

SERFF Tracking Number: LDRA-125432587 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AD-FORMS
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0004 Service Contracts
Product Name: Associates Direct
Project Name/Number: /

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Associates Direct

TOI: 33.0 Other Lines of Business

Sub-TOI: 33.0004 Service Contracts

SERFF Tr Num: LDRA-125432587 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: AD-FORMS

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Authors: Cindi Parks, Julie Urasaki, Debi Lisle

Disposition Date: 01/28/2008

Date Submitted: 01/16/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 01/28/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/28/2008

State Status Changed: 01/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company recently introduced a new vehicle service agreement program on a nationwide basis through its affiliated administrator/obligor companies. We refer to that program as the Greentree Protection Program and it will be marketed by a single client nationwide.

Submitted for your review and subsequent approval are additional service agreement forms to be used in conjunction with this new program. These forms contain identical information as contained in the currently filed and approved

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Greentree Protection forms (see AR-PC-07-025731, LDRA-125255165, or Company Tracking Number: GT-Forms 07) with a few exceptions:

- The name of the program is Associates Direct
- There is only one (1) coverage level offered – Exclusionary
- This is a product that will be offered via the Internet
- An additional form is required; an online Application completed by the purchaser
- This is not considered a “field-issue” program

The service agreement purchaser will be able to review and print a sample of the entire service agreement from the internet website, as well as complete the application and submit it to the Administrator. Upon acceptance, a fulfillment package will be mailed to the agreement purchaser. It will contain the complete service agreement booklet, any applicable state-specific amendment form, a declarations page, and an identification card.

Company and Contact

Filing Contact Information

Cindi Parks, Regulatory Compliance Manager cparks@orias.com
 8282 S. Memorial Drive (800) 331-3780 [Phone]
 Tulsa, OK 74133 (800) 874-9559[FAX]

Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(800) 621-0365 ext. [Phone]	FEIN Number: 25-0410420	

Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	01/16/2008	17523238

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	01/28/2008	01/28/2008

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	01/17/2008	01/17/2008	Cindi Parks	01/18/2008	01/18/2008
Industry Response						

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Application	Form	Cindi Parks	01/18/2008	01/18/2008

SERFF Tracking Number: LDRA-125432587 *State:* Arkansas
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Product Name: Associates Direct
Project Name/Number: /

Disposition

Disposition Date: 01/28/2008

Effective Date (New): 01/28/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Vehicle Service Agreement & Registration Page	Approved	Yes
Form (revised)	Application	Approved	Yes
Form	Application	Approved	Yes
Form	Application	Approved	Yes
Form (revised)	Amendment	Approved	Yes
Form	Amendment	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/17/2008
Submitted Date 01/17/2008
Respond By Date
Dear Cindi Parks,

This will acknowledge receipt of the captioned filing. If punitive damages are to be excluded, a definition must be provided per Bulletin NO. 4-82. Additionally, please amend the contract for compliance with Ark. Code Ann. 4-90-506(8).

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/18/2008
Submitted Date 01/18/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: In response to your objection letter dated 1/17/08, we have attached a revised service agreement application that contains the language required by Ark. Code Ann. 4-90-506(8). In addition, we have revised the Arkansas-specific service contract amendment to define the term "punitive or exemplary damages" per Bulletin No. 4-82.

Please continue your review of this form filing. Thank you.

Changed Items:

No Supporting Documents changed.

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Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
<i>Application</i>	<i>AD-VSC-APP</i>	<i>10/07</i>	<i>Application/Binder/Enrollment</i>	<i>New</i>		<i>0</i>	<i>AD-VSC&RP-E-AR (10-07)(Rev).pdf</i>
Previous Version							
<i>Application</i>	<i>AD-VSC-APP</i>	<i>10/07</i>	<i>Application/Binder/Enrollment</i>	<i>New</i>		<i>0</i>	<i>AD-VSC-APP (10-07).pdf</i>
<i>Amendment</i>	<i>AD-VSC&RP-E-AR</i>	<i>10/07</i>	<i>Endorsement/AmendmentNew/Conditions</i>	<i>New</i>		<i>0</i>	<i>AD-VSC&RP-E-AR (10-07)(Rev).pdf</i>
Previous Version							
<i>Amendment</i>	<i>AD-VSC&RP-E-AR</i>	<i>10/07</i>	<i>Endorsement/AmendmentNew/Conditions</i>	<i>New</i>		<i>0</i>	<i>AD-VSC&RP-E-AR (10-07).pdf</i>

No Rate/Rule Schedule items changed.

Sincerely,
 Cindi Parks, Debi Lisle, Julie Urasaki

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Amendment Letter

Amendment Date:
 Submitted Date: 01/18/2008

Comments:

Please note that in my response to the objection letter, I inadvertently attached the same form for two different revisions. Attached is the correct revision to the application form.

I apologize for the confusion.

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Application	AD-VSC-APP	10/07	Application/Binder/Enrollment	New			0	AD-VSC-APP (10-07).pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Vehicle Service Agreement & Registration Page	AD-VSC&RP	10/07	Policy/Coverage Form		0.00	AD-VSC&RP (10-07) FINAL.pdf
Approved	Application	AD-VSC-APP	10/07	Application/ New Binder/Enrollment		0.00	AD-VSC-APP (10-07).pdf
Approved	Amendment	AD-VSC&RP-E-AR	10/07	Endorsement/Amendment/Conditions		0.00	AD-VSC&RP-E-AR (10-07)(Rev).pdf

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**THIS VEHICLE SERVICE AGREEMENT COVERAGE BOOKLET
CONSTITUTES YOUR COMPLETE AGREEMENT. THE FIRST PAGE
OF THIS BOOKLET IS THE DECLARATIONS PAGE.**

i. COVERAGE DESCRIPTION

**ASSOCIATES DIRECT COVERAGE
ALL PART(S) COVERED EXCEPT:**

- Glass / Paint
- Tires / Wheels / Wheel Covers
- Battery / Hoses / Belts
- Physical Damage / Water or Air Leaks
- Light Bulbs / Lenses / Sealed Beams
- Upholstery / Convertible & Vinyl Tops
- Moldings / Weather strips / Trim
- Heated Seats
- Sheet Metal / Bumpers / Body Panels
- Rust / Corrosion / Bright Metal
- Manual Clutch Components
- Exhaust System / Catalytic Converter
- Shock Absorbers / Strut Cartridges
- Cellular Telephones
- Drums and rotors except when damaged by a covered part.
- Any maintenance or services and parts described in the Vehicle's Manufacturer's Maintenance Schedule.
- Other normal maintenance services and parts including engine tune-up, suspension alignment, wheel balancing, spark/glow plugs, brake pads, linings and shoes.
- Passive Restraint Systems
- Anti-theft systems, radio/speaker equipment and any other equipment when not installed by the vehicle manufacturer.

Fluids, filters and lubricants are not covered, except when required in connection with the repair or replacement of covered parts.

THE ADMINISTRATOR MUST BE CONTACTED PRIOR TO THE PERFORMANCE OF ANY REPAIR. THE ADMINISTRATOR WILL NOT BE RESPONSIBLE FOR ANY REPAIRS THAT ARE NOT AUTHORIZED TO THE REPAIR FACILITY. SEE THE REVERSE SIDE FOR INSTRUCTIONS TO BE FOLLOWED IN THE EVENT OF A MECHANICAL BREAKDOWN.

ii. IMPORTANT INFORMATION

YOU SHOULD READ THIS VEHICLE SERVICE AGREEMENT (AGREEMENT) CAREFULLY. IT CONTAINS THE ENTIRE AGREEMENT BETWEEN YOU AND US AND TAKES PRECEDENCE OVER ANY ORAL OR OTHER WRITTEN STATEMENTS MADE TO YOU WITH RESPECT TO IT.

The Deductible is one hundred dollars (\$100) per repair visit, unless the Declarations Page indicates that you are purchasing another option.

The ADMINISTRATOR agrees that this AGREEMENT covers the described VEHICLE and the repair or replacement following a breakdown of the covered VEHICLE parts and the applicable labor per industry recognized labor guides related to repair or replacement of such parts provided that the AGREEMENT Holder does not have insurance or manufacturer's warranty covering such repair or replacement. The operation of this AGREEMENT will be supplemental in certain cases to any applicable factory or manufacturer's warranty or particular provisions thereof. Sections C and D of this AGREEMENT explain how our responsibilities may be reduced. A breakdown of a covered part is defined as failure of such part due to a defect or faulty workmanship by the manufacturer. The Licensed Repair Facility will cause the reasonable repair of any of the covered mechanical parts of the VEHICLE. **Replacement will be made with parts that may be other than new and compatible with the covered VEHICLE specifications.** All parts replaced will be covered under the terms and conditions hereof for the remaining term and / or mileage of AGREEMENT.

FOR VEHICLES WITH OVER 12 MONTHS OR 12,000 MILES: The provisions of this AGREEMENT commence on the AGREEMENT Sales Date and continue for either the period of months or the number of miles as applicable in AGREEMENT TERM above, whichever occurs first.

FOR VEHICLES 12 MONTHS OR LESS AND UNDER 12,000 MILES: The provisions of this AGREEMENT commence on the covered VEHICLE'S original In-Service date.

Note: In some cases the original In-Service Date predates the AGREEMENT Sales Date. The provisions of this AGREEMENT end when either the covered VEHICLE'S odometer registers the mileage indicated in AGREEMENT TERM above or the covered VEHICLE has been in service for the number of months (from the In-Service Date) indicated in AGREEMENT TERM above, whichever occurs first. The Substitute Transportation and Emergency Roadside Service Benefits hereof commence as of the AGREEMENT Sales Date in all instances. **THIS AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.**

THE ADMINISTRATOR MUST BE CONTACTED PRIOR TO THE PERFORMANCE OF ANY REPAIR. THE ADMINISTRATOR WILL NOT BE RESPONSIBLE FOR ANY REPAIRS THAT ARE NOT AUTHORIZED TO THE REPAIR FACILITY. SEE THE INSTRUCTIONS TO BE FOLLOWED IN THE EVENT OF A MECHANICAL BREAKDOWN.

IMPORTANT – SEE THE FOLLOWING PAGES FOR EXCLUSIONS AND OTHER DETAILS

A. DEFINITIONS

BREAKDOWN: Means the failure of a COVERED PART to perform the function for which it was designed due to defects in faulty workmanship in its manufacturing. Mechanical BREAKDOWN does not include the reduction in operating performance due to wear and tear, or damage to otherwise covered components due to the failure of non-covered components.

AGREEMENT: Means this VEHICLE SERVICE AGREEMENT.

COVERED PART(S): Means the individual items specifically listed under Section E for the coverage plan selected on the Declarations Page.

LICENSED REPAIR FACILITY: Any Facility carrying the Automotive Service Excellence (ASE) Certification.

DEDUCTIBLE: Mechanical BREAKDOWN coverage for all VEHICLES is subject to a DEDUCTIBLE for each repair visit. This DEDUCTIBLE does not apply to Towing, Rental Car / Substitute Transportation or Emergency Road Service Benefits. Disappearing DEDUCTIBLE Option: DEDUCTIBLE is waived **if noted and available on Declarations Page on AGREEMENT Sale Date.**

AGREEMENT TERM: The provisions of this AGREEMENT commence on the covered VEHICLE'S original In-Service Date. **Note:** In some cases the original In-Service Date predates the AGREEMENT Sale Date. The provisions of this AGREEMENT end when either the covered VEHICLE'S odometer registers the mileage indicated in the AGREEMENT TERM on the Declarations Page, or the covered VEHICLE has been in service for the number of months indicated in the AGREEMENT TERM, whichever occurs first, or when the limit of liability listed under Section B has been met. Rental Car / Substitute Transportation and Towing Benefits commence as of the AGREEMENT Sale Date.

VEHICLE: Means the VEHICLE covered by this AGREEMENT, which is the one identified on the Declarations Page.

WE, US, OUR, ADMINISTRATOR and OBLIGOR – Means the following:
In most states: Old Republic Insured Automotive Services, Inc. (CA LIC 0C79822); **In GA, NY, WY:** ORIAS Warranty Services; **In TX, OR:** ORIAS Warranty Services, Inc.; **In AZ, FL, LA, OK, NM, WI:** Minnehoma Automobile Association, Inc. (FL LIC 60033). **The address and phone number for all administrative companies: P.O. Box 35008, Tulsa, OK 74153-0008. 1-800-331-3780.**

YOU and YOUR means the purchaser of this AGREEMENT as named above or the properly designated transferee.

B. LIMITS OF LIABILITY

OUR liability for each repair visit is limited to the actual cash value of the covered VEHICLE, at time of BREAKDOWN, not considering loss of value due to the BREAKDOWN of a covered part. However the total of all benefits paid or payable under this AGREEMENT and limits of liability thereunder shall not exceed the price of the AGREEMENT Holder paid for said covered VEHICLE.

The liability of anyone performing under this AGREEMENT for incidental and consequential damages arising from performance or failure to perform under this AGREEMENT or breach of any implied warranties, including the warranty of merchantability, arising by operation of law by virtue of performance under this AGREEMENT, is expressly excluded. Such incidental and consequential damages include, but are not limited to, property damage, loss of use of the VEHICLE, loss of time, inconvenience and commercial loss. These limitations and exclusions of liability apply only to the extent allowed by law.

C. OUR RESPONSIBILITIES

We agree that this AGREEMENT covers the above described VEHICLE and the repair or replacement following a BREAKDOWN of the covered VEHICLE parts and applicable labor per industry recognized labor guides related to repair or replacement of such parts provided that the AGREEMENT Holders does not have insurance or manufacturer's warranty covering such repair or replacement. **Replacement will be made with parts that may be other than new and compatible with the covered VEHICLE specifications.** All parts replaced will be covered under the terms and conditions hereof for the remaining term and / or mileage of this AGREEMENT, as shown on the Declaration Page. Replacement of parts and in particular certain automotive assemblies, such as engines, transmissions, differential assemblies, and other components, may be by the use of other than new parts. Any such parts will be covered under the terms and conditions of the AGREEMENT for the remaining term and / or mileage of this AGREEMENT as shown on the Declarations Page.

D. OTHER SERVICE AGREEMENTS, WARRANTIES, OR INSURANCE POLICIES

Except for benefits under Section G and H of this AGREEMENT, if more than one service AGREEMENT, warranty, or insurance policy can be applied to a BREAKDOWN, OUR responsibility under this AGREEMENT shall not extend to any part of the repairs, replacement, loss or damage that is recoverable under any other coverage, whether valid or collectible, but rather, WE will be liable only for the repairs, replacement, loss or damage, if any, that is in excess of such other coverage, up to a maximum benefit per each covered BREAKDOWN. However, when YOU are required to pay a deductible for a BREAKDOWN covered under another service

agreement, warranty, or insurance policy, this AGREEMENT will cover such deductible if the BREAKDOWN would have been covered by the AGREEMENT up to a maximum benefit per each BREAKDOWN of one hundred dollars (\$100.00).

E. OPTIONAL SURCHARGED COVERAGE: (Coverage must be selected at AGREEMENT Sale Date.)

- a. **Business Use:** Only applies to new automobiles and trucks less than 12,000 pounds GVW. Business use VEHICLES are passenger VEHICLES, light duty trucks, and vans that are used primarily for business travel, pick-up and delivery, route work, service or repair work, are driven by one person, or immediate family members only, and usage does not exceed manufacturer's ratings, and / or limitations. (BREAKDOWN related to hauling or carrying of heavy machinery, materials or equipment is not included in this coverage.)
- b. **Video / Entertainment System:** Coverage is limited to these COVERED PARTS: compact disc player, audio system, televisions (limit two), video cassette player, and electronic video game. Coverage for all electronic components is limited to base units only. There is no coverage for remote controls, wiring, cassettes, or game cartridges. (All components must have been installed in YOUR VEHICLE by the manufacturer.)
- c. **Global Positioning Systems (GPS):** Covers a BREAKDOWN of (GPS) hardware and / or software, which prevents this component from performing its intended function. Coverage applies to factory installed Global Positioning Systems only.

F. EVENTS WHICH ARE NOT COVERED

THIS AGREEMENT DOES NOT COVER THE FOLLOWING EVENTS, SERVICES AND COMPONENTS:

1. **Batteries, body and trim items, paint, bright metals, sealed beams, including: adhesives, convertible tops, fasteners, nuts, washers and bolts, frame, upholstery/seat frames, seat belt assembly and air bag assemblies, heated seats, glass and sheet metal, headlight assemblies, taillight assemblies, and CHMSL stop lamp assemblies;**
2. **Noises including rattles, squeaks and wind noises;**
3. **Water or air leaks, weather strips, and repairs needed as a result of rust or corrosion;**
4. **Any loss or expense for adjustments, alignments, shop supplies and unauthorized diagnostic time, maintenance items, shock absorbers, strut cartridges, television/video equipment including game consoles, (unless covered under Section E, item b video entertainment system coverage), electronic transmitting devices, hazardous waste disposal, environmental fees, or replacement of any parts not specified under the coverage provided;**
5. **Scheduled maintenance and wear items, including but not limited to: belts, brake drums, and rotors, exhaust pipes, mufflers,**

- resonators and clamps, catalytic converter, friction materials, valve grinding, hoses, light bulbs, lenses, lubricants, oil sludging, manual transmission clutch disc, throw out bearing, pilot bushing and clutch components, spark plugs and wires, tires, wheels (except as outlined in Section H, EMERGENCY ROAD SERVICE), wheel balancing and wiper blades;
6. A BREAKDOWN caused by accident, civil commotion or riot, collision or upset, earthquake, explosion, falling objects, fire, flood, fluid contamination, freezing, fuel contamination, hail, lightning, malicious mischief, oil contamination, rust or corrosion, improper repair methods, theft or larceny, vandalism, water, water contamination, windstorm, and other external forces or events;
 7. Repair or replacement of components needed to improve operating performance due to normal wear and tear. This includes, but is not limited to, valve and ring repairs designed to improve engine compression or reduce oil consumption;
 8. Pre-existing conditions are not covered (all COVERED PART(s) must be functioning properly at the AGREEMENT Sale Date);
 9. A claim covered by the manufacturer's warranty or another service agreement, warranty, or mechanical breakdown insurance policy, or repair facility warranty for repairs performed under this AGREEMENT;
 10. Any VEHICLE in excess of 12,000 pounds in gross VEHICLE weight;
 11. A BREAKDOWN caused by the failure of a NON-COVERED PART or damage to a NON-COVERED PART;
 12. Any VEHICLE used for towing in excess of what is recommended by the manufacturer;
 13. Repairs and/or replacements not authorized in advance by the ADMINISTRATOR. Should a BREAKDOWN occur after the ADMINISTRATOR'S normal business hours, weekend, or national holiday, and the cost of repair(s) is \$350 or less, the pre-authorization requirement is amended. The ADMINISTRATOR must be contacted the first working day following the BREAKDOWN. Such unauthorized repair claims will be subject to adjustment in cases of excessive parts and labor;
 14. VEHICLES not certified for sale in the United States at the time of manufacture;
 15. A repair occurring outside of the United States, its territories or possessions, or outside of Canada, or a claim reported after the expiration date regardless of when BREAKDOWN occurred. Any BREAKDOWN reported after AGREEMENT expiration is not covered;
 16. This AGREEMENT does not provide coverage for damages for bad faith, punitive or exemplary damages, personal injury including bodily injury, property damage (except as specifically stated in the

- AGREEMENT), and attorney fees;
17. A BREAKDOWN caused by negligence, misuse, improper servicing, or failure by YOU to perform manufacturer required or recommended maintenance services or a BREAKDOWN caused by continued operation in an overheated condition or the lack of proper and necessary amounts of coolants or lubricants, thermostat failure;
 18. Damage caused by failure to take reasonable precautions to prevent further damage when an apparent problem exists (i.e. overheating);
 19. Any vehicle used in a commercial manner, including but not limited to: delivery purposes (unless covered under Section E, item a, Business Use), snow plowing, rental, livery, taxi, construction, hauling heavy machinery, materials or equipment, police, emergency service, fleet vehicles driven by multiple users, or vehicles used for competitive or off-road racing or has a utility body, flat bed, dump body assembly, ladder rack, or pipe storage assembly;
 20. A BREAKDOWN of any part if, while owned by YOU, the odometer has been tampered with or has been disconnected. If YOU have not promptly repaired a defective odometer, this limitation applies and this AGREEMENT is subject to cancellation;
 21. A BREAKDOWN which existed prior to, or was caused by a condition known to YOU, prior to the AGREEMENT Sale Date;
 22. A BREAKDOWN that is the direct result of a mechanical or structural flaw that the manufacturer has acknowledged through any means, or that the manufacturer will repair at its expense;
 23. Any replacement part supplied by anyone but the manufacturer of the VEHICLE, unless it is of a like kind and quality compatible with the design specifications and wear tolerances of the VEHICLE'S manufacturer;
 24. A BREAKDOWN caused by non-manufacturer recommended alterations to the VEHICLE made before or after the AGREEMENT Sale Date, that affects the operation of a COVERED PART. This includes, but is not limited to, exhaust headers, oversized tires, and body or suspension lift kits;
 25. A component or part which has not failed or resulted in a BREAKDOWN, but which a repair facility recommends or requires be repaired or replaced solely based on a manufacturer's recommendation to upgrade the VEHICLE;
 26. Any VEHICLE retrofitted with aftermarket equipment to use alternative fuels including but not limited to (LPG, CNG, methanol, ethanol, or RFG.)
 27. For tire hazard coverage under Section H, Item 6, the following events are not covered;
 - a. Tire damage incurred outside the United States, its territories

- or possessions or outside of Canada;
- b. Tire damage resulting from off-road use, racing, collision with curb or any other object or vehicle, misuse, abuse, lack of proper maintenance, misalignment, suspension problems, vandalism, fire, upset, manufacturer defects, and driving on tires which are deflated or improperly inflated;
 - c. Tires which are undersized, oversized, or otherwise not recommended by the VEHICLE manufacturer for installation on the VEHICLE;
 - d. Tires transferred from another vehicle;
 - e. Tires which do not have at least 3/32 inch tread depth remaining;
 - f. Tires mounted on VEHICLES other than on-road use, private passenger cars and light duty trucks, and any VEHICLES exceeding 12,000 lb. gross VEHICLE weight rating;
 - g. Damage to tires that does not affect their performance or safety; or
 - h. Tires not retained by YOU for inspection by the ADMINISTRATOR.
28. **BREAKDOWN**, or failure of factory installed Global Positioning Satellite (GPS) navigational equipment, (unless covered under Section E, Item c, (GPS) coverage, purchased on the AGREEMENT Sale Date.)
29. All electric powered, or hybrid fuel parts including but not limited to: electric fuel cells, regenerative braking systems, or electronic memory.

G. SUBSTITUTE TRANSPORTATION COVERAGE

The ADMINISTRATOR will reimburse YOU for substitute transportation if a COVERED PART listed under this AGREEMENT breaks down but the ADMINISTRATOR'S cost is limited to thirty-five dollars (\$35) per eight (8) hours (or fraction thereof) approved labor up to a maximum of two hundred and ten dollars (\$210) for each repair visit. Substitute transportation must be supplied by a duly licensed Rental Agency. The above is not payable if YOU have other substitute transportation coverage available, unless the substitute transportation charge exceeds the other coverage. This coverage applies while the covered VEHICLE is under the manufacturer's warranty. This coverage is not subject to a DEDUCTIBLE.

H. EMERGENCY ROAD SERVICE

1. In the event that a covered BREAKDOWN occurs more than one hundred (100) miles from YOUR home and results in a repair facility keeping the VEHICLE overnight, WE will reimburse YOU for receipted motel and restaurant expenses, up to one hundred dollars (\$100) per day for a maximum of three (3) days (total benefit for occurrence of \$300). No DEDUCTIBLE will apply to this benefit.

2. In the event the keys for the VEHICLE are lost, broken or accidentally locked in the VEHICLE, WE will reimburse YOU for receipted expenses, up to a maximum of fifty dollars (\$50), for locksmith services. No DEDUCTIBLE will apply to this benefit.
3. In the event the VEHICLE battery becomes discharged, WE will reimburse YOU for receipted expenses, up to a maximum of fifty dollars (\$50), for jump- start services. No DEDUCTIBLE will apply to this benefit.
4. In the event the VEHICLE experiences a flat tire, WE will reimburse YOU for receipted expenses, up to a maximum of fifty dollars (\$50), for the removal of the flat tire and replacement with the spare tire. No DEDUCTIBLE will apply to this benefit.
5. In the event the VEHICLE needs an emergency supply of gasoline, oil or water, WE will reimburse YOU for receipted expenses, up to a maximum of fifty dollars (\$50), for the delivery of the necessary fluid. YOU must pay for the fuel or other fluid at time of delivery. No DEDUCTIBLE will apply to this benefit.
6. In the event the VEHICLE tire(s) incur(s) damage from a road hazard, WE will pay or reimburse YOU for receipted expenses for a tire repair up to a maximum of twenty dollars (\$20) for each tire repaired, or if not repairable, up to one hundred dollars (\$100) for each tire replacement per occurrence, up to a maximum aggregate of four hundred dollars (\$400) during the term of this AGREEMENT. A "road hazard" shall mean: pothole, rock, nail, wood, tree limb/branch, or other debris on the road surface. Please refer to Section F "EVENTS WHICH ARE NOT COVERED," Item 27 for specific excluded conditions. No DEDUCTIBLE will apply to this benefit.

I. TOWING COVERAGE

The ADMINISTRATOR will reimburse YOU for YOUR actual towing cost up to a maximum of \$75.00 per occurrence, if the tow was necessary because of a mechanical BREAKDOWN of a part covered under this AGREEMENT. The above is not payable if YOU have other towing coverage available, unless the towing charge exceeds the other coverage.

J. YOUR RESPONSIBILITIES

In order for this AGREEMENT to remain in effect, the purchaser must, at his/her expense, perform all maintenance services as recommended by the VEHICLE manufacturer. Failure to follow the maintenance guidelines provided by the VEHICLE manufacturer will result in the loss of YOUR protection under this AGREEMENT. Therefore, YOU must keep all maintenance receipts, and furnish them to the LICENSED REPAIR FACILITY when presenting a claim, if requested. Receipts listing date, mileage, services performed and materials purchased will be the only acceptable proof of maintenance. Required maintenance must be performed by a licensed repair or service facility.

K. HOW TO SUBMIT A CLAIM

When YOU have a BREAKDOWN:

1. Be sure the covered VEHICLE is protected from further damage.
2. Return the covered VEHICLE to a LICENSED REPAIR FACILITY immediately for repair or replacement of the Covered Part(s).
3. Furnish the LICENSED REPAIR FACILITY with receipts evidencing the compliance with the service requirements listed above.
4. Prior to proceeding with repairs, ensure that the LICENSED REPAIR FACILITY calls the ADMINISTRATOR and obtains authorization for the repair.
5. IMPORTANT: YOU assume all liability for payment of repairs that have NOT been authorized, in advance, by the ADMINISTRATOR.
6. The ADMINISTRATOR reserves the right to inspect the covered VEHICLE prior to the performance of a repair or replacement, or require that parts are shipped to the ADMINISTRATOR for inspection.
7. Pay the applicable DEDUCTIBLE and all charges for services not covered by this AGREEMENT.
8. Failure to submit proof of loss within ninety (90) days will result in complete denial of the claim and nonpayment.
9. Mail to the ADMINISTRATOR at PO Box 35008, Tulsa, OK 74153-0008.

L. AGREEMENT CANCELLATION PROVISION

1. YOU may cancel this AGREEMENT at any time in accordance with the following terms:
 - a. Contact the ADMINISTRATOR in writing, within sixty (60) days after the requested cancellation date, enclose this AGREEMENT and a notarized odometer statement.
 - b. Include with YOUR refund request, proof that there is no lien or outstanding credit obligation against this AGREEMENT. If such proof is not provided, or if there is a lien or outstanding credit obligation against this AGREEMENT, the lienholder or creditor will be named with YOU as a joint payee of the refund.
 - c. If this AGREEMENT is canceled because the VEHICLE is repossessed, the lienholder or creditor will be paid the refund.
 - d. If this AGREEMENT is canceled because of a total loss of the VEHICLE, the lienholder or creditor will be paid the refund, unless YOU provide the ADMINISTRATOR with proof that there is no lien or outstanding credit obligation against this VEHICLE.
 - e. YOU will receive a refund in accordance with Item 3 under this Section.
2. WE may cancel this AGREEMENT at any time in accordance with the following terms:

If YOUR odometer is disconnected or altered, the VEHICLE is used in a manner not covered by this AGREEMENT, YOU do not pay the AGREEMENT price or the VEHICLE has been altered beyond

manufacturer's specifications. YOU will receive a refund in accordance with Item 3 under this Section.

3. The amount of any refund for which YOU may qualify, and that WE may pay YOU or lienholder or creditor, will be determined by US. It will be the lesser amount yielded by the following two computation methods, less a thirty-five dollar (\$35) administrative fee. The first method is the pro rata method based upon the number of months of the AGREEMENT TERM expired at the time of cancellation. The second method is the pro rata method based upon the number of miles of the AGREEMENT TERM, in thousands of miles or portion thereof, expired at the time of cancellation. YOU will receive a full refund (less the administrative fee) if YOU cancel the AGREEMENT within sixty (60) days of the AGREEMENT Sale Date of this AGREEMENT and have not incurred a claim. If this AGREEMENT is cancelled under Item 2 of this Section and WE have paid a claim, the amount of refund will be reduced by the amount of the claim or considered fully earned if the claim is more than the amount of the refund.

M. WHO TO CONTACT

IN CASE OF BREAKDOWN CALL THE ADMINISTRATOR. For claims call (800) 331-3780. For cancellations and transfers, call customer service at (800) 331-3780.

N. OUR PERFORMANCE

OUR obligations under this AGREEMENT are fully insured by a Service Contract Reimbursement Insurance Policy issued by **Old Republic Insurance Company (Tulsa Branch Office), 8282 South Memorial Drive, Tulsa, Oklahoma 74133**. If You have not received either payment of a claim or a refund for the cancellation of YOUR AGREEMENT within sixty (60) days after proof of loss has been filed and approved by the ADMINISTRATOR, or YOUR request for cancellation has been submitted to and accepted by the ADMINISTRATOR, YOU may make a direct claim against Old Republic Insurance Company (Tulsa Branch Office) at the address shown or call toll free **1-800-331-3780**.

O. TRANSFER OF AGREEMENT

This AGREEMENT applies only to YOU and the VEHICLE. This AGREEMENT may be transferred one time only, at YOUR request to the next owner of the covered VEHICLE while the AGREEMENT is still in force. The AGREEMENT may be transferred by completion of a Transfer form, payment to the ADMINISTRATOR of a fifty dollar (\$50) transfer fee and providing copies of all maintenance and service receipts as required above. Application for transfer to the new owner must be received by the ADMINISTRATOR within fifteen (15) days of transfer of ownership of the covered VEHICLE. If any portion of the manufacturer's warranty is in effect at time of transfer, the transfer of the AGREEMENT will be valid only if the

manufacturer's warranty is also transferable and is properly transferred. The VEHICLE manufacturer's written confirmation evidencing the properly executed transfer of any manufacturer's warranty coverage in effect on a covered VEHICLE must be received from YOU by the ADMINISTRATOR before this AGREEMENT will be transferred. Failure or inability to provide valid and complete maintenance service records will result in transfer denial.

P. GENERAL PROVISIONS

1. YOUR HELP AND COOPERATION: If WE ask, YOU agree to help US enforce YOUR rights against any manufacturer or repair facility who may be responsible to YOU for the cost of repairs covered by this AGREEMENT.
2. SUBROGATION: If WE pay for coverage under this AGREEMENT, WE may require YOU to assign US YOUR rights of recovery against others. WE will not pay for BREAKDOWN if YOU impair these rights to recovery. YOUR rights to recover from others may not be waived.
3. ARBITRATION: It is understood and agreed that the transaction evidenced by this AGREEMENT takes place in and substantially affects interstate commerce. Any controversy or dispute arising out of or relating in any way to this AGREEMENT or the sale thereof, including for recovery of any claim under this AGREEMENT and including the applicability of this arbitration clause and the validity of this AGREEMENT, shall be resolved by neutral binding arbitration by the National Arbitration Forum ("NAF"), under the Code of Procedure in effect at the time the claim is filed. All preliminary issues of arbitrability will be decided by the arbitrator.
 - a. If YOU dispute OUR determination to deny YOU benefits under this AGREEMENT, **YOU must submit written notice to US of YOUR intent to arbitrate** that dispute no later than sixty (60) days following OUR determination. YOUR failure to meet this time requirement will prevent YOU from disputing OUR determination, whether through arbitration or otherwise.
 - b. The arbitration shall take place in a location near YOUR residence before a single arbitrator selected in accordance with the NAF Code of Procedure. NAF rules and forms may be obtained and all claims shall be filed at any NAF office, www.arb-forum.com, or P.O. Box 50191, Minneapolis, Minnesota 55405. The NAF may be reached at 651-631-1105 or 800-474-2371.
 - c. Except for the filing fee and the cost YOU may incur to present YOUR case, the cost of the arbitration shall be borne by US, provided, however, that should the arbitrator find that YOU have raised a dispute without substantial justification, the arbitrator shall have the authority to order the cost of the arbitration proceedings be paid by YOU.

- d. It is understood and agreed that the arbitration shall be binding upon the parties, that the parties are waiving their right to seek remedies in court, including the right to a jury trial, and that an arbitration award may not be set aside in later litigation except upon the limited circumstances set forth in the Federal Arbitration Act.
- e. All statutes of limitation that would otherwise be applicable shall apply to any arbitration proceeding. Neither party shall be precluded from instituting an action in a court of competent jurisdiction to obtain a temporary restraining order, a preliminary injunction or other equitable relief to preserve the status quo or prevent irreparable harm pending the selection of the arbitrator of the commencement and completion of the arbitration hearing. Neither party may recover punitive or exemplary damage awards in any arbitration proceeding.
- f. The agreement to arbitrate will survive the termination of this AGREEMENT.

IF THIS AGREEMENT IS FOUND TO BE NOT SUBJECT TO ARBITRATION, ANY LEGAL PROCEEDING WITH RESPECT TO ANY DISPUTE WILL BE TRIED IN A COURT OF COMPETENT JURISDICTION BY A JUDGE WITHOUT A JURY. BOTH PARTIES WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDING.

Q STATE AMENDMENTS (See state-specific amendment, if applicable)

AGREEMENT NO.

CUSTOMER INFORMATION

SELLER

Name			Name		
Address			Address		
City	State	Zip	City	State	Zip

AGREEMENT INFORMATION

VEHICLE INFORMATION

Agreement Purchase Date:	Agreement Price \$	Vehicle Identification Number (VIN)	
Agreement Term:	Deductible: \$100	Year	Make
Coverage Type:	Optional Surcharged Coverage: <input type="checkbox"/> Business Use <input type="checkbox"/> Video Entertainment System <input type="checkbox"/> GPS	Model	
Payment Options: <input type="checkbox"/> VISA <input type="checkbox"/> Paid In Full <input type="checkbox"/> MasterCard <input type="checkbox"/> Installment Plan		Current Odometer Reading:	
		Additional Coverage: <input type="checkbox"/> Turbo/Supercharger <input type="checkbox"/> Diesel	

FOR VEHICLES WITH OVER 12 MONTHS OR 12,000 MILES: The provisions of this AGREEMENT commence on the AGREEMENT Sales Date and continue for either the period of months or the number of miles as applicable in AGREEMENT TERM above, whichever occurs first.

FOR VEHICLES 12 MONTHS OR LESS AND UNDER 12,000 MILES: The provisions of this AGREEMENT commence on the covered VEHICLE'S original In-Service date. Note: In some cases the original In-Service Date predates the AGREEMENT Sales Date. The provisions of this AGREEMENT end when either the covered VEHICLE'S odometer registers the mileage indicated in AGREEMENT TERM above or the covered VEHICLE has been in service for the number of months (from the In-Service Date) indicated in AGREEMENT TERM above, whichever occurs first.

I apply for a Service AGREEMENT covering the motor vehicle described in this application, which must meet **Our** underwriting guidelines and is subject to acceptance by the **Administrator**. **I understand that my Service AGREEMENT term includes any periods of applicable manufacturers' warranties.**

I agree that my Service AGREEMENT will be issued in accordance with the information contained in this application and be subject to the terms and conditions stated in the Service AGREEMENT, which I have read and received with my copy of this application.

I agree that proper maintenance of the above described **Vehicle** in accordance with factory recommendations is a condition precedent to coverage under this AGREEMENT. (If there is no written maintenance schedule for oil changes for **Your Vehicle**, the maximum allowable interval between oil changes must not exceed 7,500 miles.)

I understand that the Service AGREEMENT is Transferable to subsequent owners provided timely application is made to the **Administrator** and the Procedures for Transfer are followed. (*Complete details are fully described in the Service AGREEMENT.*)

I understand that prior authorization by the Claims Administrator is required on repairs covered by this Service AGREEMENT. (Call 800-331-3780 for claims authorization.) I further understand that any mechanical breakdown, loss, or damage that results from a pre-existing condition is not covered by this Service AGREEMENT.

I understand the purchase of this AGREEMENT is not required in order to purchase or obtain financing of my vehicle.

CUSTOMER SIGNATURE	DATE SIGNED	SELLER REPRESENTATIVE:
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Administrator/Obligor:

Old Republic Insured Automotive Services, Inc. (CA LIC 0C79822)
 In GA, NY, WY: ORIAS Warranty Services
 In TX, OR: ORIAS Warranty Services, Inc.
 In AZ, FL, LA, OK, NM, WI: Minnehoma Automobile Association, Inc. (FL LIC 60033)
 P.O. Box 35008, Tulsa, OK 74153-0008
 800-331-3780

AMENDMENT TO
ASSOCIATES DIRECT
VEHICLE SERVICE AGREEMENT

Form Number: AD-VSC&RP-E (10/07)

WHEN SOLD IN THE FOLLOWING STATE

ARKANSAS

Section F, Events Which Are Not Covered, Item 16 is amended to read: This AGREEMENT does not provide coverage for damages for bad faith, punitive or exemplary damages (defined as damages which may be imposed to punish a wrongdoer and to deter others from similar conduct), personal injury including bodily injury, property damage (except as specifically stated in the AGREEMENT), and attorney fees.

Section P, General Provisions, Item 3 is amended to state that arbitration is voluntary and nonbinding.

Section P, General Provisions, Item 3d. is deleted in its entirety.

Section P, General Provisions, the following statement is deleted in its entirety: If this AGREEMENT is found to be not subject to arbitration, any legal proceedings with respect to any dispute will be tried in a court of competent jurisdiction by a judge without a jury. Both parties waive any right to a jury trial in any such proceeding.

The following is added to Section P, General Provisions, Item 2, Subrogation: WE shall not be entitled to any subrogation proceeds unless and until YOU have been fully reimbursed for YOUR loss.

SERFF Tracking Number: LDRA-125432587 *State:* Arkansas
Filing Company: Old Republic Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AD-FORMS
TOI: 33.0 Other Lines of Business *Sub-TOI:* 33.0004 Service Contracts
Product Name: Associates Direct
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRA-125432587 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AD-FORMS
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0004 Service Contracts
Product Name: Associates Direct
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 01/28/2008

Comments:

Attachment:

AR Forms P&C TD.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="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	
-----------------------------------	--

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

(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 #	
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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.)	
-----------	--	--

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

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: LDRA-125432587 *State:* Arkansas
Filing Company: Old Republic Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AD-FORMS
TOI: 33.0 Other Lines of Business *Sub-TOI:* 33.0004 Service Contracts
Product Name: Associates Direct
Project Name/Number: /

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	Form	Application	01/18/2008	AD-VSC&RP-E-AR (10-07)(Rev).pdf
No original date	Form	Application	01/16/2008	AD-VSC-APP (10-07).pdf
No original date	Form	Amendment	01/16/2008	AD-VSC&RP-E-AR (10-07).pdf

AMENDMENT TO
ASSOCIATES DIRECT
VEHICLE SERVICE AGREEMENT

Form Number: AD-VSC&RP-E (10/07)

WHEN SOLD IN THE FOLLOWING STATE

ARKANSAS

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The following is added to Section P, General Provisions, Item 2, Subrogation: WE shall not be entitled to any subrogation proceeds unless and until YOU have been fully reimbursed for YOUR loss.

<p>AGREEMENT NO.</p>

CUSTOMER INFORMATION

SELLER

Name			Name		
Address			Address		
City	State	Zip	City	State	Zip

AGREEMENT INFORMATION

VEHICLE INFORMATION

Agreement Purchase Date	Agreement Price \$	Vehicle Identification Number (VIN)		
Agreement Term	Deductible \$100	Year	Make	Model
Coverage Type	Optional Surcharged Coverage:	In-Service Date		Current Odometer Reading
Payment Options: <input type="checkbox"/> VISA <input type="checkbox"/> Paid In Full <input type="checkbox"/> MasterCard <input type="checkbox"/> Installment Plan	<input type="checkbox"/> Business Use	Length of Manufacturer's Warranty		
	<input type="checkbox"/> Video Entertainment System <input type="checkbox"/> GPS	Additional Coverage: <input type="checkbox"/> Turbo/Supercharger <input type="checkbox"/> Diesel		

FOR VEHICLES WITH OVER 12 MONTHS OR 12,000 MILES: The provisions of this AGREEMENT commence on the AGREEMENT Purchase Date and continue for either the period of months or the number of miles as applicable in AGREEMENT TERM above, whichever occurs first.

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I apply for a Service AGREEMENT covering the motor vehicle described in this application, which must meet **Our** underwriting guidelines and is subject to acceptance by the **Administrator**. **I understand that my Service AGREEMENT term includes any periods of applicable manufacturers' warranties.**

I agree that my Service AGREEMENT will be issued in accordance with the information contained in this application and be subject to the terms and conditions stated in the Service AGREEMENT, which I have read and received with my copy of this application.

I agree that proper maintenance of the above described **Vehicle** in accordance with factory recommendations is a condition precedent to coverage under this AGREEMENT. (If there is no written maintenance schedule for oil changes for **Your Vehicle**, the maximum allowable interval between oil changes must not exceed 7,500 miles.)

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I understand that prior authorization by the Claims Administrator is required on repairs covered by this Service AGREEMENT. (Call 800-331-3780 for claims authorization.) I further understand that any mechanical breakdown, loss, or damage that results from a pre-existing condition is not covered by this Service AGREEMENT.

CUSTOMER SIGNATURE	DATE SIGNED	SELLER REPRESENTATIVE:
--------------------	-------------	------------------------

Administrator/Obligor:

Old Republic Insured Automotive Services, Inc. (CA LIC 0C79822)
 In GA, NY, WY: ORIAS Warranty Services
 In TX, OR: ORIAS Warranty Services, Inc.
 In AZ, FL, LA, OK, NM, WI: Minnehoma Automobile Association, Inc. (FL LIC 60033)
 P.O. Box 35008, Tulsa, OK 74153-0008
 800-331-3780

AMENDMENT TO
ASSOCIATES DIRECT
VEHICLE SERVICE AGREEMENT

Form Number: AD-VSC&RP-E (10/07)

WHEN SOLD IN THE FOLLOWING STATE

ARKANSAS

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WE shall not be entitled to any subrogation proceeds unless and until YOU have been fully reimbursed for YOUR loss.