

SERFF Tracking Number: IFAC-125366969 State: Arkansas
Filing Company: Imperial Fire and Casualty State Tracking Number: #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Filing at a Glance

Company: Imperial Fire and Casualty

Product Name: PPA-Summit

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Rate

SERFF Tr Num: IFAC-125366969

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Clinton Grumbles, Greg
Morris

Date Submitted: 11/26/2007

State: Arkansas

State Tr Num: #93813 \$100

State Status: Fees verified and
received

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

Disposition Date: 01/15/2008

Disposition Status: Filed

Effective Date (New): 12/17/2007

Effective Date Requested (New): 12/17/2007

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

01/06/2008

State Filing Description:

General Information

Project Name: Summit Rate Revision

Project Number: IFAC20071217R

Reference Organization:

Reference Title:

Filing Status Changed: 01/15/2008

State Status Changed: 11/29/2007

Corresponding Filing Tracking Number:

Filing Description:

Private Passenger rate revision for Summit program. Primary purpose is to realign territories and adjust base rates to indicated level.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

SERFF Tracking Number: IFAC-125366969 State: Arkansas
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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Filing Contact Information

Gregory Morris, Product Manager gmorris@imperialfire.com
14800 Quorum Drive (972) 267-8929 [Phone]
Dallas, TX 75254

Filing Company Information

Imperial Fire and Casualty CoCode: 44369 State of Domicile: Louisiana
14800 Quorum Drive Group Code: Company Type:
Suite 250
Dallas, TX 75254 Group Name: State ID Number:
(214) 239-4059 ext. [Phone] FEIN Number: 75-2780871

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: IFAC-125366969 State: Arkansas
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 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PPA-Summit
 Project Name/Number: Summit Rate Revision/IFAC20071217R

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	01/15/2008	01/15/2008
Filed	Alexa Grissom	12/03/2007	12/03/2007

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	11/29/2007				
Industry						
Response						

Amendments

Item	Schedule	Created By	Created On	Date Submitted
ACPS	Rate	Greg Morris	11/30/2007	11/30/2007
RF-1	Rate	Greg Morris	11/30/2007	11/30/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Renewal Effective Date	Note To Reviewer	Greg Morris	01/07/2008	01/07/2008
Word Documents	Note To Filer	Alexa Grissom	12/03/2007	12/03/2007

SERFF Tracking Number: IFAC-125366969 State: Arkansas
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 Product Name: PPA-Summit
 Project Name/Number: Summit Rate Revision/IFAC20071217R

Disposition

Disposition Date: 01/15/2008

Effective Date (New): 12/17/2007

Effective Date (Renewal): 01/06/2008

Status: Filed

Comment: Per the insurer's request I amended the effective date for renewals to 1-06-08.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Imperial Fire and Casualty	5.070%	\$146,939	6,013	\$2,898,201	%	%	%

SERFF Tracking Number: IFAC-125366969 State: Arkansas
 Filing Company: Imperial Fire and Casualty State Tracking Number: #93813 \$100
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PPA-Summit
 Project Name/Number: Summit Rate Revision/IFAC20071217R

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Filing Cover Letter	Filed	Yes
Rate	Transmittal	Filed	Yes
Rate	A-1	Filed	Yes
Rate (revised)	ACPS	Filed	Yes
Rate	ACPS	Filed	Yes
Rate (revised)	RF-1	Filed	Yes
Rate	RF-1	Filed	Yes
Rate	Rate Revision Summary	Filed	Yes
Rate	Replacement Tables	Filed	Yes
Rate	Changes by Territory	Filed	Yes

SERFF Tracking Number: IFAC-125366969 State: Arkansas
 Filing Company: Imperial Fire and Casualty State Tracking Number: #93813 \$100
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PPA-Summit
 Project Name/Number: Summit Rate Revision/IFAC20071217R

Disposition

Disposition Date: 12/03/2007
 Effective Date (New): 12/17/2007
 Effective Date (Renewal): 01/01/2008
 Status: Filed
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Imperial Fire and Casualty	5.070%	\$146,939	6,013	\$2,898,201	%	%	%

SERFF Tracking Number: IFAC-125366969 State: Arkansas
 Filing Company: Imperial Fire and Casualty State Tracking Number: #93813 \$100
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PPA-Summit
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Filing Cover Letter	Filed	Yes
Rate	Transmittal	Filed	Yes
Rate	A-1	Filed	Yes
Rate (revised)	ACPS	Filed	Yes
Rate	ACPS	Filed	Yes
Rate (revised)	RF-1	Filed	Yes
Rate	RF-1	Filed	Yes
Rate	Rate Revision Summary	Filed	Yes
Rate	Replacement Tables	Filed	Yes
Rate	Changes by Territory	Filed	Yes

SERFF Tracking Number: IFAC-125366969 State: Arkansas
Filing Company: Imperial Fire and Casualty State Tracking Number: #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/29/2007

Submitted Date

Respond By Date

Dear Gregory Morris,

This will acknowledge receipt of the captioned filing. Please submit the APCS in Excel with the effective date included in the appropriate section. Additionally, the number of policies written should be provided on the RF-1.

Please feel free to contact me if you have questions.

Sincerely,

SERFF Tracking Number: IFAC-125366969

State: Arkansas

Filing Company: Imperial Fire and Casualty

State Tracking Number: #93813 \$100

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: PPA-Summit

Project Name/Number: Summit Rate Revision/IFAC20071217R

Note To Reviewer

Created By:

Greg Morris on 01/07/2008 04:30 PM

Subject:

Renewal Effective Date

Comments:

Please change the renewal effective date to 1/6/2008.

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Note To Filer

Created By:

Alexa Grissom on 12/03/2007 02:35 PM

Subject:

Word Documents

Comments:

In the future all item should be submitted in PDF format with the exception of the APCS which should be submitted in EXCEL.

SERFF Tracking Number: IFAC-125366969 State: Arkansas
 Filing Company: Imperial Fire and Casualty State Tracking Number: #93813 \$100
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PPA-Summit
 Project Name/Number: Summit Rate Revision/IFAC20071217R

Amendment Letter

Amendment Date:
 Submitted Date: 11/30/2007

Comments:

The RF-1 was updated to include policy count and the ACPS was updated to include the effective date as requested.

Changed Items:

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
ACPS		Replacement		ACPS.xls
Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
RF-1		Replacement		rf-1.doc

SERFF Tracking Number: IFAC-125366969
 Filing Company: Imperial Fire and Casualty
 Company Tracking Number:
 TOI: 19.0 Personal Auto
 Product Name: PPA-Summit
 Project Name/Number: Summit Rate Revision/IFAC20071217R

State: Arkansas
 State Tracking Number: #93813 \$100
 Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Imperial Fire and Casualty	%	5.070%	\$146,939	6,013	\$2,898,201	%	%

SERFF Tracking Number: IFAC-125366969 State: Arkansas
 Filing Company: Imperial Fire and Casualty State Tracking Number: #93813 \$100
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PPA-Summit
 Project Name/Number: Summit Rate Revision/IFAC20071217R

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Filing Cover Letter		Replacement	Filing Cover Letter.doc
Filed	Transmittal		Replacement	Transmittal.pdf
Filed	A-1		Replacement	A-1.doc
Filed	ACPS		Replacement	ACPS.xls
Filed	RF-1		Replacement	rf-1.doc
Filed	Rate Revision Summary		Replacement	Revision Summary.xls
Filed	Replacement Tables		Replacement	Arkansas Table Changes.xls
Filed	Changes by Territory		New	Territory Changes.xls

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Attachment "Filing Cover Letter.doc" is not a PDF document and cannot be reproduced here.

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="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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 (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.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input 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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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 #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

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

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	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input 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	

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Attachment "A-1.doc" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Attachment "ACPS.xls" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Attachment "rf-1.doc" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Attachment "Revision Summary.xls" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Attachment "Arkansas Table Changes.xls" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
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Attachment "Territory Changes.xls" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: IFAC-125366969 State: Arkansas
 Filing Company: Imperial Fire and Casualty State Tracking Number: #93813 \$100
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PPA-Summit
 Project Name/Number: Summit Rate Revision/IFAC20071217R

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 12/03/2007

Comments:

Attachment:

Transmittal.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 12/03/2007

Bypass Reason: Not applicable to this rate filing.

Comments:

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Filed 12/03/2007

Comments:

Attachment:

rf-1.doc

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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 (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.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

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

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input 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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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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)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		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	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input 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	

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

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Company Tracking Number:
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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Rate and Rule	ACPS	11/26/2007	ACPS.xls
No original date	Rate and Rule	RF-1	11/26/2007	rf-1.doc

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

Attachment "ACPS.xls" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: IFAC-125366969 *State:* Arkansas
Filing Company: Imperial Fire and Casualty *State Tracking Number:* #93813 \$100
Company Tracking Number:
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PPA-Summit
Project Name/Number: Summit Rate Revision/IFAC20071217R

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