

Filing at a Glance

Company: State Auto Property and Casualty Insurance Company

Product Name: Arkansas Pleasure Boat & Yacht Forms SERFF Tr Num: STAT-125256560 State: Arkansas

Yacht Forms

TOI: 08.0 Ocean Marine

SERFF Status: Closed

State Tr Num: AR-PC-07-025766

Sub-TOI: 08.0000 Ocean Marine

Co Tr Num: PC-PBY-2007-766

State Status:

Filing Type: Form

Co Status:

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

Authors: Doug Griffith, Terrie Wright

Disposition Date: 08-14-2007

Date Submitted: 08-09-2007

Disposition Status: Approved

Effective Date Requested (New): 12-30-2007

Effective Date (New): 12-30-2007

Effective Date Requested (Renewal): 12-30-2007

Effective Date (Renewal):

General Information

Project Name: Arkansas Pleasure Boat & Yacht Forms

Status of Filing in Domicile:

Project Number: PC-PBY-2007-766

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08-14-2007

State Status Changed: 08-09-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The State Auto Property & Casualty Insurance Company submits this filing of endorsement revisions to our Pleasure Boat & Yacht program, as detailed in Exhibit I, for your review.

The required Departmental Form and a copy of the endorsements are attached.

Company and Contact

Filing Contact Information

Doug Griffith, Supervisor, State Filings

doug.griffith@stateauto.com

518 E. Broad Street

(614) 917-5492 [Phone]

Columbus, OH 43215

(614) 887-1615[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
(614) 464-5000 ext. [Phone]

Group Name:
FEIN Number: 57-6010814

State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Auto Property and Casualty Insurance Company	\$50.00	08-09-2007	15035688

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08-14-2007	08-14-2007

Disposition

Disposition Date: 08-14-2007

Effective Date (New): 12-30-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 08-14-2007 01:20 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	PC Transmittal Document	Approved	Yes
Supporting Document	Exhibit I	Approved	Yes
Form	Uninsured Watercraft Coverage Arkansas	Approved	Yes
Form	Amendatory Endorsement	Approved	Yes
Form	ACORD Watercraft Application	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Uninsured Watercraft Coverage Arkansas	UW0495	(11/05)	Endorsement/Amendment/Conditions Replaced	UW0495 (01/05)	0.00	UW0495 (11-05).pdf
Approved	Amendatory Endorsement	FI1015	(03/07)	Endorsement/Amendment/Conditions Replaced	FI1015 (03/06)	0.00	FI1015 (03-07).pdf
Approved	ACORD Watercraft Application	ACORD 82	(2006/08)	Application/Binder/Endorsement Replaced	ACORD 82 (2004/03)	0.00	ACORD 82 (2006-08).pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNINSURED WATERCRAFT COVERAGE - ARKANSAS

DEFINITIONS

Defined terms will either be in bold print or have quotation marks.

1. "Family member" means:
You and residents of your household who are:
 - (1) Your relatives; or
 - (2) Other persons under the age of 21 and in the care of any person named above;
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Insured persons" means you, a person related to you by blood, marriage or adoption residing in your household, including a ward or foster child or any person operating "your insured boat" or "your insured yacht" without charge, with your permission and for their private pleasure use only. This does not include:
 - a) A paid captain or crew member;
 - b) A person or organization or their agent or employee operating a marina, shipyard, sales agency, or like organization.
4. The following is added to the definitions of "your insured boat" or "your insured yacht":
For the purpose of this endorsement, uninsured watercraft coverage is extended to any watercraft automatically covered for Section II Liability coverage under the basic Homeowners contract.

INSURING AGREEMENT

- A. We will pay compensatory damages which an "insured person" is legally entitled to recover from the owner or operator of an "uninsured watercraft" because of "bodily injury":
 1. Sustained by an "insured person"; and
 2. Caused by an accident.The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the "uninsured watercraft".
Any judgment for damages arising out of a suit brought without our written consent is not binding on us.
- B. "Insured person" as used in this Part means:
 1. You or any "family member".
 2. Any other person "occupying" "your insured boat" or "your insured yacht".
 3. Any person for damages that person is entitled to recover because of "bodily injury" to which this coverage applies sustained by a person described in 1. or 2. above.
- C. "Uninsured watercraft" means a watercraft of any type:
 1. To which no bodily injury liability bond or policy applies at the time of the accident.

2. Which is a hit-and-run watercraft whose operator or owner cannot be identified and which hits:
 - a. You or any "family member";
 - b. A watercraft which you or any "family member" are "occupying"; or
 - c. "Your insured boat" or "your insured yacht".
3. To which a liability bond or policy applies at the time of the accident but the bonding or insuring company:
 - a. Denies coverage; or
 - b. Is or becomes insolvent within one year of the date of the accident.

However, "uninsured watercraft" does not include any watercraft or equipment:

1. Owned by or furnished or available for the regular use of you or any "family member".
2. Owned or operated by a self-insurer except a self-insurer which is or becomes insolvent.
3. Owned by any governmental unit or agency.
4. While located for use as a residence or premises.

EXCLUSIONS

- A. We do not provide Uninsured Watercraft Coverage for "bodily injury" sustained:
 1. By an "insured person" while "occupying", or when struck by any watercraft owned by that "insured person" which is not insured for this coverage under this policy. This includes a trailer of any type used with that watercraft.
 2. By any "family member" while "occupying" or when struck by, any watercraft you own which is insured for this coverage on a primary basis under any other policy.
- B. We do not provide Uninsured Watercraft Coverage for "bodily injury" sustained by any "insured person":
 1. If that "insured person" or the legal representative settles the "bodily injury" claim and such settlement prejudices our right to recover payment.
 2. While "your insured boat" or "your insured yacht" is being used as a public or livery conveyance.
 3. Using a watercraft without a reasonable belief that that "insured person" is entitled to do so. This Exclusion (B.3.) does not apply to a "family member" using "your insured boat" or "your insured yacht" which is owned by you.
- C. This coverage shall not apply directly or indirectly to benefit any insurer or self-insurer under any of the following or similar law:

1. Workers' compensation law;
 2. Disability benefits law;
 3. Federal Longshoreman's law; or
 4. Harbors Workers' Compensation law.
- D. We do not provide Uninsured Watercraft Coverage for punitive or exemplary damages which are imposed to:
1. Punish a wrongdoer; and
 2. Deter others from similar conduct.

LIMIT OF LIABILITY

- A. The limit of liability shown in the Schedule or in the Declarations for Uninsured Watercraft Coverage is our maximum limit of liability for all damages resulting from any one accident.
This is the most we will pay regardless of the number of:
1. "Insured persons";
 2. Claims made;
 3. Watercraft or premiums shown in the Declarations; or
 4. Watercraft involved in the accident.
- B. No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and Section III, Liability Insurance in forms FI254 or FI255 or Section II, Liability Insurance in forms FI127 or FI113; or Section II of the Homeowners Contract; or
- C. We will not make a duplicate payment under this coverage for any element of loss for which payment has been made by or on behalf of persons or organizations who may be legally responsible
- D. We will not pay for any element of loss if a person is entitled to receive payment for the same element of loss under any of the following or similar law:
1. Workers' compensation law;
 2. Disability benefits law;
 3. Federal Longshoreman's law; or
 4. Harbors Workers' Compensation law.

OTHER INSURANCE

If there is other applicable insurance available under one or more policies or provisions of coverage that is similar to the insurance provided by this endorsement:

1. Any recovery for damages under all such policies or provisions of coverage may equal but not exceed the highest applicable limit for any one watercraft under any insurance providing coverage on either a primary or excess basis.

2. Any insurance we provide with respect to a watercraft you do not own, including any watercraft used as a temporary substitute for "your insured boat" or "your insured yacht", shall be excess over any collectible insurance providing such coverage on a primary basis.
3. If the coverage under this policy is provided:
 - a. On a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on a primary basis.
 - b. On an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage provided on an excess basis.

ARBITRATION

- A. If we and an "insured person" do not agree:
1. Whether that "insured person" is legally entitled to recover damages; or
 2. As to the amount of damages which are recoverable by that "insured person";
- from the owner or operator of an "uninsured watercraft", then the matter may be arbitrated. However, disputes concerning coverage under this Part may not be arbitrated.
Arbitration will take place only if both we and the "insured person" agree, voluntarily, to have the matter arbitrated. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction.
- B. Any decision of the arbitrators will not be binding on either party.
- C. Each party will:
1. Pay the expenses it incurs; and
 2. Bear the expenses of the third arbitrator equally.
- D. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured person" lives. Local rules of law as to procedure and evidence will apply.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

AMENDATORY ENDORSEMENT

The Policy Conditions applicable to State Automobile Mutual Insurance Company and authorized signatures are hereby deleted in their entirety and replaced with the following:

POLICY CONDITIONS APPLICABLE TO STATE AUTOMOBILE MUTUAL INSURANCE COMPANY*

***DIVIDENDS**

You are entitled to the proportionate part of any policyholder's dividend if declared by our Board of Directors in accordance with its Code of Regulations.

***NON-ASSESSABLE**

This policy is non-assessable and the insured shall not be liable for the payment of any assessment nor for the payment of any premium other than that stated in this policy.

***NOTICE OF POLICYHOLDERS MEETING**

While your policy is in force, you are one of our members and are entitled to one vote, in person or by proxy, at all meetings of the members. The annual meeting of the members is held at 9 o'clock A.M. Columbus time, on the first Friday of March of each year at our Home Office 518 East Broad Street, Columbus Ohio.

We have caused this policy to be signed by our authorized officers. The Company providing coverage is named on the Declarations.

Secretary



President



F11015 (03/07)

*//F11015-200703



WATERCRAFT APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE	
	FAX (A/C, No):				POLICY NUMBER	
E-MAIL ADDRESS:		CO/PLAN	HOME PHONE #		DAY	EVENING
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY	EVENING
AGENCY CUSTOMER ID:						

BOAT HULL NO. _____ (IF MORE THAN ONE HULL IS INSURED)

POWER		TYPE OF HULL		HULL MATERIAL		HULL DESIGN		FUEL TANK	
<input type="checkbox"/> INBOARD	<input type="checkbox"/> WATERJET	<input type="checkbox"/> CABIN CRUISER	<input type="checkbox"/> BASS	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> FLAT BOTTOM	<input type="checkbox"/> VEE BOTTOM	<input type="checkbox"/> FIBERGLASS	<input type="checkbox"/> METAL	
<input type="checkbox"/> OUTBOARD	<input type="checkbox"/> SAIL	<input type="checkbox"/> OPEN COCKPIT	<input type="checkbox"/> PERSONAL WC	<input type="checkbox"/> METAL	<input type="checkbox"/> ROUND BOTTOM	<input type="checkbox"/> CATAMARAN	SPAR MATERIAL		
<input type="checkbox"/> INBOARD/OUTDRIVE		<input type="checkbox"/> SAILBOAT	<input type="checkbox"/> SKI	<input type="checkbox"/> WOOD			<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> CARBON FIBER	
<input type="checkbox"/> PONTOON							<input type="checkbox"/> WOOD		
YEAR	MANUFACTURER/MODEL			LENGTH	MAX SPEED	DATE PURCHASED	COST NEW	PRESENT VALUE	
							\$	\$	
NAME OF BOAT			NAME OF BENEFICIAL OWNER			REGISTRATION NUMBER		COUNTRY OF REGISTRATION	
HULL IDENTIFICATION NUMBER		WATERS NAVIGATED				TERRITORY		DATE OF LAST SURVEY	
PRIMARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER	CITY	STATE	ZIP	COUNTRY	LAY-UP PERIOD		<input type="checkbox"/> DRY
		<input type="checkbox"/> WINTER							<input type="checkbox"/> AFLOAT
SECONDARY BERTH / STORAGE LOCATION		<input type="checkbox"/> SUMMER	CITY	STATE	ZIP	COUNTRY	LAY-UP PERIOD		<input type="checkbox"/> DRY
		<input type="checkbox"/> WINTER							<input type="checkbox"/> AFLOAT

ENGINE/MOTOR 1

YEAR	MANUFACTURER/MODEL					SERIAL NUMBER	
HORSEPOWER	FUEL	<input type="checkbox"/> DIESEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER	
	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> BATTERY		\$	\$		

ENGINE/MOTOR 2

YEAR	MANUFACTURER/MODEL					SERIAL NUMBER	
HORSEPOWER	FUEL	<input type="checkbox"/> DIESEL	DATE PURCHASED	COST NEW	PRESENT VALUE	OTHER	
	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> BATTERY		\$	\$		

TRAILER

YEAR	MANUFACTURER/MODEL	SERIAL NUMBER	# AXLES	CAPACITY	DATE PURCHASED	COST
						\$

COVERAGES/LIMITS OF LIABILITY

COVERAGE	LIMIT	DEDUCTIBLE	PREMIUM	COVERAGE	LIMIT	DEDUCTIBLE	PREMIUM
HULL	\$	\$	\$	LIABILITY (Or Protection & Indemnity)	CSL \$	ea. acc.	\$
OUTBOARD MOTOR	1 \$	\$	\$		BI \$	ea. pers.	\$
	2 \$	\$	\$		PD \$	ea. acc.	\$
PORTABLE ACCESSORIES	\$	\$	\$	MEDICAL PAYMENTS	\$	\$	\$
TRAILER	\$	\$	\$	UNINSURED BOATERS LIABILITY	CSL \$	ea. acc.	\$
PERSONAL EFFECTS	\$	\$	\$		BI \$	ea. pers.	\$
TOWING	\$	\$	\$		PD \$	ea. acc.	\$
HURRICANE HAUL-OUT	\$	\$	\$	UNDERINSURED BOATERS LIABILITY	CSL \$	ea. acc.	\$
	\$	\$	\$		BI \$	ea. pers.	\$
	\$	\$	\$		PD \$	ea. acc.	\$
	\$	\$	\$	TOTAL			\$

OTHER COVERAGES AND ENDORSEMENTS TO APPLY

DESCRIBE ALL CREDITS TO APPLY

CREDIT

PAYMENT PLAN **ACORD 610 Attached (NOT APPLICABLE IN NC)**

ACCOUNT #:				MAIL POLICY TO:	
BILLING		IF DIRECT BILL:		IF APPLICANT BILL:	
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AGENT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE			<input type="checkbox"/>	APPLICANT

ADDITIONAL INTEREST

<input type="checkbox"/>	ADDL INTEREST	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/>	LOSS PAYEE		
<input type="checkbox"/>			
<input type="checkbox"/>	ADDL INTEREST	NAME AND ADDRESS	LOAN NUMBER
<input type="checkbox"/>	LOSS PAYEE		
<input type="checkbox"/>			

RATING/UNDERWRITING (HULL NO. _____) EXPLAIN ALL "YES" RESPONSES IN REMARKS

EQUIPMENT TYPE	YES	NO	EQUIPMENT TYPE	YES	NO	EQUIPMENT TYPE	YES	NO	EQUIPMENT TYPE	YES	NO
BILGE PUMPS			CO ₂ / CHEMICAL SYSTEMS			RADAR			ANTI -THEFT DEVICES		
COOKING STOVE			FIRE EXTINGUISHERS			RADIO DIRECTION FINDER			HEATING		
FUME DETECTOR			DEPTH SOUNDER			SHIP TO SHORE RADIO					

PORTABLE ACCESSORIES AND LIFEBOATS / TENDERS (HULL NO. _____)

EQUIPMENT	YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	LIMIT

OPERATORS [List all residents and dependents (licensed or not) and regular operators]

#	NAME	SEX	MAR STAT	DATE OF BIRTH	OCCUPATION	AUTO DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #

OPERATOR'S EXPERIENCE

#	PRIOR BOAT MAKE	MODEL	# YRS OWNED	EXPERIENCE (Power Squadron, USCGA, Other Education)

REMARKS

HULL INFORMATION (HULL NO. _____)

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE BOAT CHARTERED TO OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	5. DOES THE APPLICANT EMPLOY A PAID CREW?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS THE BOAT USED COMMERCIALY OR FOR BUSINESS PURPOSES?	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY SLEEPING FACILITIES? (Provide number of beds):	<input type="checkbox"/>	<input type="checkbox"/>
3. IS THE BOAT USED FOR RACING?	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY EXISTING DAMAGE TO THE BOAT?	<input type="checkbox"/>	<input type="checkbox"/>
4. IS THE BOAT USED FOR WATERSKIING?	<input type="checkbox"/>	<input type="checkbox"/>	8. IS THE BOAT USED AS A PRIMARY RESIDENCE?	<input type="checkbox"/>	<input type="checkbox"/>
			9. ARE THERE ANY ADDITIONAL OWNERS NOT LISTED AS THE NAMED INSURED?	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. HAS THE APPLICANT LIVED AT CURRENT ADDRESS FOR LESS THAN 3 YEARS? (List previous address)	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY LOSSES OCCUR DURING THE LAST 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
2. ANY OPERATOR HAVE PHYSICAL/MENTAL IMPAIRMENT? NOT APPLICABLE IN WI.	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 5 YEARS? NOT APPLICABLE IN MO.	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY DRIVERS LICENSE SUSPENDED/REVOKED DURING THE LAST 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY OPERATOR HAD AN ACCIDENT/CONVICTION DURING THE LAST 3 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>			
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy number)	<input type="checkbox"/>	<input type="checkbox"/>			

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

- STATES SUPPLEMENT(S), IF APPLICABLE.
- PHOTOGRAPH
- SURVEY
- COAST GUARD CERTIFICATE
- INSPECTION

FOR COMPANY USE ONLY

REMARKS

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BINDER/SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: PC Transmittal Document **Review Status:** Approved 08-14-2007
Comments:
Please see attached PC Transmittal Document Page 1 and Page 2.
Attachment:
PC Transmittal Document.pdf

Satisfied -Name: Exhibit I **Review Status:** Approved 08-14-2007
Comments:
Please see attached Exhibit I for a complete list of forms.
Attachment:
EXHIBIT I.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 #
State Auto Insurance Companies	175

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

5. Company Tracking Number	PC-PBY-2007-766
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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
Doug Griffith, FLMI,ACS,ARC,ACP State Auto Insurance Companies 518 E. Broad st., Columbus, OH 43215	Supervisor, State Filings	614-917-5492	614-887-1615	doug.griffith@stateauto.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Doug Griffith

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

9. Type of Insurance (TOI)	08.0 Ocean Marine
10. Sub-Type of Insurance (Sub-TOI)	08.0000 Ocean Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Pleasure Boat & Yacht
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: December 30, 2007 Renewal: December 30, 2007
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 8, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	PC-PBY-2007-766
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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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The State Auto Property & Casualty Insurance Company submits this filing of endorsement revisions to our Pleasure Boat & Yacht program, as detailed in Exhibit I, for your review.

The required Departmental Form and a copy of the endorsements are attached.

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]
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Check #: EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

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**EXHIBIT I
ARKANSAS PLEASURE BOAT/YACHT
EFFECTIVE DECEMBER 30, 2007**

New Form # & Edition Date	Current Form # & Edition Date	Form Name & Description of Change	Applies To PB Or Yacht Or Both	Replacement, Withdrawal Or Neither
UW0495 (11/05)	UW0495 (01/05)	Uninsured Watercraft Coverage – Arkansas Form updated with some additional definitions for “Your insured Boat”	Both	R
FI1015 (03/07)	FI1015 (03/06)	Amendatory Endorsement Form updated to provide appropriate officer signatures.	Both	R
ACORD 82 (2006/08)	ACORD 82 (2004/03)	ACORD Watercraft Application	Both	R
N/A	ML0445 (04/04)	Amendatory Endorsement – Arkansas	Both	Discontinue
N/A	ML2651 (11/06)	Cancellation and Non-renewal Notice	Both	Discontinue