

SERFF Tracking Number: INMX-125860642 State: Arkansas  
Filing Company: InsureMax Insurance Company State Tracking Number: #9008 \$50  
Company Tracking Number: 20AR1008  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Form Revision 1108  
Project Name/Number: /

## Filing at a Glance

Company: InsureMax Insurance Company

Product Name: AR Form Revision 1108

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Form

SERFF Tr Num: INMX-125860642

SERFF Status: Closed

Co Tr Num: 20AR1008

Co Status:

Author: Jennifer Capozziello

Date Submitted: 10/21/2008

State: Arkansas

State Tr Num: #9008 \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi

Disposition Date: 10/28/2008

Disposition Status: Approved

Effective Date Requested (New): 11/17/2008

Effective Date Requested (Renewal): 11/17/2008

Effective Date (New): 11/17/2008

Effective Date (Renewal):

11/17/2008

State Filing Description:

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/28/2008

State Status Changed: 10/28/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Attached is a form filing for our Private Passenger Auto program. The following forms were updated to include the signature of our new Senior Vice President.

- 1) Declarations Page (FM-NDF0908)- this form also now includes our phone number
- 2) Declarations Page- web version (FM-NDW0908)- this form also now includes our phone number
- 3) Personal Auto Policy excerpt, pg. 12

If I can assist in answering any questions or providing any additional information regarding this update, please contact

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me by telephone at (877) 858-4100 x277 or by email at [jcapozziello@insuremax.net](mailto:jcapozziello@insuremax.net).

Sincerely,

Jennifer Capozziello

Product Analyst

InsureMax Insurance Company

## Company and Contact

### Filing Contact Information

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

[jcapozziello@insuremax.net](mailto: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:

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## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
9008	\$50.00	10/16/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	10/28/2008	10/28/2008

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## Disposition

Disposition Date: 10/28/2008

Effective Date (New): 11/17/2008

Effective Date (Renewal): 11/17/2008

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	Personal Auto Policy	Approved	Yes
Form	Declarations Page- Web version	Approved	Yes
Form	Declarations Page	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Auto Policy	Rev. 0908	0908	Policy/Coverage Form	Replaced Form #: V. 2/08 Previous Filing #: 09AR0108		AR PAP (9-2008) new format p. 12.pdf
Approved	Declarations Page- Web version	FM-NDW0908	0908	Declaration s/Schedule	Replaced Form #: FM-NDW0808 Previous Filing #: 19AR0808		FM-NDW0908 (AR) Web Dec.pdf
Approved	Declarations Page	FM-NDF0908	0908	Declaration s/Schedule	Replaced Form #: FM-NDF0507 Previous Filing #: 06AR0607		FM-NDF0908 (AR) New Dec.pdf

- (2) report a theft of the **car** or its equipment to the police within 24 hours of discovering the theft.
- (3) allow **us** to inspect and appraise the damaged **car** before its repair or disposal.

**In Witness Whereof**, the company has caused this policy to be executed and attested.



Senior Vice President



President

**THE FOLLOWING ENDORSEMENT APPLIES ONLY IF TLC-0899 APPEARS ON THE DECLARATIONS PAGE.**

**TOWING AND LABOR COVERAGE ENDORSEMENT**

If **you** pay a premium for Towing and Labor Coverage, **we** will pay for towing and labor costs incurred by **you** each time **your insured car**, is disabled, subject to the Limit of Liability shown on the Declarations Page, provided that the labor is performed at the place of disablement.

**All other terms and conditions of your Personal Car Policy remain unchanged.**

**THE FOLLOWING ENDORSEMENT APPLIES ONLY IF RRC-0899 APPEARS ON THE DECLARATIONS PAGE.**

**RENTAL REIMBURSEMENT COVERAGE ENDORSEMENT**

If **you** pay a premium for Rental Reimbursement Coverage, **we** will reimburse **you** for reasonable and necessary rental charges actually incurred by **you**, subject to the Limit of Liability shown on the Declarations Page for the loss of use of **your insured car** because of damage covered under Car Damage Coverage to **your insured car**. In the event of the total theft of **your insured car**, **we** will only consider expenses incurred beginning 48 hours after the theft is reported to a law enforcement agency.

Rental charges will be reimbursed beginning when **your insured car** cannot be driven due to a covered loss or when **your insured car** is delivered to a repair shop for repairs due to a covered loss.

**Your insured car** must be continuously withdrawn from normal use for more than 24 hours.

The coverage period ends when **your insured car** is returned to use or **we** make a settlement to pay the actual cash value of **your insured car**. **You** must provide us written proof of **your** rental charges. Credit card receipts are not sufficient proof.

**All other terms and conditions of your Personal Car Policy remain unchanged.**

**THE FOLLOWING ENDORSEMENT APPLIES ONLY IF ENDORSEMENT NUMBER AIN 0698 APPEARS ON THE DECLARATIONS PAGE.**

**ADDITIONAL INSURED-LEASED MOTOR VEHICLES**

It is agreed:

- (1) that the **car** described in the Declarations shall be considered as owned by **you** while it is leased to **you** under a long-term contract from the owner whose name appears on the Declarations Page.
- (2) **you** are covered as the named insured.
- (3) under Part I – Liability, the owner shall be covered as an **insured person**.
- (4) under any Car Damage Coverage of Part IV of the policy that is in force, a **loss** shall be payable to **you** and the owner as the interests of each may appear.
- (5) this policy will not be changed or terminated as to the interest of the owner of the **car** without 10 days written notice to the owner.

- (6) there is no coverage while the **car** is loaned, rented or leased by the owner to any party other than **you**.
- (7) an additional insured has no greater rights under this policy than the named insured. Where coverage is denied to the named insured, coverage is also denied to the additional insured.

**THE FOLLOWING ENDORSEMENT APPLIES ONLY IF ENDORSEMENT NUMBER LPC 0698 APPEARS ON THE DECLARATIONS PAGE.**

**LOSS PAYABLE CLAUSE**

**We** will pay **loss** or damage due under this policy according to **your** interest and that of the loss payee if one is shown in the Declarations. **We** may make separate payments according to those interests.

The loss payee has no greater rights under this policy than the Named Insured. Where coverage is denied to the Named Insured, coverage is also denied to the loss payee.

**We** may cancel this policy according to its terms.

**We** will protect the loss payee's interest for:

- (1) 10 days after **we** mail them notice that the policy will terminate for non payment of premium.
- (2) 20 days after **we** mail them notice that the policy will terminate in all other cases.

If **we** pay the loss payee for any loss or damage suffered during that period, **we** have the right to recover the amount of any such payment to **you**.

If **you** fail to give proof of loss within the time allowed, the loss payee may protect its interest by filing a proof of loss within 30 days after that time.

The loss payee must notify **us** of any known change of ownership or increase in the risk. If it does not, it will not be entitled to any payment under this protection.

If **we** pay the loss payee under the terms of this protection for a **loss** not covered under the policy, **we** are subrogated to its rights against **you**. This will not affect the loss payee's right to recover the full amount of its claim. The loss payee must assign **us** its interest and transfer to **us** all supporting documents if **we** pay the balance due to the loss payee on the vehicle.

When the deductible amount shown in the Declarations Page for Car Damage coverage is less than \$250, the deductible amount applicable to losses payable to the loss payee under this coverage shall be \$250.

This deductible amount applies only when the covered automobile has been repossessed by or surrendered to the loss payee and the interest of the loss payee has become impaired.

All other losses payable under Part IV - Car Damage are subject to the deductible amount shown in the Declarations.

**NOTICE TO POLICYHOLDERS**

We are here to serve you.

As our policyholder, your satisfaction is very important to us. If you have a question about your policy, if you need assistance with a problem, or if you have a claim, you should first contact your insurance agent or us at (812) 858-4100. Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion.

Should you feel you are not being treated fairly with respect to a claim, you may contact the Arkansas Insurance Department with your complaint. To contact the Department, write or call:

Consumer Services Division  
Arkansas Insurance Department  
1200 W. 3rd Street  
Little Rock, AR 72201-1904  
1-800-852-5494 or 501-371-2640

REV. 9/08



# Declarations

# Automobile Policy

Policy Period **From:** 7/8/08 **To:** 1/8/09 **Policy Number:** AR-NS123456 **Agent:** 31009

This policy shall incept the later of: 1. the time the application for insurance is executed on the first day of the policy; or 2. 12:01am on the first day of the policy period.  
This policy shall expire at 12:01am on the last day of the policy period.

Insured Name and Address

JOE CUSTOMER  
4151 LAKEVIEW ROAD APT 3B  
LITTLE ROCK, AR 72201

Insured Location

4151 LAKEVIEW ROAD APT 3B  
LITTLE ROCK, AR 72201  
501-345-9876

## DRIVER INFORMATION

No	Driver Name	Status	Date of Birth	Class	Points	Filing
1	JOE CUSTOMER	Primary	4/5/1967	SM41	4	None
2	JOHN CUSTOMER	Excluded	12/3/1988			

## VEHICLES AND COVERAGES

Coverages and Limits of Liability apply only to Vehicles for which a Premium is shown.  
The limit of liability for each coverage as shown below is subject to the terms of the policy.

### 2005 HYUNDAI TIBURON GT/TIBURON SE

VIN: <b>KMHHN65F051234567</b>	Symbol: <b>A2020</b>	Zip: <b>72201</b>	Limits	Deductible	Premium
BODILY INJURY LIABILITY			\$25,000 each person \$50,000 each accident		\$205.00
PROPERTY DAMAGE LIABILITY			\$25,000 each accident		\$201.00
PERSONAL INJURY PROTECTION - MEDICAL/HOSPITAL			\$5,000 each person		\$341.00
PERSONAL INJURY PROTECTION - ACCIDENTAL DEATH			\$5,000 each person		\$116.00
PERSONAL INJURY PROTECTION - INCOME DISABILITY			Statutory Limit		\$141.00
UNINSURED MOTORIST BODILY INJURY			\$25,000 each person \$50,000 each accident		\$49.00
UNDERINSURED MOTORIST BODILY INJURY			\$25,000 each person \$50,000 each accident		\$44.00
UNINSURED MOTORIST PROPERTY DAMAGE			\$25,000 each accident	\$200	\$76.00
COLLISION				\$1000	\$1,843.00
COMPREHENSIVE (OTHER THAN COLLISION)				\$1000	\$862.00
TOWING AND LABOR			\$75 each occurrence		\$15.00
RENTAL REIMBURSEMENT			\$30 each day 30 day max each accident		\$40.00
AUTOMOBILE ACCIDENTAL DEATH			\$2,000 per policy period		\$15.00
<b>Total Premium for 2005 HYUNDAI (Commute)</b>					<b>\$3,948.00</b>

Lienholder: ARKANSAS NATIONAL 3942 ELM SPRINGS ROAD SPRINGDALE AR 72762

### 1978 FORD F-150

VIN: <b>F15JL</b>	Symbol: <b>V0707</b>	Zip: <b>72201</b>	Limits	Deductible	Premium
BODILY INJURY LIABILITY			\$25,000 each person \$50,000 each accident		\$205.00
PROPERTY DAMAGE LIABILITY			\$25,000 each accident		\$201.00
PERSONAL INJURY PROTECTION - MEDICAL/HOSPITAL			\$5,000 each person		\$341.00
PERSONAL INJURY PROTECTION - ACCIDENTAL DEATH			\$5,000 each person		\$116.00
PERSONAL INJURY PROTECTION - INCOME DISABILITY			Statutory Limit		\$141.00
UNINSURED MOTORIST BODILY INJURY			\$25,000 each person \$50,000 each accident		\$49.00
UNDERINSURED MOTORIST BODILY INJURY			\$25,000 each person \$50,000 each accident		\$44.00
UNINSURED MOTORIST PROPERTY DAMAGE			\$25,000 each accident	\$200	\$40.00
TOWING AND LABOR			\$75 each occurrence		\$15.00
<b>Total Premium for 1978 FORD (Farm)</b>					<b>\$1,152.00</b>

**Policy Fee \$10.00**

Discounts: Home Owner, Multi-Car, Prior Insurance

**Total Premium \$5,110.00**

## FORMS AND ENDORSEMENTS

LPC0698 TLC0899 RRC0899 ADD0408

This Declarations Page, together with the forms and endorsements indicated, completes the above numbered policy and supersedes any other policy having an earlier inception date with the same policy number

Authorized Representative



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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

10/28/2008

**Comments:**

**Attachment:**

Transmittal Document 1008 Form.pdf

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

**1. Reserved for Insurance Dept. Use Only**

<b>2. Insurance Department Use only</b>	
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	

<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
14. Effective Date(s) Requested	New:    _____    Renewal:    _____



## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
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		





<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>			
		<b>COMPANY USE</b>	<b>STATE USE</b>
5a.	<b>Overall percentage rate impact for this filing</b>		
5b.	<b>Effect of Rate Filing – Written premium change for this program</b>		
5c.	<b>Effect of Rate Filing – Number of policyholders affected</b>		
6.	<b>Overall percentage of last rate revision</b>		
7.	<b>Effective Date of last rate revision</b>		
8.	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>		
9.	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
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	