOTORISTS COVERAGE

1. This form of auto insurance shall be offered in limits at least equal to the Financial Responsibility Law limits under every automobile liability insurance policy covering liability arising out of the ownership, maintenance or use of any motor vehicle in Arkansas.

**Exceptions:**

- (1) If the named insured does not elect Underinsured Motorists Coverage, the coverage must be rejected in writing.
  - (2) The coverage shall not be provided and must be rejected in writing if the named insured has rejected Bodily Injury Uninsured Motorists Coverage.
  - (3) Subsequent continuation, renewal, reinstatement, or replacement policies, or the transfer of vehicles thereunder, issued by the same insurer need not provide the rejected coverage unless the named insured requests such coverage in writing.
2. If Underinsured Motorists Coverage is provided:
    - a. The coverage shall apply to all vehicles insured under the policy.
    - b. Uninsured Motorists Coverage and Underinsured Motorists Coverage must be provided at the same limits.
    - c. Attach the applicable endorsement at basic or increased limits.

# ARKANSAS PERSONAL AUTO MANUAL

## Optional Coverages

### 11. INCREASED LIMITS

A. The following tables contain the factors to be applied to the basic \$75,000 Single Limit Liability or \$25,000/50,000 Bodily Injury Liability rate, and the \$25,000 Property Damage Liability rate in the State.

#### 1. Single Limit Liability

Total Limits	Factor	Total Limits	Factor
*\$75,000	1.00	\$300,000	1.19
\$100,000	1.05	\$500,000	1.24
\$200,000	1.14	\$1,000,000	1.30

#### 2. Split Limit Bodily Injury Liability

Total Limits	Factor	Total Limits	Factor
*\$25/50	1.00	\$500/500	1.66
\$50/100	1.20	\$500/1,000	1.70
\$100/300	1.39	\$1,000/1,000	1.77
\$250/500	1.58		

#### 3. Property Damage Liability

Total Limits	Factor	Total Limits	Factor
\$25,000	1.00	\$250,000	1.16
\$50,000	1.03	\$500,000	1.20
\$100,000	1.08	\$1,000,000	1.22

#### 4. Medical Payments

Total Limits	Factor	Total Limits	Factor
\$1,000	1.00	\$25,000	4.15
\$5,000	2.41	\$50,000	4.93
\$10,000	3.16	\$100,000	5.35

\* Not valid in the Elite or Map tiers.

### 12. CERTIFIED RISKS - FINANCIAL RESPONSIBILITY LAWS

#### A. SURCHARGES

1. Surcharges apply to Liability coverages only.
2. For SDIP rated risks, the Rating Factor shall be increased by .10.
3. In all other cases the appropriate charges shown below shall be applied to the final premium for the affected coverages for the period of time the certificate is required but not more than three years (after 3 years a 5% surcharge applies) as follows:
  - a. 50% for driving a motor vehicle while intoxicated, or failing to stop and report when involved in an accident, or homicide or assault arising out of the operation of a motor vehicle.

# ARKANSAS PERSONAL AUTO MANUAL

## Optional Coverages

### 12. CERTIFIED RISKS - FINANCIAL RESPONSIBILITY LAWS (CON'T)

- b. 25% for driving a motor vehicle at an excessive rate of speed or in a reckless manner, where an injury to person or damage to property actually results therefrom.
- c. 5% for any other reason requiring filing.

#### B. OWNERS

- 1. If an owner is required to file evidence of financial responsibility for owned autos and for the operation of autos which he does not own, the additional premium shall be computed by applying the proper surcharge to the sum of the premium for the highest rated auto owned by the insured and the total non-ownership liability premium, modified in accordance with any applicable rating plan.
- 2. In all other cases, the additional premium shall be computed by applying the proper surcharge to the premium for the highest rated auto owned by the insured, modified in accordance with any applicable rating plan.

#### C. NON-OWNERS

- 1. If a policy is written to insure a named individual the additional premium shall be computed by applying the proper surcharge to the premium for the policy.
- 2. If coverage is provided under a policy which has been extended to cover a named individual in accordance with the Extended Non-Owned Liability Coverage Rule, the additional premium shall be computed by applying the proper surcharge to:
  - a. The rates for the highest rated auto insured under the policy for the rating territory in which the named individual is located, or
  - b. If there is no auto at such location, 170% of the private passenger Base Rates for the territory in which the named individual is located.

### 13. MEDICAL PAYMENTS INSURANCE, WORK LOSS COVERAGE AND ACCIDENTAL DEATH BENEFIT

#### A. ELIGIBILITY

Medical Payments Insurance, Work Loss Coverage and Accidental Death Benefit must be afforded under every auto liability policy issued or delivered to the owner of an auto, motorcycle, motorscooter, motorbike or similar motor vehicle registered or principally garaged in Arkansas.

If one or more of these coverages are afforded, attach the Personal Injury Protection endorsement.

#### Exceptions:

- 1. The named insured has the right to reject one or more of such coverages in writing and must reject statutory Limit of Medical Payments in writing if lower or higher limits are requested.
- 2. Subsequent renewal policies issued by the same insurer need not provide the rejected coverage(s) or limits(s) unless the named insured requests such coverage(s) or limit(s) in writing.

#### B. COVERAGES AND RATES

- 1. **Medical Payments**
  - a. Limits: Statutory limit per person — \$5,000
    - 1. Lower or higher limits are permitted only when the named insured has rejected the Statutory Limit.
    - 2. A maximum limit of \$5,000 applies to pedestrians who are other than the named insured or a relative.
    - 3. Basic and Increased Limits of Personal Auto Medical Payments Coverage.

# ARKANSAS PERSONAL AUTO MANUAL

## Optional Coverages

### 13. MEDICAL PAYMENTS INSURANCE, WORK LOSS COVERAGE AND ACCIDENTAL DEATH BENEFIT (CON'T)

- b. Rates:
  - 1. Use the base rates for Medical Payments Insurance.
  - 2. The Size Relativity, Classifications and SDIP Rules apply.

#### 2. Work Loss Coverage

- a. Limits: Maximum per person —
  - 1. For an income earner — \$140 per week for 52 weeks.
  - 2. For a non-income earner — \$70 per week for 52 weeks.
- b. Rates:
  - 1. Motorcycles, Motorscooters, Motorbikes or Similar Motor Vehicles, charge \$4 per car, semi-annually.
  - 2. All Other Motor Vehicles, charge \$2 per car, semi-annually.

**NOTE:** The Classifications and SDIP Rules do NOT apply.

#### 3. Accidental Death Benefit

- a. Limits: Maximum per person — \$5,000
- b. Rates:
  - 1. Motorcycles, Motorscooters, Motorbikes or Similar Motor Vehicles, charge \$4 per car, semi-annually.
  - 2. All Other Motor Vehicles, charge \$2 per car, semi-annually.

**NOTE:** The Classifications and SDIP Rules do NOT apply.

### 14. AUTO REPLACEMENT COST COVERAGE

- A. Replacement cost loss settlement is available subject to the following:
  - 1. The auto is a “new purchased auto”.
  - 2. Coverage for Other Than Collision and Collision must be maintained continuously from the date of purchase to the date of loss.
  - 3. Loss is caused by a covered peril other than fire, theft or flood.

A “new purchased auto” as used in this rule is a private passenger auto, pickup or van that has a gross vehicle weight rating of 10,000 lbs. or less. At the time of the purchase, the vehicle must be either the current model year or the immediately prior model year and first titled by the named insured or spouse, and must have fewer than 5,000 miles on the odometer when purchased.

- B. The loss settlement provisions for Other Than Collision and Collision coverages are amended from actual cash value to replacement cost and the limit of liability is the lesser of:
  - 1. The reasonable cost of repair with parts of like kind and quality
  - 2. The cost of a replacement vehicle whose value does not exceed the value of a vehicle described in 3. and 4.
  - 3. The cost of a new vehicle of the same make, model and equipment; or
  - 4. The cost of a new vehicle of a similar make, model, and equipment if the same make, model and equipment is not available.

Coverage is subject to the Other Than Collision and Collision deductible. Coverage will remain in effect, as long as the premium is paid, for a period not to exceed the first renewal after the vehicle is 48 months old.

- C. Rates  
Charge 15% of the Other Than Collision and Collision rate.

Attached the Auto Replacement Cost Coverage Endorsement **AU1008**.

## ARKANSAS AUTO TIER RATE DOCUMENT

PERSONAL AUTO PROGRAM (PAP) BASE RATES						
					'06 BASE	'06 BASE
	\$75,000	25/50	\$25,000	\$1,000	\$100	\$250
TERR	CSL	BI	PD	MP	OTC	COLL
1	316	150	135	12	36	236
3	225	104	100	13	49	232
5	217	94	104	13	61	227
6	224	108	94	12	44	251
8	247	116	107	12	53	234
9	201	92	90	12	52	227
10	212	96	97	12	32	202
11	196	91	86	12	54	254
16	196	93	84	12	46	214

PAP MEDICAL PAYMENTS BASE RATES (ALL LIMITS)						
<u>Territory</u>	<u>\$1,000</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>
1	12	29	38	50	59	64
3	13	31	41	54	64	70
5	13	31	41	54	64	70
6	12	29	38	50	59	64
8	12	29	38	50	59	64
9	12	29	38	50	59	64
10	12	29	38	50	59	64
11	12	29	38	50	59	64
16	12	29	38	50	59	64

## ARKANSAS AUTO TIER RATE DOCUMENT

BUDGET PERSONAL AUTO PROGRAM (BPA) BASE RATES						
					'06 BASE	'06 BASE
	\$75,000	25/50	\$25,000	\$1,000	\$100	\$250
TERR	CSL	BI	PD	MP	OTC	COLL
1	280	134	118	11	36	172
3	198	92	87	12	49	167
5	189	83	89	12	61	164
6	201	98	82	12	44	181
8	218	103	94	11	53	169
9	177	82	78	11	52	167
10	188	86	84	12	32	148
11	175	82	76	11	54	186
16	175	84	74	12	46	156

BPA MEDICAL PAYMENTS BASE RATES (ALL LIMITS)						
Territory	\$1,000	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000
1	11	27	35	46	54	59
3	12	29	38	50	59	64
5	12	29	38	50	59	64
6	12	29	38	50	59	64
8	11	27	35	46	54	59
9	11	27	35	46	54	59
10	12	29	38	50	59	64
11	11	27	35	46	54	59
16	12	29	38	50	59	64

## ARKANSAS AUTO TIER RATE DOCUMENT

MEDALIST AUTO PROGRAM (MAP) BASE RATES						
					'06 BASE	'06 BASE
	\$75,000	25/50	\$25,000	\$1,000	\$100	\$250
TERR	CSL	BI	PD	MP	OTC	COLL
1	219	103	95	11	36	131
3	156	71	70	12	49	127
5	148	64	72	11	61	126
6	157	75	66	11	44	135
8	170	79	75	11	53	130
9	138	63	62	11	52	129
10	148	66	68	11	32	111
11	136	62	61	11	54	138
16	137	64	60	11	46	123

MAP MEDICAL PAYMENTS BASE RATES (ALL LIMITS)						
Territory	\$1,000	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000
1	11	27	35	46	54	59
3	12	29	38	50	59	64
5	11	27	35	46	54	59
6	11	27	35	46	54	59
8	11	27	35	46	54	59
9	11	27	35	46	54	59
10	11	27	35	46	54	59
11	11	27	35	46	54	59
16	11	27	35	46	54	59

## ARKANSAS AUTO TIER RATE DOCUMENT

ELITE AUTO PROGRAM BASE RATES						
					'06 BASE	'06 BASE
	\$75,000	25/50	\$25,000	\$1,000	\$100	\$250
TERR	CSL	BI	PD	MP	OTC	COLL
1	175	82	76	9	36	104
3	123	56	56	9	49	104
5	120	52	58	9	61	104
6	126	60	54	8	44	109
8	136	63	60	9	53	106
9	112	51	50	9	52	103
10	117	52	55	9	32	91
11	107	49	48	9	54	113
16	110	51	48	9	46	100

ELITE MEDICAL PAYMENTS BASE RATES (ALL LIMITS)						
Territory	\$1,000	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000
1	9	22	28	37	44	48
3	9	22	28	37	44	48
5	9	22	28	37	44	48
6	8	19	25	33	39	43
8	9	22	28	37	44	48
9	9	22	28	37	44	48
10	9	22	28	37	44	48
11	9	22	28	37	44	48
16	9	22	28	37	44	48

# ARKANSAS AUTO TIER RATE DOCUMENT

## UNINSURED AND UNDERINSURED MOTORISTS BASE RATES

### UNINSURED MOTORISTS BASE RATES -

Split Limits	Single Car		Single Limits	UMBI Single Car		Single Limits	UM BI w/PD Single Car	
	Rates	Multi-Car Rates		Rates	Multi-Car Rates		Rates	Multi-Car Rates
25/50	18	14	50000	23	18	75000	32	26
50/100	26	21	75000	25	20	100000	34	27
100/300	34	27	100000	26	21	200000	42	34
250/500	38	30	200000	30	24	300000	47	38
500/500	40	32	300000	33	26	500000	53	42
500/1000	47	38	500000	40	32	1000000	62	50
1000/1000	52	42	1000000	52	42			

### UNDERINSURED MOTORISTS BASE RATES -

Split Limits	Single Car		Single Limits	Single Car	
	Rates	Multi-Car Rates		Rates	Multi-Car Rates
25/50	17	14	50000	17	14
50/100	25	20	75000	25	20
100/300	42	34	100000	27	22
250/500	53	42	200000	36	29
500/500	62	50	300000	44	35
500/1000	76	61	500000	62	50
1000/1000	95	76	1000000	95	76

Property Damage	UM Single Car	
	Rates	Multi-Car Rates
25000	14	11
50000	17	14
100000	19	15
250000	23	18
500000	25	20
1000000	26	21

# ARKANSAS AUTO TIER RATE DOCUMENT

**Companywide Comprehensive  
Symbol/Model Year Table**

**Symbol 2 / Model  
Year 2006 Base**

**Symbol 21 (1989 &  
Prior)**

Symbol	Relativity	Symbol	1989&Prior
1-4	0.42	7	0.62
5	0.52	8	0.81
6	0.78	10	1.01
15	3.98	11	1.21
16	4.63	12	1.44
17	5.38	13	1.74
18	6.25	14	2.08
19	7.25		
20	8.45		

**Symbol 27 (1990 &  
Subsequent)**

Symbol	Relativity	Symbol	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995-1990
1	0.86	2	1.16	1.10	1.05	1.00	0.95	0.90	0.87	0.84	0.81	0.77	0.73	0.70	0.66	0.64	0.62
19	4.54	3	1.40	1.33	1.27	1.21	1.15	1.09	1.05	1.02	0.98	0.93	0.88	0.85	0.80	0.77	0.75
20	4.93	4	1.55	1.47	1.41	1.34	1.27	1.21	1.17	1.13	1.09	1.03	0.98	0.94	0.88	0.86	0.83
21	5.38	5	1.71	1.62	1.54	1.47	1.40	1.32	1.28	1.23	1.19	1.13	1.07	1.03	0.97	0.94	0.91
22	5.95	6	1.89	1.79	1.71	1.63	1.55	1.47	1.42	1.37	1.32	1.26	1.19	1.14	1.08	1.04	1.01
23	6.55	7	2.06	1.96	1.87	1.78	1.69	1.60	1.55	1.50	1.44	1.37	1.30	1.25	1.17	1.14	1.10
24	7.45	8	2.25	2.13	2.04	1.94	1.84	1.75	1.69	1.63	1.57	1.49	1.42	1.36	1.28	1.24	1.20
25	8.71	10	2.46	2.33	2.23	2.12	2.01	1.91	1.84	1.78	1.72	1.63	1.55	1.48	1.40	1.36	1.31
26	10.05	11	2.63	2.50	2.38	2.27	2.16	2.04	1.97	1.91	1.84	1.75	1.66	1.59	1.50	1.45	1.41
		12	2.96	2.81	2.68	2.55	2.42	2.30	2.22	2.14	2.07	1.96	1.86	1.79	1.68	1.63	1.58
		13	3.21	3.05	2.91	2.77	2.63	2.49	2.41	2.33	2.24	2.13	2.02	1.94	1.83	1.77	1.72
		14	3.51	3.33	3.18	3.03	2.88	2.73	2.64	2.55	2.45	2.33	2.21	2.12	2.00	1.94	1.88
		15	3.87	3.67	3.51	3.34	3.17	3.01	2.91	2.81	2.71	2.57	2.44	2.34	2.20	2.14	2.07
		16	4.22	4.00	3.82	3.64	3.46	3.28	3.17	3.06	2.95	2.80	2.66	2.55	2.40	2.33	2.26
		17	4.55	4.31	4.12	3.92	3.72	3.53	3.41	3.29	3.18	3.02	2.86	2.74	2.59	2.51	2.43
		18	4.87	4.62	4.41	4.20	3.99	3.78	3.65	3.53	3.40	3.23	3.07	2.94	2.77	2.69	2.60

# ARKANSAS AUTO TIER RATE DOCUMENT

**Companywide Collision  
Symbol/Model Year Table**

**Symbol 2 / Model  
Year 2006 Base**

**Symbol 21 (1989 &  
Prior)**

Symbol	Relativity
1-4	0.60
5	0.74
6	0.88
15	2.10
16	2.35
17	2.55
18	2.75
19	3.00
20	3.30

**Symbol 1989&Prior**

<b>7</b>	0.52
<b>8</b>	0.59
<b>10</b>	0.65
<b>11</b>	0.72
<b>12</b>	0.79
<b>13</b>	0.87
<b>14</b>	0.98

**Symbol 27 (1990 &  
Subsequent)**

Symbol	Relativity
1	0.88
19	2.39
20	2.50
21	2.61
22	2.75
23	2.91
24	3.14
25	3.50
26	3.85

Symbol	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995-1990
<b>2</b>	1.16	1.10	1.05	1.00	0.95	0.90	0.86	0.82	0.76	0.70	0.64	0.60	0.57	0.55	0.52
<b>3</b>	1.26	1.20	1.14	1.09	1.04	0.98	0.94	0.89	0.83	0.76	0.70	0.65	0.62	0.60	0.57
<b>4</b>	1.35	1.28	1.22	1.16	1.10	1.04	1.00	0.95	0.88	0.81	0.74	0.70	0.66	0.64	0.60
<b>5</b>	1.42	1.34	1.28	1.22	1.16	1.10	1.05	1.00	0.93	0.85	0.78	0.73	0.70	0.67	0.63
<b>6</b>	1.48	1.41	1.34	1.28	1.22	1.15	1.10	1.05	0.97	0.90	0.82	0.77	0.73	0.70	0.67
<b>7</b>	1.57	1.49	1.42	1.35	1.28	1.22	1.16	1.11	1.03	0.95	0.86	0.81	0.77	0.74	0.70
<b>8</b>	1.65	1.56	1.49	1.42	1.35	1.28	1.22	1.16	1.08	0.99	0.91	0.85	0.81	0.78	0.74
<b>10</b>	1.73	1.64	1.56	1.49	1.42	1.34	1.28	1.22	1.13	1.04	0.95	0.89	0.85	0.82	0.77
<b>11</b>	1.81	1.72	1.64	1.56	1.48	1.40	1.34	1.28	1.19	1.09	1.00	0.94	0.89	0.86	0.81
<b>12</b>	1.90	1.80	1.72	1.64	1.56	1.48	1.41	1.34	1.25	1.15	1.05	0.98	0.93	0.90	0.85
<b>13</b>	2.00	1.89	1.81	1.72	1.63	1.55	1.48	1.41	1.31	1.20	1.10	1.03	0.98	0.95	0.89
<b>14</b>	2.11	2.00	1.91	1.82	1.73	1.64	1.57	1.49	1.38	1.27	1.16	1.09	1.04	1.00	0.95
<b>15</b>	2.25	2.13	2.04	1.94	1.84	1.75	1.67	1.59	1.47	1.36	1.24	1.16	1.11	1.07	1.01
<b>16</b>	2.38	2.26	2.15	2.05	1.95	1.85	1.76	1.68	1.56	1.44	1.31	1.23	1.17	1.13	1.07
<b>17</b>	2.51	2.38	2.27	2.16	2.05	1.94	1.86	1.77	1.64	1.51	1.38	1.30	1.23	1.19	1.12
<b>18</b>	2.63	2.50	2.38	2.27	2.16	2.04	1.95	1.86	1.73	1.59	1.45	1.36	1.29	1.25	1.18

## ARKANSAS AUTO TIER RATE DOCUMENT

Size of Car/Passive Restraint				
		1980 & later		
	1979 & prior	by Restraint System		
	models			Front Seat
SIZE		None	Driver Only	and/or Side
M--Microsubcompact ('88 & later models only)	--	1.50	1.20	1.05
S--Subcompact	--	1.30	1.05	0.90
C--Compact	--	1.00	0.80	0.70
I--Intermediate	--	0.80	0.65	0.55
F--Full	--	0.80	0.65	0.55
N--All sizes with symbol	0.90	--	--	--
N--No symbol--see Rule 13H	0.90	0.90	0.70	0.65

### EXCESS ELECTRONIC EQUIPMENT — PP0313

Limit of Liability	Increased Limits Factors
\$1,500	1.00
\$2,000	2.00
\$2,500	3.00
\$3,000	4.00
\$3,500	5.00
\$4,000	6.00
\$4,500	7.00
\$5,000	8.00

Base rate of \$40 applies

### TOWING AND LABOR COSTS — PP0303

All Vehicle Types Limit of Liability	Rate Per Car Semi-Annually
\$50 per disablement	\$4
\$75 per disablement	\$6
\$100 per disablement	\$9

Motorhomes Only Limit of Liability	Rate Per Motorhome Semi-Annually
\$150 per disablement	\$9
\$200 per disablement	\$11
\$250 per disablement	\$14

### OPTIONAL LIMITS TRANSPORTATION EXPENSES COVERAGE — PP0302

Coverage Semi-Annually	Rate Per Car Semi-Annually
\$20 per day/\$ 600 aggregate	Incl
\$25 per day/\$ 750 aggregate	\$4
\$30 per day/\$ 900 aggregate	\$5
\$50 per day/\$1500 aggregate	\$9