

SERFF Tracking Number: COUR-125292842 State: Arkansas
Filing Company: Courtesy Insurance Company State Tracking Number: AR-PC-07-026097
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: GAP Contractual Liability
Project Name/Number: /

Filing at a Glance

Company: Courtesy Insurance Company
Product Name: GAP Contractual Liability SERFF Tr Num: COUR-125292842 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-026097
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: State Status:
Marine
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Holli Martin Disposition Date: 09/20/2007
Date Submitted: 09/15/2007 Disposition Status: Exempt from Review
Effective Date Requested (New): 10/01/2007 Effective Date (New): 10/01/2007
Effective Date Requested (Renewal): 10/12/2007 Effective Date (Renewal): 10/01/2007

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/20/2007
State Status Changed: 09/17/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
This filing contains a revised rules page.

Company and Contact

Filing Contact Information

Holli Martin, Compliance Paralegal hollidae.martin@jmagroup.com
500 Jim Moran Blvd. (954) 429-2118 [Phone]

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Deerfield Beach, FL 33442

(954) 596-7447[FAX]

Filing Company Information

Courtesy Insurance Company
500 Jim Moran Blvd.
Deerfield Beach, FL 33442

CoCode: 26492
Group Code: 281
Group Name: JM Family
Enterprises

State of Domicile: Florida
Company Type: P&C Insurer
State ID Number:

(954) 596-3158 ext. [Phone]

FEIN Number: 65-0020407

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Courtesy Insurance Company	\$25.00	09/15/2007	15644282

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	09/20/2007	09/20/2007

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Disposition

Disposition Date: 09/20/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal): 10/01/2007

Status: Exempt from Review

Comment: Per Arkansas Code 23-67-206: Property and casualty insurance for commercial risk, excluding workers' compensation, employers' liability, and professional liability insurance are exempted from rate and rule filing and review.

(see actual code site for details)

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Transmittal	Accepted for Informational Purposes	Yes
Rate	Rules	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *COUR-125292842*

State: *Arkansas*

Filing Company: *Courtesy Insurance Company*

State Tracking Number: *AR-PC-07-026097*

Company Tracking Number:

TOI: *09.0 Inland Marine*

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Product Name: *GAP Contractual Liability*

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: COUR-125292842

State: Arkansas

Filing Company: Courtesy Insurance Company

State Tracking Number: AR-PC-07-026097

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Rules	Rule #8	Replacement	Revised Rules Page.pdf

GAP/GAP PLUS

Rules

1. Available on finance/lease deals ONLY.
2. Cannot be sold on leases which already have GAP provided by lender.
3. Available only at time of delivery.
4. MSRP or value of the vehicle must be under \$100,000.
5. Customer must be financing/leasing 80% or more of cost on new vehicles, or 80% of average wholesale on used vehicles.
6. Term of finance/lease agreement may not exceed 84 months.
7. Not available for exports.
8. Maximum payout \$50,000 per enrollment.
9. Coverage is limited to 120% of MSRP at the inception date of the finance/lease contract on new vehicles, and 110% of average retail value (N.A.D.A. Used Car Guide) at inception date for used vehicles.
10. Minimum amount financed is \$5,000.
11. May not be sold for more than suggested retail price shown below.

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Supporting Document Schedules

Satisfied -Name: NAIC Transmittal

Review Status:

Accepted for Informational 09/20/2007
Purposes

Comments:

Attachment:

NAIC Transmittal Revised Rules Page.pdf

Property & Casualty Transmittal Document

Reset Form

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:					
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table>		New Business		Renewal Business	
	New Business					
	Renewal Business					
f. State Filing #:						
g. SERFF Filing #:						
h. Subject Codes						

3. Group Name					Group NAIC #
JM Family Enterprises, Inc.					0281
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Courtesy Insurance Company	FL	26492	65-0020407		

5. Company Tracking Number	GAP Revised Rules 2007
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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
Holli Martin 500 Jim Moran Boulevard Deerfield Beach, FL 33442	Compliance Paralegal	954-429-2118	954-596-7447	hollidae.martin@jmagroup.com
7. Signature of authorized filer		<i>Holli Martin</i>		
8. Please print name of authorized filer		Holli Martin		

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

9. Type of Insurance (TOI)	09.0 Inland Marine		
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine		
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]			
12. Company Program Title (Marketing title)	Gap Contractual Liability		
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input 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)		
14. Effective Date(s) Requested	New: 10/01/2007	Renewal:	10/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Reference Organization (if applicable)			
17. Reference Organization # & Title			
18. Company's Date of Filing			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # GAP Revised Rules 2007

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

RE: Courtesy Insurance Company (CIC)
NAIC #: 26492 FEIN #: 65-0020407
Guaranteed Asset Protection (GAP) Contractual Liability Insurance
- Revised Rules Page (Rule #8)

Rule #8 on the attached Rules Page has been updated to include a maximum payout of \$50,000 per enrollment.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount:

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.)

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 #	GAP Revised Rules 2007
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	CIC-GAP-END (08/07)
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a. Rate Change by Company (As Proposed)							
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)

4b. Rate Change by Company (As Accepted) For State Use Only							
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

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rule #8	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	