

SERFF Tracking Number: INMX-125392500 State: Arkansas
Filing Company: InsureMax Insurance Company State Tracking Number: #8124 \$100
Company Tracking Number: 08AR0108 RULES
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR Rule Revision
Project Name/Number: /

Filing at a Glance

Company: InsureMax Insurance Company

Product Name: AR Rule Revision

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Rate

SERFF Tr Num: INMX-125392500

SERFF Status: Closed

Co Tr Num: 08AR0108 RULES

Co Status:

Author: Jennifer Capozziello

Date Submitted: 12/19/2007

State: Arkansas

State Tr Num: #8124 \$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 Requested (New): 01/14/2008

Effective Date Requested (Renewal): 02/14/2008

Effective Date (New): 01/22/2008

Effective Date (Renewal):

State Filing Description:

They sent a check in the amount of \$125 for two filings and the Serff numbers are INMX-125392500 and INMX-125392501.

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 01/15/2008

State Status Changed: 01/15/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are filing a revision to our Arkansas Private Passenger Automobile Program. This revision contains our rules. We cordially request an effective date of January 14, 2008 for new business and February 14, 2008 for renewal business.

Please contact me directly at (877) 858-4100 ext. 277 with any questions regarding this filing.

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Sincerely,

Jennifer Capozziello

Product Analyst

Company and Contact

Filing Contact Information

Jennifer Capozziello, Product Analyst
4976 SR 261
Newburgh, IN 47630

jcapozziello@insuremax.net
(812) 858-4100 [Phone]
(812) 858-4124[FAX]

Filing Company Information

InsureMax Insurance Company
4976 SR 261
PO Box 607
Newburgh, IN 47630
(812) 858-4100 ext. 277[Phone]

CoCode: 10922
Group Code:

State of Domicile: Indiana
Company Type:

Group Name:
FEIN Number: 35-2042563

State ID Number:

Filing Fees

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

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Correspondence Summary

Dispositions

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

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	01/03/2008	01/03/2008			
Industry						
Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Fees	Note To Reviewer	Jennifer Capozziello	01/07/2008	01/07/2008

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Disposition

Disposition Date: 01/15/2008

Effective Date (New): 01/22/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Rate	Underwriting Guidelines	Filed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/03/2008
Submitted Date 01/03/2008
Respond By Date

Dear Jennifer Capozziello,

This will acknowledge receipt of the captioned filing. Our records indicate no fee has been received for this filing.

The filing will not be reviewed until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

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Note To Reviewer

Created By:

Jennifer Capozziello on 01/07/2008 04:33 PM

Subject:

Fees

Comments:

Fee was sent 1/2/08.

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Underwriting Guidelines		Replacement	04AR0507 AR UWG 0108.pdf



Arkansas Personal Auto Program Underwriting Guidelines

Contact Information.....	1	Prohibited Risks	7
Mailing Address	1	Prohibited Operators	7
Telephone Numbers	1	Prohibited Physical Damage Coverages.....	7
Fax Numbers	1	Prohibited Vehicles	7
Website Address.....	1	Rating Rules	8
Claims Reporting	1	Violations	8
Policy Terms & Billing Information.....	2	Driver Information	9
Policyholder Payment Options.....	2	Driver Classification and Requirements.....	9
6-Month Policy Term Billing Plans	2	Excluded Operators	9
Return Premiums.....	2	Named Driver Non-Owner Policy.....	9
Fees	3	International Driver's Licenses	9
Coverages	4	Vehicle Information	10
Bodily Injury (BI) / Property Damage (PD).....	4	Symbols.....	10
Uninsured/Underinsured Motorist		Endorsements	11
Bodily Injury (UM/UIM)	4	Renewals	11
Uninsured Motorist Property Damage (UMPD) ..	4	Renewal Offers.....	11
Personal Injury Protection.....	4	Cancellations	12
Physical Damage (Comp/Coll).....	4	Company-Issued Cancellations	12
Towing and Labor Reimbursement.....	4	Reinstatements	12
Rental Reimbursement	4	AutoPay Plan Reinstatement Requirements	12
Discounts	5	www.insuremax.net.....	13
Surcharges.....	5	Application Upload	13
General Information	6	Automated Inquiry	13
Severe Weather Restrictions	6	Agent Reports & Listings.....	13
Commissions	6	Underwriting Guidelines & Forms.....	13
Policy Booklets	6	Endorsements	13
SR-22 Filings	6	Online Payment Processing.....	13
Rating Tools.....	6		
New Business Guidelines	6		
Binding Information.....	6		
Prior Insurance	6		
Misrepresentation of Risk	6		

CONTACT INFORMATION

MAILING ADDRESS

InsureMax Insurance Company
P.O. Box 607
Newburgh, IN 47629-0607

TELEPHONE NUMBERS

Toll Free Phone: (877) 858-4100

RON MCMULLAN, MARKETING REPRESENTATIVE

Cell Phone: (608) 770-4858
Toll Free Phone: (877) 858-4100 x306
Fax: (608) 924-1979
Email: rmcmullan@insuremax.net

JUDY ALDERSON, MARKETING ADMINISTRATOR

Toll Free Phone: (877) 858-4100 x215
Toll Free Fax: (866) 797-2285
Email: alderson@insuremax.net

FAX NUMBERS

Toll Free Fax: (877) 409-4860
Claims Fax: (866) 309-4860

WEBSITE ADDRESS

www.insuremax.net

CLAIMS REPORTING

- Insureds should contact InsureMax Insurance Company immediately to report an accident or loss.
- Claims may be reported by phone 24 hours a day by calling (877) 858-4100.

POLICY TERMS & BILLING INFORMATION

POLICYHOLDER PAYMENT OPTIONS

Agents should indicate the selected billing plan on the Rating tab in MaxRater.

InsureMax Insurance Company does not accept premium financing.

DIRECT BILL PAYMENT PLAN

- Policyholders may elect to have their installment bills mailed to them. Please make sure that the policyholder's mailing address is current.
- When the policyholder receives the installment bill, they have the option of mailing their payment in, calling InsureMax Insurance Company at 1-877-858-4100, or visiting our website at www.insuremax.net to make payments from a valid bank account or credit card. The account or credit card holder must be available to authorize the transaction.

AUTOMATIC PAYMENT PROGRAM (AUTOPAY) PLAN

- Policyholders may elect to make their scheduled payments electronically via a valid checking account, savings account, or credit card by utilizing our Automatic Payment Program (AutoPay). Please indicate the AutoPay Plan at the point of sale, and submit a signed AutoPay Authorization Form to InsureMax. The AutoPay Authorization Form automatically prints with the application. Without a signed AutoPay Authorization Form, the policy will be set up on the Direct Bill 5.
- If the insured wishes to terminate the AutoPay Plan, we must receive a Termination Authorization form with the insured's signature. The AutoPay Termination Authorization form is available at www.insuremax.net.
- If an automatic payment is not honored by the financial institution, a cancellation notice will be issued for the policy, and the AutoPay Plan will be disabled.

6-MONTH POLICY TERM BILLING PLANS

Description	Down Payment	Number of Installments	Billing Fee	Bill Plan Restrictions
Direct Bill 5	20%	4	\$8.00	At renewal, all subsequent bills will be converted to five (5) equal payments of 20%.
Direct Bill 6	20%	5	\$8.00	At renewal, all subsequent bills will be converted to six (6) equal payments of 16.67%.
AutoPay 6	16.67%	5	\$5.00	Signed AutoPay Authorization Form
Paid-In-Full	100%	0	N/A	N/A

- For Direct Bill 5 and AutoPay 6 the first installment payment is scheduled 25 days after the effective date. For Direct Bill 6, the first installment payment is scheduled 20 days after the effective date. All subsequent installment payments will be on the same day of each month or the next closest day within that month.
- Policies may be paid in full at any time. Incurred billing fees will apply.
- No adjustments will be made to any outstanding bill due to endorsements except if a Cancellation Notice is sent.
- All amounts due resulting from a policy change or under payment are divided over the remaining unbilled installments.

RETURN PREMIUMS

If the policy is not paid in full, credits will reduce the insured's unpaid balance. If the policy is paid in full, the Company will return credits to the insured either at the request of the insured, or at such time the policy is no longer active, in accordance with policy language. If the policy is cancelled, any premium due to the policyholder of less than \$10 will be refunded to the policyholder only upon his/her written request.

FEES

FEES

All fees are fully earned and are excluded from written and collected premium calculations used to determine commissions.

Fee Type	Amount	When Applied
Policy Fee	\$10	Charged at policy inception, at renewal, and for each rewritten policy. For new business, it must be collected with the down payment. It is fully earned upon issuance of the policy except for company cancellations where it will be returned pro-rata.
Direct Bill Fee	\$8	Included in each installment bill for direct billing.
AutoPay Billing Fee	\$5	Included in each installment bill for any policy using the AutoPay Plan.
Insured NSF Fee	\$25	Charged to insureds for payments returned by our bank for non-sufficient funds.
Agency NSF Fee	\$25	Charged to any agency for payments or uploads returned by our bank for non-sufficient funds.
Reinstatement Fee	\$5	Applied to all policies reinstated or renewed with a lapse in coverage due to non-payment of premium.
Late Fee	\$8	Charged for all payments received more than ten (10) days after the due date.
Cancellation Fee	\$25	Charged if the insured requests cancellation of the policy. Non-payment to InsureMax or the agent is considered insured's request. This fee will not be charged if the named insured is deceased, is moving out-of-state, or is entering the military. Proper documentation must be submitted with the cancellation request in these cases.
SR-22 Fee	\$20	Applies to each SR-22 filing.

COVERAGES

BODILY INJURY (BI) / PROPERTY DAMAGE (PD)

- All policies must have liability coverage.
- Available limits are:
 - Bodily Injury: 25/50
 - Property Damage: 25

UNINSURED MOTORIST BODILY INJURY (UM)

- This coverage will be added to each policy unless the insured rejects it. If coverage is not desired, the insured must sign the rejection statement on the application.
- Available limits are: 25/50
- Limits must be the same for all vehicles.

UNDERINSURED MOTORIST BODILY INJURY (UIM)

- Every liability policy which includes UM, must include UIM unless the insured rejects it. If coverage is not desired, the insured must sign the rejection statement on the application.
- UIM cannot be purchased without UM coverage.
- Available limits are: 25/50
- Limits must be the same for all vehicles.

UNINSURED MOTORIST PROPERTY DAMAGE (UMPD)

- This coverage will be added to each policy that includes UM coverage unless the insured rejects it. If coverage is not desired, the insured must sign the rejection statement on the application.
- UMPD cannot be purchased without UM coverage.
- Available limits are: \$25,000 with \$200 deductible
- Limits must be the same for all vehicles.

PERSONAL INJURY PROTECTION

- These coverages will be added to each policy unless the insured rejects it. If coverage is not desired, the insured must sign the rejection statement on the application.
- Medical & Hospital- \$5,000
- Income Disability- Statutory Limits
 1. Seventy percent (70%) of the loss of income beginning 8 days after the date of the accident and not to exceed 52 weeks
 2. Maximum of \$140 per week for income earner, maximum of \$70 per week for non-income earner
- Accidental Death- \$5,000
- Limits must be the same for all vehicles.

PHYSICAL DAMAGE (Comp/Coll)

- Deductible options: \$250 \$500 \$1,000
- Separate deductibles may be selected for comprehensive and collision coverage.
- Physical damage only policies are prohibited.
- Comprehensive and collision coverages cannot be written separately.

LIEN HOLDER DEDUCTIBLE

In the event of repossession by the lien holder, we will honor a \$250 collision and \$250 comprehensive deductible. All other losses will be subject to the deductibles as shown in the declaration page.

TOWING AND LABOR REIMBURSEMENT

- Available limits are: \$50 \$75 (per occurrence)
- Limits must be the same for all vehicles.

RENTAL REIMBURSEMENT

- Available limits are: \$20 \$30 (per day); up to a maximum of 30 days per disablement.
- Physical damage coverage is required.
- Limits must be the same for all vehicles.

DISCOUNTS

Discounts requiring documentation will be added the date the documentation is received by InsureMax Insurance Company.

Discounts cannot be backdated.

Discount	Description	Documentation Required
Homeowner	Insureds who are homeowners, including mobile homes, qualify for a discount on their auto policy.	Declarations sheet from homeowner's policy, copy of deed, mortgage payment book or coupon, escrow statement, tax appraisal, or other document showing home ownership must be submitted.
Multi-Car	Applied to liability and physical damage premiums when more than one vehicle is insured on the same policy.	None
Named Driver Non-Owner	Applied to the liability premium.	None
College Graduate	Applied to all applicable premiums for unmarried operators under the age of 25 who are a college graduate with a grade average of "B" or higher or at least a 3 point average on a 4 point scale (or equivalent).	A copy of the College or University Transcript must accompany the application.
Defensive Driver	Applied to all applicable premiums if the applicant, age 55 or over, has successfully completed a state-approved traffic safety course within the last 36 months and remains accident and violation free.	A copy of the certificate must accompany the application.
Paid-In-Full	A discount will be applied to the policy when premium is paid in full.	None
Prior Insurance	Applied to policies with prior insurance. The named insured must provide documentation showing that he/she had private passenger automobile liability insurance and that the policy: <ul style="list-style-type: none"> • Covered the named insured or their spouse. • Provided six (6) months of continuous coverage with up to 15 day lapse. • Was not issued by InsureMax Insurance Company. 	Proof of prior insurance must be submitted within 20 days of the effective date of the application. Declaration pages, company-issued ID cards with policy effective and expiration dates, renewal notices, or non-renewal notices will be accepted as proof of prior insurance.
Renewal	Applied to policies without prior insurance discount upon renewal provided: <ul style="list-style-type: none"> • The policy is claim free in the prior term. 	None

SURCHARGES

Surcharge	Description
Business Use	A surcharge will apply to all coverages for all vehicles used for an acceptable business use. BUSINESS USE GUIDELINES 1. Vehicles must be individually owned and titled. 2. Only the named insured can operate the vehicle. The following are acceptable business uses: 1. Sales representative, excluding realtor or delivery service. 2. Clergy 3. Artisans who use their vehicle to carry tools and supplies to and from a work site. 4. Anyone working in the construction trade. 5. In-home caregivers, i.e. home nurses. Any business use other than above is unacceptable.
High Performance	A surcharge will apply to vehicles that are designated as high performance in MaxRater.
Unacceptable Risk	If the policy becomes unacceptable based on existing underwriting guidelines, the policy will automatically receive a 100% surcharge for all coverages effective the date of change.

GENERAL INFORMATION

SEVERE WEATHER RESTRICTIONS

When the National Weather Service issues a tornado or other severe weather watch or warning, and the storm is within 100 miles of the location of the proposed risk, it is necessary that acceptance of coverage be limited as follows:

1. Physical damage coverage may not be written or bound as new business.
2. No endorsement of existing policies may be requested which will have the effect of increasing the Company's exposure.
3. Renewals of the Company's expiring policies may be written in the normal manner providing there is no increase in exposure to the Company.
4. Agents who submit applications with an effective date/postmark combination that would violate the prohibitions listed above will have the application rejected and no coverage will have existed.
5. Normal binding authority will resume after the watches and/or warnings are lifted by the National Weather Service. Before binding physical damage coverage, each auto must be inspected by the agent to determine existing damage.

COMMISSIONS

- All agents will be paid commission in accordance with their Agency Agreement.
- Commission reports are available online at www.insuremax.net. Paper reports can be provided to agents upon request.

POLICY BOOKLETS

- Please distribute a policy booklet to each named insured upon completion of the application process.
- Additional policy booklets can be ordered from www.insuremax.net by completing a Supply Order Request Form, or by contacting Customer Service directly.

SR-22 FILINGS

- A fully-earned SR-22 fee applies to each SR-22 filing.
- Either an Owner or Operator filing may be made.
- Flat cancellations are not permitted.
- Filings will only be made for Arkansas.
- SR-22 filings are only available for rated drivers.
- SR-22 filings are not available for drivers with an unverifiable driving record. If the driving record cannot be verified, a Cancellation Notice will be issued.

RATING TOOLS

- InsureMax Insurance Company offers MaxRater, our custom online rating application, free to all agents at www.insuremax.net. The online rater features detailed rating information and application printing.
- InsureMax rates are available on several comparative raters. A bridge to MaxRater is available on most comparative raters. Please contact your comparative rating provider to request InsureMax rates.

NEW BUSINESS GUIDELINES

BINDING INFORMATION

1. Coverage will be bound as of the date shown on the application. Agent binding authority is 72 hours from the effective date and time.
2. Coverage cannot be bound prior to the date and time the application is signed by the insured and agent.
3. The application must be completed in full, signed where indicated, and the down payment must be collected.

PRIOR INSURANCE

When a customer has current or past automobile insurance, acceptable proof of previous insurance in the form of documents must be faxed with the cover page to InsureMax. InsureMax will accept the following documentation:

- Renewal Notice
- Non-Renewal Notice
- Declaration Page
- Company-issued ID card with policy effective and expiration dates

MISREPRESENTATION OF RISK

1. Complete and accurate rating information is required to bind coverage on any risk.
2. Coverage questions can arise on a policy if information presented on the application is false or misleading, and this improper information results in a premium change.
3. The agency should protect itself by asking all questions of the applicant clearly and explaining the consequences of false information.
4. Information that is most often misrepresented includes:
 - Drivers – Obtain names and rating information for all persons 15 years and over (licensed or not) residing in applicant's household or driving applicant's car.
 - Garaging Location – Determine correct garaging location based on county and city.

PROHIBITED RISKS

PROHIBITED OPERATORS

- Unlicensed drivers, except those regaining their license through a financial responsibility filing.
- Operators with mental and/or physical impairments without a physician's statement verifying their ability to drive.
- Operators age 70 and over.
- Named Insured's must be 18 years of age or older.
- Drivers with an unverifiable driving record.
- Drivers with two (2) or more alcohol or drug-related violations.
- Drivers with three (3) or more chargeable accidents.
- Drivers with more than 15 InsureMax points.
- Drivers who do not reside in Arkansas a minimum of ten (10) months annually, including students and military personnel.
- Applicants who have had any prior insurance policy voided for material misrepresentation.
- Applications showing only a PO Box address. Garaging address must also be provided.
- Celebrities, entertainers, and other persons of notoriety.
- Risks that represent more than four (4) vehicles per policy or multiple policies covering more than four (4) vehicles per named insured.

PROHIBITED PHYSICAL DAMAGE COVERAGES

- A vehicle having a current value in excess of \$40,000.
- A vehicle over 15 years old.
- All Daewoo vehicle models.
- Conversion vans, including vans with incomplete chassis.

PROHIBITED VEHICLES

- Vehicles that are not principally garaged in Arkansas.
- Vehicles that are not registered in Arkansas.
- Vehicles with load capacity greater than 1500 pounds including all "3" series vehicles (i.e. 30, 350, 3500, etc.).
- Vehicles with Special Equipment.
- Vehicles with more or fewer than four (4) wheels.
- Gray market vehicles not originally manufactured for sale in the United States.
- Homemade or custom-built autos, hot rods, kit vehicles with fiberglass, plastic, stainless steel or aluminum bodies, customized vans, converted vehicles, modified or limited production vehicles.
- Vehicles with a Model Year earlier than 1960.
- Amphibious vehicles, antique, or restored vehicles.
- Dune buggies, motor homes, travel trailers, U-drive rental vehicles, or vehicles fitted with snowplows.
- Corporate-owned vehicles.
- Vehicles used for:
 - Towing trailers.
 - Commercial purposes or business (except as defined under Business Use) including delivery, real estate agents, and automobile salespersons with access to dealership vehicles.
 - Speed contests, races, and exhibitions.
 - Emergency calls, including emergency and law enforcement vehicles, ambulances, and fire trucks.
 - Snowplowing.
 - Retail or wholesale delivery, including but not limited to, magazines, newspapers, mail delivery, and pizza delivery.
 - Livery, taxi, bus, or public conveyance, including vehicles used for transporting nursery or school children, migrant workers, or hotel or motel guests.
 - Lease or rent to others by the applicant.
- Vehicles described as unacceptable on MaxRater.

We reserve the right to make final underwriting decisions on all applications. A combination of factors may cause some applications to be unacceptable even though not specified in our underwriting rules and guidelines.

RATING RULES

VIOLATIONS

Driving record points are assigned to drivers with chargeable accidents and violations.

CHARGEABLE PERIOD

All chargeable accidents and violations occurring in the 35-month period prior to the policy's effective date are considered when determining driving record points. If a driver is added mid-term, all chargeable accidents and violations for that driver occurring in the 35-month period prior to the driver being added to the policy will be considered.

CHARGEABLE DATE

Use the occurrence date (not the conviction date) to determine if the accident or violation falls within the chargeable period.

UNKNOWN DATES OF VIOLATIONS OR ACCIDENTS

If the exact day of an accident or violation is unknown, use "01" for the day. You should still include the correct (or approximate) month and year of the violation or accident (mm/01/yy).

SAME DAY OFFENSES

If multiple violations or a combination of accidents and violations arise out of one occurrence, only the one violation that results in the most points will be charged.

CHARGEABLE ACCIDENT

Any accident in which the applicant or other insured person of the applicant's automobile was involved except when the applicant or other insured person of the applicant's automobile was:

- Lawfully parked.
- Completely reimbursed by or on behalf of the person responsible for the accident or has a judgment against that person for the entire loss.
- Struck in the rear by another vehicle headed in the same direction and was not convicted of a moving traffic violation in connection with the accident.
- Hit by a "hit-and run" driver if the accident was reported to the proper authorities within 24 hours after discovery of the accident.
- Less than 50% responsible for the accident.

Complete information and proof (preferably a police report) must be furnished to the Company within 15 days of effective date for any accident to be listed as not chargeable.

VERIFICATION

To verify accidents and violations, we use Choice Point's Comprehensive Loss Underwriting Exchange (CLUE) and MVR reports.

Please reinforce to the applicant the importance of providing accurate and complete information regarding the driving records of all drivers on the policy. This will help to provide an accurate premium at the point of sale and avoid an unexpected premium up-rate or a policy cancellation.

REDUCTION OF DRIVING RECORD POINTS

Driving record points that expire during the policy term are not removed from the policy until renewal. The policy will not be re-rated until renewal.

Exception: If a driver is removed from the policy (no longer a member of the household), points for that driver will be removed.

DRIVER INFORMATION

DRIVER CLASSIFICATION AND REQUIREMENTS

- An **Operator** is a resident of the insured's household or any other person who drives any insured automobile.
- A **Married operator** is a person who is married or deemed legally married by state law and living with spouse (widowed, separated, divorced, or same-sex relationship should be rated as a single person).
- The named insured must be the registered owner of the insured vehicle(s). The named insured must sign the application and all coverage rejections. Additional vehicle owners can be listed as primary drivers or additional interests. If the owner of the insured vehicle is a minor, a parent or guardian's name and signature must precede the owner's name.
- All household residents who are 15 years of age or older and any other operators of the insured vehicles must be listed on the application.
- All drivers with learner's permits will be considered rated drivers unless proof of other insurance is submitted.
- **Named Insured's must be 18 years of age or older.**

EXCLUDED OPERATORS

1. A signed driver's exclusion must be completed on any resident of the household who is not to be considered in the rating of the policy.
2. Parents of the named insured who are of driving age and have never been licensed need not be excluded. This does not apply to spouses or youthful operators.
3. The named insured cannot be excluded.
4. Unless rated as a primary driver on the policy, all children of the named insured 15 years of age or older with or without a license must be excluded.
5. All household members 15 years of age or older will be rated unless otherwise excluded as outlined above.

NAMED DRIVER NON-OWNER POLICY

1. Coverage provided under a named driver non-owner policy will apply to the named insured only.
2. Coverage does not apply to any automobile owned by the named insured or a member of the same household, furnished or available for the named insured's regular use, or to any accident arising out of the operation of an automobile sales agency, repair shop, service station, storage garage, or public parking place.
3. Named driver non-owner policies are not eligible for more than the state minimum limits.
4. Named driver non-owner policies cannot include physical damage, towing and labor reimbursement, rental reimbursement, or uninsured motorists property damage coverages.
5. Business use is not allowed.
6. If a vehicle is added to a named driver non-owner policy, any non-rated persons will be added as primary drivers unless proper documentation to non-rate is submitted.

INTERNATIONAL DRIVER'S LICENSES

1. Policies can be provided for insureds with international driver's licenses.
2. Insureds will be required to submit a copy of the valid international driver's license in order to maintain the policy.
3. Insureds with international driver's licenses will be rated with driving record points because we cannot verify their driving record for the last 35 months.
4. All insureds with international driver's licenses should be asked to provide a copy of a valid Arkansas license to comply with state statutes. The violation points will be removed effective the date the copy of the valid license is received.

VEHICLE INFORMATION

We reserve the right to not accept a vehicle based on performance, value, and availability of parts. Stated amount vehicles and gray market vehicles are not accepted by InsureMax.

SYMBOLS

Use the following chart to determine the vehicle rating symbol for vehicles not appearing on MaxRater.

Actual Cash Value (ACV)/ Original New List Price including Equipment	Symbol
\$0-\$3,000	V0707
\$3,001- \$4,500	V1010
\$4,501- \$6,000	V1111
\$6,001- \$7,500	V1212
\$7,501- \$9,250	V1313
\$9,251- \$11,000	V1515
\$11,001- \$12,500	V1616
\$12,501- \$14,000	V1616
\$14,001- \$15,500	V1717
\$15,501- \$17,000	V1717
\$17,001- \$18,500	V1818
\$18,501- \$20,000	V1818
\$20,001- \$22,500	V1919
\$22,501- \$24,000	V1919
\$24,001- \$26,000	V2020
\$26,001- \$28,000	V2020
\$28,001- \$30,000	V2121
\$30,001- \$32,500	V2121
\$32,501- \$35,000	V2222
\$35,001- \$37,500	V2323
\$37,501- \$40,000	V2424
\$40,000+**	V2626

** Prohibited Physical Damage Coverage- Value in excess of \$40,000

ENDORSEMENTS

1. Endorsement requests can be submitted via mail, fax, telephone, or www.insuremax.net.
2. Endorsements requesting reductions or deletions of coverage can be mailed or faxed with the insured's signature, or they may be sent via www.insuremax.net when the agent retains the original signature at the agency office.
3. Coverage will be bound as of the date the endorsement request is received if by fax, telephone, or website. If the request is made by mail, the envelope containing the request must be postmarked within 72 hours of the effective date requested. If the postmark date is more than 72 hours after the effective date, coverage will be effective the day following the postmark date.
4. Endorsements related to returned information requests will be effective the date the information is received by the Company. *We will not backdate endorsements for any reason.*
5. Endorsements that result in additional premium will be divided over the remaining installments. Payment is not required to accompany the endorsement, but it is recommended.
6. Endorsements resulting in return premium will be applied to the remaining balance and future installment bills will be adjusted. If the policy has already been paid in full, a check will be sent directly to the insured either at the request of the insured or at such time the policy is no longer active.
7. Changes in driver class or driving records will only be processed at renewal unless the driver is no longer a member of the household and no longer operates the insured's vehicle.
8. Changes in vehicles must be submitted within 30 days of the date the insured acquires the vehicle.
9. Replacement vehicles will be added with the same coverages as the original vehicle with the exception of Car Damage Coverage. Car Damage Coverage for the replacement vehicle will be in effect no earlier than the time and day on which the request is made to our agent. See the Arkansas Personal Car Policy for a complete description.
10. Additional vehicles will have the same coverages, exclusive of Car Damage Coverage, that we currently provide for any car shown on the Declarations page. Car Damage Coverage for the additional vehicle will be in effect no earlier than the time and day on which the request is made to our agent. See the Arkansas Personal Car Policy for a complete description.
11. All changes requiring premium adjustment shall be computed pro rata.

RENEWALS

1. For eligible policies, the renewal down payment bill will be mailed approximately 30 days prior to the expiration date. Renewals will be billed at rates in effect at the time of renewal. Renewal remittances must be postmarked before the expiration date to avoid a lapse in coverage.
2. If the renewal payment is not received when due, a lapse notice will be mailed to the policyholder.
3. Renewal payments received within 30 days after the expiration date may be used to renew the policy with a lapse in coverage. The effective date will be one day after the postmark on the payment envelope, or the date and time payment was accepted by the agent. A reinstatement fee will be charged.
4. Payments received more than 30 days after the policy has expired will be used to rewrite the policy.
5. After a policy has been expired for 45 days, a new down payment and application must be submitted to bind coverage.
6. Policies that are not eligible for renewal will be notified in compliance with statutory requirements.

RENEWAL OFFERS

1. An Auto-Renewal Notice is provided as a convenience to customers who are pending renewal and have sufficient credit balance to renew their policy.
2. When an insured is on a Direct Billing Plan, he will receive a Notice of Renewal, which needs to be paid by the due date. Otherwise, his policy will expire.
3. When an insured is on an AutoPay Billing Plan, he will receive a Renewal Notice that notifies him of the date and amount that the renewal payment will be swept.

CANCELLATIONS

1. Policies cannot be canceled flat unless the payer does not honor the insured's premium remittance. If the remittance is not honored, proof of this must be sent to the Company along with the cancellation request. The credit process can be expedited by entering information to www.insuremax.net and then sending proof of the returned payment.
2. If the Company receives the insured's written cancellation request, a cancellation fee will be charged. Any return of premium will be calculated on a pro-rata basis. The effective date of cancellation will be the later of the date signed by the insured or the date requested provided we receive the request within 72 hours. If there is a loss payee, a written release must also be received before the cancellation is effective. Otherwise, the Company will mail notice of cancellation and this notice will determine the cancellation date.
3. Cancellations for non-payment of premium will be considered as insured's request and will incur a Cancellation Fee.
4. State law requires that the Company give legal notice for all policies with SR-22 filings unless proof of new coverage with a proper SR-22 filing is submitted.
5. Backdated cancellations are not permitted for any reason.
6. Refunds due will be mailed out in a reasonable amount of time, typically 2-3 weeks after the policy cancels for insured requested cancellations.

COMPANY-ISSUED CANCELLATIONS

Please contact the Company for specific information and payment amount needed to reinstate policies that have been cancelled for underwriting reasons.

REINSTATEMENTS

1. If the installment payment is not received when due, a cancellation notice will be sent after the due date. This will be the only notice before the policy cancels.
2. Payments sent to the Company after a policy has cancelled will be processed as follows:
 - a. Adequate payments postmarked or accepted by an agent within seven (7) days of the policy cancellation will be used to reinstate the policy as of the cancellation date when accompanied by a Continuous Coverage Reinstatement Request Form.
 - b. Without a Continuous Coverage Reinstatement Request Form, adequate payments postmarked or accepted by an agent within seven (7) days of the policy cancellation will be reinstated with a lapse in coverage. Coverage will be reinstated one day after the postmark on the payment envelope.
 - c. Adequate payments postmarked or accepted by an agent eight (8) to thirty (30) days after the policy cancellation will be used to reinstate the policy with a lapse in coverage. Coverage can be reinstated at the date and time of the payment when a Lapse-In-Coverage Reinstatement Request Form is signed. Otherwise, coverage is reinstated one day after the postmark date on the payment envelope.
 - d. Adequate payments received more than thirty (30) days after the policy cancellation will be used to rewrite the policy. A new policy number will be assigned and the current rates will be used to determine the premium amount. Discounts and surcharges may vary from the original policy.
 - e. After a policy has been cancelled for forty-five (45) days, a new application and down payment must be submitted to bind coverage. A new policy number will be assigned and the current rates will be used to determine the premium amount. Discounts and surcharges may vary from the original policy.
 - f. Installment payments received in the last thirty (30) days of a six-month policy term will be used to rewrite the policy.
3. The Company reserves the right to deny a request for reinstatement or rewrite depending on any adverse risk characteristics.

AUTOPAY PLAN REINSTATEMENT REQUIREMENTS

- Any policy using the AutoPay Plan that is cancelled or rescinded due to a payment not being honored by the financial institution must be rewritten or reinstated as a Direct Bill policy.
- After a Cancellation Notice has been issued for underwriting reasons, a policy can only be reinstated when:
 - The insured submits acceptable documentation for the missing underwriting information prior to the cancellation date and time.
 - The insured makes any payments due, including any applicable fees.
- Payments and information received after the cancellation date and time will be used to rewrite the policy.

APPLICATION UPLOAD

Agents must upload new business applications via www.insuremax.net.

1. All agents must have an EFT Agreement on file with the Company.
2. Payments will be electronically transferred from the agent's account, the insured's checking/savings account, or the insured's credit card. Payments from the insured will be processed by InsureMax. **Do not process credit cards or accept payments from the insured if a payment has been uploaded.**
3. Please fax any documentation needed for policy discounts.
4. Record Retention – The Agent is required to maintain records in compliance with all applicable state or federal laws, rules, and regulations relating to the sale and servicing of Insurance Products.
5. Routine audits will be performed on random files. Agents will be required to provide file documentation to a company representative during an on-site visit or via fax audit.
6. Fax Audit – The agent will receive a list of required documentation that must be faxed no later than two days after the request.

AUTOMATED INQUIRY

You and your staff can operate even more efficiently by obtaining policyholder status and payment information via www.insuremax.net. Please call 1-877-858-4100 x215 for your password.

AGENT REPORTS & LISTINGS

InsureMax provides a variety of reports to assist agents in maintaining their agency records including:

- EFT Sweep Reports
- Policy Status Transactions
- Application Uploads
- Payment Uploads
- Endorsement Uploads
- Cancel/Expiration Listing
- Info Request Listing
- NSF Cancel Listing
- Outstanding Bill Listing
- Commission Reports
- Agency Informer Newsletters

UNDERWRITING GUIDELINES & FORMS

Agents can quickly and easily access the most current Underwriting Guidelines and company-specific forms. For your convenience, all information can be downloaded and printed.

ENDORSEMENTS

Agents can review current policy information and submit endorsement requests via www.insuremax.net. For your convenience, all applicable forms are printed at the end of the transaction.

ONLINE PAYMENT PROCESSING

Agents must upload payment receipts via www.insuremax.net for the following payments:

INSTALLMENTS

1. If policy is active and has an outstanding bill, collect 100% of outstanding bill amount and any necessary fees, and post as an "Installment" transaction.
2. If policy has cancelled for non-payment, print the correct form and verify that no losses have occurred.
 - a) Continuous Coverage Form - Used for policies that have been cancelled for up to seven (7) days when there have been no losses in the lapse period.
 - b) Lapse-In-Coverage Reinstatement Request Form - Used for policies that have been cancelled up to 30 days.
 - c) Policies cancelled for more than 45 days require a new application and down payment to bind coverage.

RENEWALS

1. If policy is active and has an outstanding renewal bill, collect 100% of outstanding bill amount, and post as a "Renewal" transaction.
2. If payment is made within seven (7) days after policy expiration, verify that there have been no losses, print a Continuous Coverage Form, and submit with payment.
3. If payment is made within 30 days after expiration, forward payment with Lapse-In-Coverage Reinstatement Request Form or receipt indicating date and time of payment. Policy will be renewed with a lapse in coverage effective the date payment was received by the agent.
4. Policies expired between 31 and 45 days will be re-written with a new policy number and current rates.
5. Policies expired for more than 45 days require a new application and down payment to bind coverage.

ENDORSEMENT PAYMENTS

If a policy is active and the insured is submitting an endorsement request, an additional payment may be accepted as an "Endorsement Payment" transaction.

NSF PAYMENTS

If the payer does not honor the insured's premium remittance to the agency, a "Returned Check (NSF)" transaction can be posted to the insured's account via the website. A copy of the returned payment must be faxed to the Accounting Department. The proper credit will be electronically transferred back to the agency account.

"SHORT" PAYMENTS

Any payment for less than the billed amount must be authorized by InsureMax. Please contact Customer Service prior to accepting the payment.

INSTALLMENT/RENEWAL PAYMENT ADJUSTMENTS

An Installment or Renewal Payment can be voided directly from the website and the correct payment can then be uploaded.

SERFF Tracking Number: INMX-125392500

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8124 \$100

Company Tracking Number: 08AR0108 RULES

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Rule Revision

Project Name/Number: /

Supporting Document Schedules

Bypassed -Name:	APCS-Auto Premium Comparison Survey	Review Status:	Filed	01/15/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Filed	01/15/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Filed	01/15/2008
Bypass Reason:	N/A			
Comments:				
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	01/15/2008
Comments:				
Attachment:	Initial Filing Transmittal Document 0108 Rules.pdf			
Satisfied -Name:	Cover Letter	Review Status:	Filed	01/15/2008
Comments:				
Attachment:	AR Rate Revision 121907 Filing Letter Rules.pdf			

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only

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

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
-----------------------------------	--

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: _____
14. Effective Date(s) Requested	New: _____ Renewal: _____

Property & Casualty Transmittal Document---

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
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]
<p>Check #:</p> <p>Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	
<p>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</p>	

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 #				
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

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



4976 SR 261
Newburgh, IN 47630

Voice: (812) 858-4100
Fax: (812) 858-4110

Email: jcapozziello@insuremax.net
Web: www.insuremax.net

December 19, 2007

Ms. Alexa Grissom
Arkansas Insurance Department
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201

Re: InsureMax Insurance Company
Private Passenger Auto – Rules
New Business Effective: January 14, 2008
Renewal Business Effective: February 14, 2008

Dear Ms. Grissom:

Enclosed please find a rule revision filing for InsureMax Insurance Company non-standard private passenger auto program. An overview of the changes follows.

We cordially request an effective date of January 14, 2008 for new business and February 14, 2008 for renewal business.

If I can assist in answering any questions or providing any additional information regarding this filing, please contact me by telephone at (877) 858-4100 x277 or by email at jcapozziello@insuremax.net.

Sincerely,

Jennifer Capozziello
Product Analyst
InsureMax Insurance Company
(877) 858-4100 ext 277
jcapozziello@insuremax.net

Arkansas Rule Revision 1/14/08 Summary Of Changes

Changes to Underwriting Guidelines

- 1) Special Equipment coverage is no longer offered and any reference has been deleted.
- 2) Drivers aged 70 or older are now unacceptable.
- 3) Named Insured's must be 18 or older.
- 4) Adequate payments received more than 30 days after the policy cancellation will be used to rewrite the policy. After a policy has been cancelled or expired for forty-five (45) days, a new application and down payment must be submitted to bind coverage.
- 5) Drivers with two (2) or more alcohol or drug-related violations.
- 6) Other minor changes to keep our Underwriting Guidelines consistent with our other states.