

SERFF Tracking Number: AOIC-125860304 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EUM-AR-01-10/17/2008-26773
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: Executive Umbrella
Project Name/Number: EUM/26773 EUM

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Executive Umbrella

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2021 Personal Umbrella & Excess

Filing Type: Form

SERFF Tr Num: AOIC-125860304

SERFF Status: Closed

Co Tr Num: EUM-AR-01-10/17/2008-26773

Co Status: Pending

Authors: Claudia Stewart, Candace Marrison

Date Submitted: 10/17/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 10/22/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: EUM

Project Number: 26773 EUM

Reference Organization:

Reference Title:

Filing Status Changed: 10/22/2008

State Status Changed: 10/20/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 26773 (10-08) - Accidental Death Benefit

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Form Attaches To: Executive Umbrella Coverage Part

Use: This form will automatically roll on all Executive Umbrella policies.

SERFF Tracking Number: AOIC-125860304 State: Arkansas
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TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: Executive Umbrella
Project Name/Number: EUM/26773 EUM

Revisions to the form include: Initial Filing

Submitted for your approval is the above-referenced form. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

DAN SILLS, CPCU, ARM, AIS, MANAGER
HOME OFFICE UMBRELLA UNDERWRITING
SILLS.DAN@AOINS.COM (emails without attachments)
perslinesund@aoins.net (emails with attachments)
517-886-1874 Ext. 1874

Underwriter:

SUSAN HAYES
HAYES.SUSAN@AOINS.COM
(517) 886-1913

Company and Contact

Filing Contact Information

Dan Sills, Manager sills.dan@aoins.com
PO Box 30660 (800) 346-0346 [Phone]
Lansing, MI 48909-8160 (517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company CoCode: 18988 State of Domicile: Michigan
P.O. Box 30660 Group Code: 280 Company Type: PC
Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:
Group
(800) 346-0346 ext. [Phone] FEIN Number: 38-0315280

SERFF Tracking Number: AOIC-125860304 State: Arkansas
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Product Name: Executive Umbrella
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 Per Filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	10/17/2008	23267799

SERFF Tracking Number: AOIC-125860304 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/22/2008	10/22/2008

SERFF Tracking Number: AOIC-125860304 *State:* Arkansas
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TOI: 17.2 Other Liability - Occurrence Only *Sub-TOI:* 17.2021 Personal Umbrella & Excess
Product Name: Executive Umbrella
Project Name/Number: EUM/26773 EUM

Disposition

Disposition Date: 10/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125860304 *State:* Arkansas
Filing Company: Auto-Owners Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: EUM-AR-01-10/17/2008-26773
TOI: 17.2 Other Liability - Occurrence Only *Sub-TOI:* 17.2021 Personal Umbrella & Excess
Product Name: Executive Umbrella
Project Name/Number: EUM/26773 EUM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Certificate of Compliance	Approved	Yes
Form	Accidental Death Benefit	Approved	Yes

SERFF Tracking Number: AOIC-125860304 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Accidental Death Benefit	26773	10-08	Endorsement/Amendment/Conditions		43.30	26773 (10-08).pdf

ACCIDENTAL DEATH BENEFIT

Executive Umbrella Policy

It is agreed:

DEFINITIONS

The following definitions apply only to this endorsement and are in addition to those contained in **DEFINITIONS** of the policy.

"Aircraft" means a conveyance designed or used for flight including self-propelled missiles and spacecraft.

"Bodily injury" means physical injury, sickness or disease sustained by a person including resulting death of that person.

"Eligible person" means you or a relative.

COVERAGE

We shall pay an accidental death benefit in the event of the accidental death of an eligible person provided death of the eligible person occurs within 90 days of the date accidental bodily injury was sustained.

EXCLUSIONS

We shall not pay an accidental death benefit if death results in any way from:

1. suicide, if sane;
2. intentional self-injury;
3. sickness of the body or mind;
4. infection or disease except:
 - a. pyogenic infections which occur through an accidental cut or wound; and
 - b. accidental ingestion of a poisonous food substance;
5. taking part in a felony;
6. asphyxiation, poison, gas or drugs as a result of a voluntary act of the eligible person except drugs taken as prescribed by a duly licensed physician;
7. an act of war, declared or undeclared, or any act related to war; or
8. operating, descending from or riding in any type of aircraft. This also applies to persons being flown for the purpose of descent from the aircraft while in flight. This does not apply to a passenger with no duties on board an aircraft operated:
 - a. commercially over scheduled routes to transport passengers for hire; or
 - b. by a private business to transport its personnel or guests.

PAYMENT OF BENEFITS

We shall pay the accidental death benefit shown in the Declarations to the deceased eligible person's surviving spouse; if none, to surviving children, share and share alike; if none, to surviving parents, share and share alike; if none, to the eligible person's estate.

BENEFIT LIMIT

1. We shall pay no more than the accidental death benefit limit stated in the Declarations for each eligible person for whom this benefit is payable.
2. The benefit limit for this coverage is not increased regardless of the number of:
 - a. insureds;
 - b. persons injured;
 - c. claims presented or suits brought; or
 - d. underlying policies.

CONDITIONS

1. We must be furnished with:
 - a. a copy of the eligible person's death certificate; and
 - b. a sworn statement which identifies the person(s) entitled to the benefit.
2. This benefit is primary and shall not be reduced by or be used to reduce any other coverage or benefit provided by this policy or a policy issued by us or a Company affiliated with us.

All other policy terms and conditions apply.

SERFF Tracking Number: AOIC-125860304 State: Arkansas
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Product Name: Executive Umbrella
Project Name/Number: EUM/26773 EUM

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/22/2008

Comments:

Attachment:

26773 NAIC Transmittal.pdf

Satisfied -Name: Certificate of Compliance **Review Status:** Approved 10/22/2008

Comments:

Attachment:

26773 Cert of Compl..pdf

Property & Casualty Transmittal Document

Reset Form

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 #
Auto-Owners Insurance Company	280

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Auto-Owners Insurance Company	Michigan	280-18988	38-0315280	

5. Company Tracking Number	EUM-AR-99-10/17/2008
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Dan Sills, CPCU, ARM, AIS, Manager P.O. Box 30660 Lansing, MI 48909-8160		517-886-1874	517-391-1903	SILLS.DAN@AOINS.COM
		800-346-0346 Ext. 1874		

7. Signature of authorized filer	
8. Please print name of authorized filer	Dan Sills, CPCU, ARM, AIS

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

9. Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10. Sub-Type of Insurance (Sub-TOI)	17.0021 Personal Umbrella and Excess
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Executive Umbrella
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: On Approval Renewal: On Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	October 17, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	EUM-AR-99-10/17/2008-26773
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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FORM FILING: 26773 (10-08) - Accidental Death Benefit

Form Attaches To: Executive Umbrella Coverage Part

Use: This form will automatically roll on all Executive Umbrella policies.

Revisions to the form include: Initial Filing

Submitted for your approval is the above-referenced form. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

DAN SILLS, CPCU, ARM, AIS, MANAGER
HOME OFFICE UMBRELLA UNDERWRITING
SILLS.DAN@AOINS.COM (emails without attachments)
perslinesund@aoins.net (emails with attachments)
517-886-1874

Underwriter:

SUSAN HAYES
HAYES.SUSAN@AOINS.COM
(517) 886-1913

[View Complete Filing Description](#)

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.)**

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)	
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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	Accidental Death Benefit	26773 (10-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

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

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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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	

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION
RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Auto-Owners Insurance Company 280-18988
DESCRIPTION: Accidental Death Benefit
FORM NUMBER: 26773
EDITION DATE: (1008)

This is to certify that the above captioned property and/or casualty policy form has achieved a Flesch Reading Ease Test Score of 43.30 , and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. SS23-80-301--23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company
Mike Martin, CPCU

Vice President
Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.