

SERFF Tracking Number: HART-125297575 State: Arkansas  
Filing Company: Sentinel Insurance Company Limited State Tracking Number: AR-PC-07-026143  
Company Tracking Number: FF.15.001.2007.05  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas  
Project Name/Number: A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas/FF.15.001.2007.05

## Filing at a Glance

Company: Sentinel Insurance Company Limited

Product Name: A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas  
SERFF Tr Num: HART-125297575 State: Arkansas

TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: AR-PC-07-026143  
Sub-TOI: 19.0001 Private Passenger Auto (PPA) Co Tr Num: FF.15.001.2007.05 State Status:  
Filing Type: Form Co Status: Initial Filing Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Authors: Joyce Driscoll, Claire Dubord, Marilu Gonzalez, David Logan, Sima Nizami, Angela Isaac  
Disposition Date: 09/24/2007  
Date Submitted: 09/20/2007 Disposition Status: Approved

Effective Date Requested (New): 12/04/2007 Effective Date (New): 12/04/2007  
Effective Date Requested (Renewal): Effective Date (Renewal):

## General Information

Project Name: A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas Status of Filing in Domicile:

Project Number: FF.15.001.2007.05

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/24/2007

Deemer Date:

State Status Changed: 09/20/2007

Corresponding Filing Tracking Number:

Filing Description:

We herewith submit for approval Form A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas as described in the Explanatory Memorandum prepared by Nancy Daly, Product Consultant.

## Company and Contact

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**Filing Contact Information**

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

**Filing Company Information**

Sentinel Insurance Company Limited	CoCode: 11000	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1552103	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentinel Insurance Company Limited	\$50.00	09/20/2007	15719741
Sentinel Insurance Company Limited	\$50.00	09/20/2007	15719742

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	09/24/2007	09/24/2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
EFT Overpayment	Note To Reviewer	Joyce Driscoll	09/20/2007	09/20/2007

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## **Disposition**

Disposition Date: 09/24/2007

Effective Date (New): 12/04/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.



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**Note To Reviewer**

**Created By:**

Joyce Driscoll on 09/20/2007 11:44 AM

**Subject:**

EFT Overpayment

**Comments:**

I inadvertently clicked twice to submit the EFT fee. I was only suppose to send \$50.00 for Sentinel Insurance Company. I now am sending a total of \$100.00. Please let me know if this note to reviewer is sufficient to have the extra \$50.00 returned to us or if you prefer another method, please let me know what it is.

I deeply apologize for the inconvenience.

Thank you.

Joyce

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	The Hartford Essential Personal Auto Amendatory Provisions - Arkansas	A-6419-1	12/07	Endorsement/Amendment/Conditions	Replaced Form #:42.00 A-6419-0 (Ed. 8/06) Previous Filing #: AR-PC-06-019927		A-6419-1 filing.pdf



## THE HARTFORD ESSENTIAL PERSONAL AUTO AMENDATORY POLICY PROVISIONS - ARKANSAS

In consideration of the reduced premium charged for this policy, you agreed to the following changes in your Personal Auto Policy.

### I. DEFINITIONS

The **DEFINITIONS** Section is amended as follows:

- A. The **DEFINITIONS** Section statement between Item C. and Item D. currently reads "Other words and phrases are defined. They are in quotation marks when used." This statement has been replaced with the following: "Other words and phrases are defined. They are boldface when used".
- B. The following are added to the **DEFINITIONS** Section:
  - Minimum limits** refers to the following limits of liability as required by Arkansas law, to be provided under a policy of automobile liability insurance:
    - 1. \$25,000 for each person, subject to \$50,000 for each accident, with respect to **bodily injury**; and
    - 2. \$25,000 for each accident with respect to **property damage**.
  - "Direct Repair Provider"** means a vehicle repair facility that is a member of The Hartford's Customer Repair Service Program, CRSP.

### II. DEFINITIONS

**DEFINITIONS** – Item J.5. is deleted.

### III. PART A - LIABILITY COVERAGE - INSURING AGREEMENT is replaced with: **INSURING AGREEMENT**

- A. We will pay compensatory damages for **bodily injury** or **property damage** for which any **insured** becomes legally responsible because of an auto accident. Damages include prejudgment interest awarded against the **insured**. We will settle or defend, as we consider appropriate, any claim or suit asking for these damages. In addition to our limit of liability, we will pay all defense costs we incur. Our duty to settle or defend ends when our limit of liability for this coverage has been exhausted by payment of judgments or settlements. We have no duty to defend any suit or settle any claim for **bodily injury** or **property damage** not covered under this policy.
- B. **Insured** as used in this Part means:
  - 1. You or any **family member** for the ownership, maintenance or use of any auto or **trailer**.
  - 2. Any person, other than you or any **family member**, using **your covered auto** with your express or implied permission.
  - 3. For **your covered auto**, any person or organization but only with respect to legal responsibility for acts or omissions of a person for whom coverage is afforded under this Part.
  - 4. For any auto or **trailer**, other than **your covered auto**, any other person or organization but only with respect to legal responsibility for your acts or omissions. This Provision (B.4.) applies only if the person or organization does not own or hire the auto or **trailer**.

### EXCLUSIONS

The following **Exclusion** is added:

- C. We do not provide Liability Coverage for punitive or exemplary damages. Punitive or exemplary damages are damages that may be imposed to punish a wrongdoer and to deter others from engaging in similar conduct.

**IV. PART A - LIABILITY COVERAGE - OTHER INSURANCE** is replaced with:

**OTHER INSURANCE**

If there is other applicable liability insurance we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. Any insurance we provide for a vehicle you do not own shall be excess over any other collectible insurance. However, we will provide primary insurance for a vehicle you do not own if:

1. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
  - a. For use as a temporary substitute while **your covered auto** is out of normal use because of its breakdown, repair or servicing; or
  - b. To demonstrate the vehicle; or
2. The vehicle is rented or leased by you or any **family member** from a rental company for a period not more than 90 days.

**V. PART B - MEDICAL PAYMENTS/PERSONAL INJURY PROTECTION COVERAGE (NO-FAULT) SECTION I MEDICAL PAYMENTS COVERAGE - INSURING AGREEMENT**

- Paragraph **A.** is replaced with:

**INSURING AGREEMENT**

**A.** We will pay reasonable expenses incurred for necessary medical and funeral services because of **bodily injury**:

1. Caused by accident; and
2. Sustained by an **insured**.

We will pay only those expenses incurred for services rendered within 3 years from the date of the accident.

**VI. PART B - MEDICAL PAYMENTS/PERSONAL INJURY PROTECTION COVERAGE (NO-FAULT) SECTION I MEDICAL PAYMENTS COVERAGE - OTHER INSURANCE** is

replaced with:

**OTHER INSURANCE**

If there is other applicable auto medical payments insurance we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. Any insurance we provide with respect to a vehicle you do not own, shall be excess over any other collectible auto insurance providing payments for medical or funeral expenses. However, we will provide primary insurance for a vehicle you do not own if:

1. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
  - a. For use as a temporary substitute while **your covered auto** is out of normal use because of its breakdown, repair or servicing; or
  - b. To demonstrate the vehicle; or
2. The vehicle is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.

**VII. PART B - MEDICAL PAYMENTS/PERSONAL INJURY PROTECTION COVERAGE (NO-FAULT) SECTION II PERSONAL INJURY PROTECTION COVERAGE - INSURING AGREEMENT** - Paragraph **A.** is replaced with:

**INSURING AGREEMENT**

**A.** We will pay personal injury protection benefits to or for an **insured** who sustains **bodily injury**. The **bodily injury** must:

1. Be caused by an accident; and
2. Arise out of the maintenance or use of a **motor vehicle** as a **motor vehicle**.

We will only pay those benefits for which either the word included, or a specific premium, is shown in the Declarations.

VIII. PART B - MEDICAL PAYMENTS/PERSONAL INJURY PROTECTION COVERAGE (NO-FAULT) SECTION II PERSONAL INJURY PROTECTION COVERAGE - OTHER INSURANCE is replaced with:  
**OTHER INSURANCE**

- A. Any insurance we provide for medical payments:
1. With respect to **bodily injury** sustained by any **family member**, shall be excess over any other collectible insurance available to that **family member** as a named insured under another motor vehicle insurance policy providing direct benefits without regard to fault.
  2. With respect to **bodily injury** sustained by an **insured**, other than the **named insured** or any **family member**, shall be excess over any other collectible similar insurance available to that **insured** as a named insured or family member under another motor vehicle insurance policy providing direct benefits without regard to fault.
- B. Except as provided in A. above, if there is other similar collectible insurance which provides coverage for medical payments, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. However, we will provide primary insurance for a **motor vehicle** you do not own if:
1. A duly licensed automobile dealer provides a **motor vehicle** to the **name insured** or a **family member**:
    - a. For use as a temporary substitute for any other **your covered auto** while it is out of normal use because of its:
      - (1) Breakdown
      - (2) Repair; or
      - (3) Servicing; or
    - b. To demonstrate the **motor vehicle**; or
  2. The **motor vehicle** is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.
- C. No one shall be entitled to recover duplicate payments for medical payments for the same elements of loss.
- D. Any insurance we provide for work loss or accidental death shall be excess over any other collectible insurance available to:
1. An **insured**, other than the **named insured** or any **family member**, under another motor vehicle insurance policy. In this event, our maximum limit of liability will be the amount by which the applicable limit of liability shown in the Declarations exceeds the applicable limits of liability of all other insurance.
  2. The **named insured** or any **family member** under any other motor vehicle insurance policy. In this event:
    - a. The maximum recovery under all policies shall not exceed the highest limit of liability under any one policy.
    - b. We will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.

However, we will provide primary insurance for a **motor vehicle** you do not own if:

1. A duly licensed automobile dealer provides a **motor vehicle** to the **named insured** or a **family member**:
  - a. For use as a temporary substitute for any other **your covered auto** while it is out of normal use because of its:
    - (1) Breakdown;
    - (2) Repair; or
    - (3) Servicing; or
  - b. To demonstrate the **motor vehicle**; or
2. The **motor vehicle** is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.

IX. PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGE - SECTION I UNINSURED MOTORISTS COVERAGE - INSURING AGREEMENT - Paragraph A. is replaced with:

## INSURING AGREEMENT

- A. We will pay compensatory damages which an **insured** is legally entitled to recover from the owner or operator of an **uninsured motor vehicle** because of:
1. **Bodily injury** sustained by an **insured** and caused by an accident; and
  2. **Property damage** caused by an accident if the Declarations indicates that bodily injury and property damage Uninsured Motorists Coverage applies.

The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the **uninsured motor vehicle**.

Any judgment for damages arising out of a suit brought without our written consent is not binding on us.

- X. **PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGE, SECTION I UNINSURED MOTORISTS COVERAGE - INSURING AGREEMENT - Paragraph C.** is replaced with:

### INSURING AGREEMENT

- C. **Property damage** as used in this Part C. Section I means injury to or destruction of **your covered auto** (including its loss of use).

- XI. **PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGE SECTION I UNINSURED MOTORISTS COVERAGE - LIMIT OF LIABILITY - Paragraph A.** is replaced with:

### LIMIT OF LIABILITY

- A. The limit of Bodily Injury Liability shown in the Declarations for each person for Uninsured Motorists Coverage is our maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of **bodily injury** sustained by any one person in any one accident. Subject to this limit for each person, the limit of bodily injury liability shown in the Declarations for each accident for Uninsured Motorists Coverage is our maximum limit of liability for all damages for **bodily injury** resulting from any one accident. The limit of Property Damage Liability, if shown in the Declarations for each accident for Uninsured Motorists Coverage, is our maximum limit of liability for all **property damage** resulting from any one accident. This is the most we will pay regardless of the number of:

1. **Insureds;**
2. Claims made;
3. Vehicles or premiums shown in the Declarations; or
4. Vehicles involved in the accident.

- XII. **PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGES - SECTION I UNINSURED MOTORISTS COVERAGE - OTHER INSURANCE** is replaced with:

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 vehicle under any insurance providing coverage on either a primary or excess basis.
2. Any insurance we provide with respect to a vehicle you do not own, shall be excess over any collectible insurance providing such coverage on a primary basis.  
However, we will provide primary insurance for a vehicle you do not own if:
  - a. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
    - (1) For use as a temporary substitute while **your covered auto** is out of normal use because of its breakdown, repair or servicing; or
    - (2) To demonstrate the vehicle; or
  - b. The vehicle is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.
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.

XIII. **PART C - UNINSURED/UNDERINSURED MOTORISTS COVERAGE - SECTION II UNDERINSURED MOTORISTS COVERAGE - INSURING AGREEMENT - Paragraph A.** is replaced with:

**INSURING AGREEMENT**

A. We will pay compensatory damages which an **insured** is legally entitled to recover from the owner or operator of an **underinsured motor vehicle** because of **bodily injury**:

- 1. Sustained by an **insured**; 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 **underinsured motor vehicle**.

We will pay under this coverage only if 1. or 2. below applies:

- 1. The limits of liability under any bodily injury liability bonds or policies applicable to the **underinsured motor vehicle** have been exhausted by payment of judgments or settlements; or
- 2. A tentative settlement has been made between an **insured** and the insurer of the **underinsured motor vehicle** and we:
  - a. Have been given prompt written notice by certified mail, return receipt requested of such tentative settlement; and
  - b. Advance payment to the **insured** in an amount equal to the tentative settlement within 30 days after receipt of notification.

However, if the owner or operator of the **underinsured motor vehicle** is insured by us for liability coverage, this Provision (2.) shall not apply, and an **insured** may proceed with his or her claim for damages under this coverage anytime after settlement of that **insured's** claim for damages under the liability coverage applicable to the owner or operator of the **underinsured motor vehicle**.

XIV. **PART C UNINSURED/UNDERINSURED MOTORISTS COVERAGE - SECTION II UNDERINSURED MOTORISTS COVERAGE - OTHER INSURANCE** is replaced with:  
**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 Part C Section II :

- 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 vehicle under any insurance providing coverage on either a primary or excess basis.
- 2. Any insurance we provide with respect to a vehicle you do not own shall be excess over any collectible insurance providing such coverage on a primary basis.

However, we will provide primary insurance for a vehicle you do not own if:

- a. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
    - (1) For use as a temporary substitute while **your covered auto** is out of normal use because of its breakdown, repair or servicing; or
    - (2) To demonstrate the vehicle; or
  - b. The vehicle is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.
- 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.

**XV. PART D - COVERAGE FOR DAMAGE TO YOUR AUTO - INSURING AGREEMENT** is

replaced with:

**INSURING AGREEMENT**

**A.** We will pay for direct and accidental loss to **your covered auto** or any **non-owned auto**, including their equipment, minus any applicable deductible shown in the Declarations. If loss to more than one **your covered auto** or **non-owned auto** results from the same **collision**, only the highest applicable deductible will apply. We will pay for loss to **your covered auto** caused by:

1. **Other than collision** only if the Declarations indicate that Other Than Collision Coverage is provided for that auto.
2. **Collision** only if the Declarations indicate that Collision Coverage is provided for that auto.

If there is a loss to a **non-owned auto**, we will provide the broadest coverage applicable to any **your covered auto** shown in the Declarations.

**B.** **Collision** means the upset of **your covered auto** or a **non-owned auto** or their impact with another vehicle or object.

Loss caused by the following is considered other than **collision**:

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| 1. Missiles or falling objects; | 6. Hail, water or flood;            |
| 2. Fire;                        | 7. Malicious mischief or vandalism; |
| 3. Theft or larceny;            | 8. Riot or civil commotion;         |
| 4. Explosion or earthquake;     | 9. Contact with bird or animal; or  |
| 5. Windstorm;                   | 10. Breakage of glass.              |

If breakage of glass is caused by a **collision**, you may elect to have it considered a loss caused by **collision**.

**C.** **Non-owned auto** means:

1. Any private passenger auto, pickup, van or **trailer** not owned by or furnished or available for the regular use of you or any **family member** while in the custody of or being operated by you or any **family member**; or
2. Any auto or **trailer** you do not own while used as a temporary substitute for **your covered auto** which is out of normal use because of its:
  - a. Breakdown;
  - b. Repair;
  - c. Servicing;
  - d. Loss; or
  - e. Destruction.

**D.** We will pay for direct and accidental damage from **other than collision** or **collision** to **your covered auto** subject to the following provisions:

1. You have agreed to have **your covered auto** repaired by a **Direct Repair Provider**; and
2. If repair of **your covered auto** is completed by a repair provider other than one approved by us to be a **Direct Repair Provider**, we will pay only the amount our **Direct Repair Provider** would charge for repair.

The **LIMIT OF LIABILITY** is replaced by:

**LIMIT OF LIABILITY**

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

1. Actual cash value of the stolen or damaged property; or
2. Amount necessary to repair or replace your covered auto, non-owned auto, or covered equipment with other property of like kind and quality.

However, the most we will pay for loss to:

1. Any **non-owned auto** which is a trailer is \$500.
2. Equipment designed solely for the reproduction of sound, including any accessories used with such equipment, which is installed in locations not used by the auto manufacturer for installation of such equipment or accessories, is \$1,000.

- B. In the event of a total loss, an adjustment will be made in determining actual cash value for:
  - 1. Depreciation and physical condition; and
  - 2. Retained salvage value.
- C. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

**XVI. PART D - COVERAGE FOR DAMAGE TO YOUR AUTO - OTHER SOURCES OF RECOVERY** is replaced with:

**OTHER SOURCES OF RECOVERY**

If other sources of recovery also cover the loss, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits. Any insurance we provide with respect to a **non-owned auto** shall be excess over any other collectible source of recovery including, but not limited to:

- 1. Any coverage provided by the owner of the **non-owned auto**;
- 2. Any other applicable physical damage insurance;
- 3. Any other source of recovery applicable to the loss;

However, we will provide primary insurance for a vehicle you do not own if:

- 1. A duly licensed automobile dealer provides a vehicle to you or a **family member**:
  - a. For use as a temporary substitute for **your covered auto** while it is out of normal used because of its breakdown, repair or servicing; or
  - b. To demonstrate the vehicle; or
- 2. The vehicle is rented or leased by you or a **family member** from a rental company for a period not more than 90 days.

**XVII. PART E - DUTIES AFTER AN ACCIDENT OR LOSS** is replaced with:  
**DUTIES AFTER AN ACCIDENT OR LOSS**

If an accident or loss occurs, we have no duty to provide coverage under this policy if the failure to comply with any of the following duties is prejudicial to us:

- A. We must be notified within twenty-four (24) hours or as soon as practicable of how, when and where the accident or loss happened. Notice should also include the names and addresses of any injured persons and of any witnesses.
- B. A person seeking any coverage must:
  - 1. Cooperate with us in the investigation, settlement or defense of any claim or suit.
  - 2. Promptly send us copies of any notices or legal papers received in connection with the accident or loss.
  - 3. Submit, as often as we reasonably require:
    - a. To physical exams by physicians we select. We will pay for these exams.
    - b. To examination under oath outside the presence of other interested persons or parties and subscribe the same.
  - 4. Authorize us to obtain:
    - a. Medical reports; and
    - b. Other pertinent records.
  - 5. Submit a proof of loss when required by us.
- C. A person seeking Uninsured Motorists Coverage must also:
  - 1. Notify the police within 24 hours if a hit-and-run driver is involved.
  - 2. Promptly send us copies of the legal papers if a suit is brought.
- D. A person seeking Coverage For Damage To Your Auto must also:
  - 1. Take reasonable steps after loss to protect **your covered auto** or any **non-owned auto** and their equipment from further loss. We will pay reasonable expenses incurred to do this.
  - 2. Promptly notify the police if **your covered auto** or any **non-owned auto** is stolen.
  - 3. Permit us to inspect and appraise the damaged property before its repair or disposal.

**XVIII. PART F - GENERAL PROVISIONS TERMINATION** Provision is replaced with:  
**TERMINATION**

**A. Cancellation**

This policy may be cancelled during the policy period as follows:

1. The named insured shown in the Declarations may cancel by:
  - a. Returning this policy to us; or
  - b. Giving us advance notice of the date cancellation is to take effect.
2. We may cancel by mailing to the named insured shown in the Declarations at the address shown in this policy:
  - a. At least 10 days notice if cancellation is for nonpayment of premium; or
  - b. At least 20 days notice in all other cases.
3. After this policy is in effect for 60 days, or if this is a renewal or continuation policy, we will cancel only:
  - a. For nonpayment of premium; or
  - b. If the policy was obtained through material misrepresentation; or
  - c. If your driver's license or that of:
    - (1) Any driver who lives with you; or
    - (2) Any driver who customarily uses **your covered auto**; has been suspended or revoked. This must have occurred:
      - (1) During the policy period; or
      - (2) Since the last anniversary of the original effective date if the policy period is other than 1 year.

However, we may not cancel under Paragraph **(A.3.c)** solely because of the administrative suspension or revocation of the insured's driver's license due to the influence or use of alcohol or a controlled substance as set forth in ARK.CODE ANN. Section 5-65-104.

- B. Nonrenewal.** If we decide not to renew or continue this policy, we will mail notice to the named insured shown in the Declarations at the address shown in this policy. Notice will be mailed at least 30 days before the end of the policy period. Subject to this notice requirement, if the policy period is:
1. Less than one year, we will have the right not to renew or continue this policy at the end of the policy period.
  2. 1 year or longer, we will have the right not to renew or continue this policy at each anniversary of its original effective date.

- C. Automatic Termination.** If we offer to renew or continue and you or your representative do not accept, this policy will automatically terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.

If you obtain other insurance on **your covered auto**, any similar insurance provided by this policy will terminate as to that auto on the effective date of the other insurance.

#### D. OTHER TERMINATION PROVISIONS

1. We may deliver any notice instead of mailing it. Proof of mailing of any notice shall be sufficient proof of notice.
2. If this policy is cancelled, you may be entitled to a premium refund. If so, we will send you the refund. If we cancel, we will refund you the pro rata unearned premium. If you cancel, we will refund you 90% of the pro rata unearned premium. However, we will refund you the full pro rata unearned premium if:
  - a. You cancel this policy because:
    - (1) You have disposed of **your covered auto**, and you insure another auto with us under a new policy, to become effective within 30 days of the effective date of cancellation of this policy; or
    - (2) **Your covered auto** has been repossessed under the terms of a financing agreement; or
    - (3) You are entering the armed forces of the United States of America; or
    - (4) **Your covered auto** was stolen or destroyed, and you request cancellation:
      - (a) Within 30 days following the date **your covered auto** was stolen or destroyed; or
      - (b) Within 15 days of the time we determined **your covered auto** was destroyed, or if stolen, to be unrecoverable.
  - b. You cancel this policy but there remains in force with us a policy in your name insuring another auto.
  - c. This policy is written for a term of greater than one year and you cancel the policy after it has been in effect for one year.Making or offering to make the refund is not a condition of cancellation.
3. The effective date of cancellation stated in the notice shall become the end of the policy period.

#### XIX. PART F - SNOWMOBILE COVERAGE - has been replaced with:

##### SNOWMOBILE COVERAGE

If the Snowmobile endorsement is attached to this policy, the provisions of the Snowmobile endorsement apply except as follows:

Paragraph D. of the **Definitions** Section is replaced by the following:

- D. The term **your covered auto** is replaced by the term **your covered snowmobile**. "**Your covered snowmobile**" means:
1. Any **snowmobile** shown in the Schedule or in the Declarations.
  2. Any **snowmobile** on the date you become the owner. This provision applies only if you:
    - a. Acquire the **snowmobile** during the policy period; and
    - b. Ask us to insure it within 20 days after you become the owner.
  3. Any **snowmobile** you do not own while used as a temporary substitute for any other **snowmobile** described in the definition which is out of normal use because of its:
    - a. Breakdown;
    - b. Repair;
    - c. Servicing;
    - d. Loss; or
    - e. Destruction.

This Provision (3.) does not apply to **Coverage For Damage To Your Auto**.

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

*SERFF Tracking Number:* HART-125297575                      *State:* Arkansas  
*Filing Company:* Sentinel Insurance Company Limited                      *State Tracking Number:* AR-PC-07-026143  
*Company Tracking Number:* FF.15.001.2007.05  
*TOI:* 19.0 Personal Auto                      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas  
*Project Name/Number:* A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas/FF.15.001.2007.05

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125297575 State: Arkansas  
Filing Company: Sentinel Insurance Company Limited State Tracking Number: AR-PC-07-026143  
Company Tracking Number: FF.15.001.2007.05  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas  
Project Name/Number: A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas/FF.15.001.2007.05

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/24/2007

**Comments:**  
Attached is the Uniform Transmittal Document-Property & Casualty.

**Attachment:**  
PC-TD-1 2007 FF15001200705.pdf

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 09/24/2007

**Comments:**  
Attached is the Explanatory Memorandum.

**Attachment:**  
AR Explanatory A-6419-1.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentinel Insurance Company, Ltd.	Connecticut	00914-11000	06-1552103	

<b>5. Company Tracking Number</b>	FF.15.001.2007.05
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Joyce Driscoll, Technical Services, T-1-54 1 Hartford Plaza, Hartford, CT 06155	Filing Analyst	860-547-3468	860-547-5941	Joyce.Driscoll@TheHartford.com

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

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

9. Type of Insurance (TOI)	Private Passenger Automobile
10. Sub-Type of Insurance (Sub-TOI)	Automobile
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	19.1, 21.1
12. Company Program Title (Marketing title)	N/A
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: 12/4/07      Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	September 20, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	FF.15.001.2007.05
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<b>21. 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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We herewith submit for approval Form A-6419-1 (Ed. 12/07) The Hartford Essential Personal Auto Amendatory Provisions - Arkansas as described in the Explanatory Memorandum prepared by Nancy Daly, Product Consultant.

The filing fee is being done by EFT.

<b>22. 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]
---

**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.)

**EXPLANATORY MEMORANDUM**

**PERSONAL AUTOMOBILE**

**ARKANSAS**

**Sentinel Insurance Company, Ltd.**

**RE: Form A-6419-1 The Hartford Essential Personal Auto Amendatory Provisions  
– AR (Ed. 12/07)**

We herewith file for approval Form A-6419-1 (Ed. 12/07) – The Hartford Essential Personal Auto Amendatory Provisions – AR which replaces Form A-6419-0 (Ed. 8/06) The Hartford Essential Personal Auto Amendatory Provisions – AR.

In response to 2007 Ark. Acts 373 (former H.B. 2243), ISO Filing Designation Number PP-2007-OEND1, we have revised Form A-6419-1 to be in compliance.

This form is also being revised to amend the PAP98 Booklet 8403, Part F – General Provisions, Section A.1.b of the Termination Provision to inform the insured that “written” notice is no longer needed to cancel their policy.

A copy of the form is enclosed for your review. We propose to use this form effective December 4, 2007 and later.

Respectfully submitted:

*Nancy Daly*

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