

SERFF Tracking Number: AMLX-125409164 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$25
Company Tracking Number: CA AR0226401F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile 2007
Project Name/Number: Selection/Rejection Forms/CA AR0226401F01

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Commercial Automobile 2007 SERFF Tr Num: AMLX-125409164 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$25
Sub-TOI: 20.0001 Business Auto Co Tr Num: CA AR0226401F01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: SPI Disposition Date: 01/07/2008
AmericanAlternativeInsurance
Date Submitted: 01/01/2008 Disposition Status: Approved
Effective Date Requested (New): 03/01/2008 Effective Date (New): 03/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal): 03/01/2008

State Filing Description:

General Information

Project Name: Selection/Rejection Forms Status of Filing in Domicile:
Project Number: CA AR0226401F01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/07/2008 Deemer Date:
State Status Changed: 01/07/2008
Corresponding Filing Tracking Number:
Filing Description:
The purpose of this filing is to adopt the ISO Commercial Auto Selection/Rejection form CA U 002 01 06 contained in ISO Reference Filing Number CA-2006-OUM1.

Company and Contact

SERFF Tracking Number: AMLX-125409164 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$25
Company Tracking Number: CA AR0226401F01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile 2007
Project Name/Number: Selection/Rejection Forms/CA AR0226401F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/07/2008	01/07/2008

SERFF Tracking Number: *AMLX-125409164* *State:* *Arkansas*
Filing Company: *American Alternative Insurance Corporation* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *CA AR0226401F01*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Commercial Automobile 2007*
Project Name/Number: *Selection/Rejection Forms/CA AR0226401F01*

Disposition

Disposition Date: 01/07/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125409164 State: Arkansas
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 Project Name/Number: Selection/Rejection Forms/CA AR0226401F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Arkansas Uninsured Motorists Coverage Selection/Rejection (Supplement to the Application)	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Uninsured Motorists Coverage Selection/Rejection (Supplement to the Application)	CA U 002	01 06	Election/Re New jection/Sup plemental Application s		0.00	CA U 002.PDF

ARKANSAS UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION (SUPPLEMENT TO THE APPLICATION)

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Arkansas law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverages

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, your policy must include Bodily Injury Uninsured Motorists Coverage at limits not less than: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury; or (2) a single limit of \$50,000. You may select optional higher limits up to the policy's liability limits. If you purchase Bodily Injury Uninsured Motorists Coverage, then you may also select Property Damage Uninsured Motorists Coverage up to the policy's liability limits or you may reject such coverage.

Please indicate your choice from **A.**, **B.** or **C.** as follows:

A. Selection Of Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage

By completing this section, you are selecting BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate item(s) in 1. OR 2. and signing below. Please note that we only offer Bodily Injury Uninsured Motorists Coverage and Property Damage Uninsured Motorists Coverage up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) _____	<p>1. I select Bodily Injury Uninsured Motorists Coverage at limit(s) equal to the minimum limits required by Arkansas law AND Property Damage Uninsured Motorists Coverage as indicated below. I acknowledge that I have been offered Bodily Injury Uninsured Motorists Coverage at limit(s) up to the liability limits of my policy. I reject any increased limits of Bodily Injury Uninsured Motorists Coverage that are higher than the minimum limits required by Arkansas law.</p> <p>(Choose either the Split Limits option or the Combined Single Limit option:)</p>					
(Initials) _____	<p>Split Limits Bodily Injury And Property Damage</p> <p>\$ 25,000/50,000/25,000</p>	OR	<p>(Initials) _____</p>	<p>Combined Single Limit</p> <p>\$ 75,000</p>		
OR						
(Initials) _____	<p>2. I select Bodily Injury Uninsured Motorists AND Property Damage Uninsured Motorists Coverage at the following limit(s):</p> <p>(Choose one Split Limits Bodily Injury option AND one Property Damage limit option, OR one Combined Single Limit option from the following:)</p>					
(Initials) _____	<p>Split Limits Bodily Injury</p>	(Initials) _____	<p>Property Damage</p>	OR	(Initials) _____	<p>Combined Single Limit</p>
_____	\$ 50,000/100,000	_____	\$ 50,000		_____	\$ 100,000
_____	100,000/300,000	_____	100,000		_____	250,000
_____	250,000/500,000	_____			_____	350,000
_____	500,000/1,000,000	_____			_____	500,000
_____	_____	_____	_____		_____	1,000,000
_____	(Other)	_____	(Other)		_____	(Other)
<p>_____ Signature Of Applicant/Named Insured</p>					<p>_____ Date</p>	

B. Rejection Of Property Damage Uninsured Motorists Coverage AND Selection Of ONLY Bodily Injury Uninsured Motorists Coverage

By completing this section, you are rejecting Property Damage Uninsured Motorists Coverage and selecting ONLY Bodily Injury Uninsured Motorists Coverage in connection with your automobile liability policy.

Please indicate your choice by initialing next to the appropriate item(s) in 1. OR 2. and signing below. Please note that we only offer Bodily Injury Uninsured Motorists Coverage up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) _____	1.	<p>I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at limits equal to the minimum limits required by Arkansas law. I acknowledge that I have been offered Bodily Injury Uninsured Motorists Coverage at limit(s) up to the liability limits of my policy. I reject any increased limits of Bodily Injury Uninsured Motorists Coverage that are higher than the minimum limits required by Arkansas law.</p> <p>(Choose either the Split Limits Bodily Injury option or the Combined Single Limit option from the following:)</p>																																			
(Initials) _____	\$	<table style="margin: auto;"> <tr> <td style="text-align: center;">Split Limits Bodily Injury</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">(Initials) _____</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">Combined Single Limit</td> </tr> <tr> <td style="text-align: center;">25,000/50,000</td> <td></td> <td></td> <td></td> <td style="text-align: center;">50,000</td> </tr> </table>	Split Limits Bodily Injury	OR	(Initials) _____	\$	Combined Single Limit	25,000/50,000				50,000																									
Split Limits Bodily Injury	OR	(Initials) _____	\$	Combined Single Limit																																	
25,000/50,000				50,000																																	
OR																																					
(Initials) _____	2.	<p>I reject Property Damage Uninsured Motorists Coverage and select ONLY Bodily Injury Uninsured Motorists Coverage at the following limit(s):</p> <p>(Choose one Split Limits Bodily Injury option OR one Combined Single Limit option from the following:)</p>																																			
(Initials) _____	\$	<table style="margin: auto;"> <tr> <td style="text-align: center;">Split Limits Bodily Injury</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">(Initials) _____</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">Combined Single Limit</td> </tr> <tr> <td style="text-align: center;">50,000/100,000</td> <td></td> <td></td> <td></td> <td style="text-align: center;">100,000</td> </tr> <tr> <td style="text-align: center;">100,000/300,000</td> <td></td> <td></td> <td></td> <td style="text-align: center;">250,000</td> </tr> <tr> <td style="text-align: center;">250,000/500,000</td> <td></td> <td></td> <td></td> <td style="text-align: center;">350,000</td> </tr> <tr> <td style="text-align: center;">500,000/1,000,000</td> <td></td> <td></td> <td></td> <td style="text-align: center;">500,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td></td> <td></td> <td></td> <td style="text-align: center;">1,000,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">(Other)</td> <td></td> <td></td> <td style="text-align: center;">(Other)</td> </tr> </table>	Split Limits Bodily Injury	OR	(Initials) _____	\$	Combined Single Limit	50,000/100,000				100,000	100,000/300,000				250,000	250,000/500,000				350,000	500,000/1,000,000				500,000	_____				1,000,000	_____	(Other)			(Other)
Split Limits Bodily Injury	OR	(Initials) _____	\$	Combined Single Limit																																	
50,000/100,000				100,000																																	
100,000/300,000				250,000																																	
250,000/500,000				350,000																																	
500,000/1,000,000				500,000																																	
_____				1,000,000																																	
_____	(Other)			(Other)																																	
_____ Signature Of Applicant/Named Insured		_____ Date																																			

C. Rejection Of BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage

By initialing and signing below, you are rejecting Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage in its entirety.

<p>(Initials)</p> <p>_____</p>	<p>I reject BOTH Bodily Injury Uninsured Motorists Coverage AND Property Damage Uninsured Motorists Coverage.</p>
<p>_____</p> <p>Signature Of Applicant/Named Insured</p>	<p>_____</p> <p>Date</p>

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Rate Information

Rate data does NOT apply to filing.

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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 01/07/2008

Comments:

Attachment:
PC-TD1.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: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></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					

3. Group Name	Group NAIC #
Munich Re Group	0361

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Alternative Insurance Corporation	DE	19720	52-2048110	

5. Company Tracking Number	CA AR0226401F01
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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
	Beth MacDougall 555 College Road E Princeton, NJ 08543	Project Employee	800-305-4954	609-275-2147	bmacdougall@munichreamerica.com

7. Signature of authorized filer	<i>Beth MacDougall</i>
8. Please print name of authorized filer	Beth MacDougall

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

9.	Type of Insurance (TOI)	20.0000
10.	Sub-Type of Insurance (Sub-TOI)	20.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	-
12.	Company Program Title (Marketing title)	Commercial Automobile Insurance
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: 3-1-08 Renewal: 3-1-08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	CA-2006-OUM1 (Auto selection/rejection form)
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	CA AR0226401F01
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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]	
	The purpose of this filing is to adopt ISO selection/rejection form CA U 002 01 06 as contained in ISO Filing Number CA-2006-OUM1.	

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]	
	<p>Check #: E Check No. 1700000025</p> <p>Amount: \$25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.