Filing at a Glance

Companies: State Automobile Mutual Insurance Company, State Auto Property and Casualty Insurance Company

Product Name: Business Owners	SERFF Tr Num: SAMM-125840024	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT $50
Sub-TOI: 05.0002 Businessowners	Co Tr Num: SAC-BOP-2008-647	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Elizabeth Kucia	Disposition Date: 10/24/2008
	Date Submitted: 10/22/2008	Disposition Status: Approved
Effective Date Requested (New): 11/21/2008		Effective Date (New): 11/21/2008
Effective Date Requested (Renewal): 11/21/2008		Effective Date (Renewal): 11/21/2008

State Filing Description:

General Information

Project Name: File BOP Form BP 23 05	Status of Filing in Domicile:
Project Number: SAC-BOP-2008-647	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/24/2008	
State Status Changed: 10/24/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

This filing is to introduce the optional State Auto form BP 23 05, Additional Insured - Controlling Interest for Optometrist Professional Liability. Please refer to the enclosed Supporting Documents and copy of the form for details.

Company and Contact

Filing Contact Information

Elizabeth Kucia, Product Analyst
769 Hebron Ave
Glastonbury, CT 06033
ekucia@patronsgroup.com
(800) 800-0863 [Phone]

Filing Company Information

State Automobile Mutual Insurance Company 518 East Broad Street P. O. Box 182822 Columbus, OH 43215 (614) 464-5000 ext. [Phone]	CoCode: 25135 Group Code: 175 Group Name: FEIN Number: 31-4316080 ---------	State of Domicile: Ohio Company Type: Property and Casualty State ID Number:
State Auto Property and Casualty Insurance Company 1300 Woodland Avenue P. O. Box 66150 West Des Moines, IA 50265-0150 (614) 464-5000 ext. [Phone]	CoCode: 25127 Group Code: 175 Group Name: FEIN Number: 57-6010814 ---------	State of Domicile: Iowa Company Type: Property and Casualty State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50.00 Arkansas filing fee.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Automobile Mutual Insurance Company	$50.00	10/22/2008	23391858
State Auto Property and Casualty Insurance	$0.00	10/22/2008	

SERFF Tracking Number:	*SAMM-125840024*	*State:*	*Arkansas*
First Filing Company:	*State Automobile Mutual Insurance Company, ...*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*SAC-BOP-2008-647*		
TOI:	*05.0 Commercial Multi-Peril - Liability & Non-Liability*	*Sub-TOI:*	*05.0002 Businessowners*
Product Name:	*Business Owners*		
Project Name/Number:	*File BOP Form BP 23 05/SAC-BOP-2008-647*		

Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/24/2008	10/24/2008

Disposition

Disposition Date: 10/24/2008
Effective Date (New): 11/21/2008
Effective Date (Renewal): 11/21/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	*SAMM-125840024*	*State:*	*Arkansas*
First Filing Company:	*State Automobile Mutual Insurance Company, ...*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*SAC-BOP-2008-647*		
TOI:	*05.0 Commercial Multi-Peril - Liability & Non-Liability*	*Sub-TOI:*	*05.0002 Businessowners*
Product Name:	*Business Owners*		
Project Name/Number:	*File BOP Form BP 23 05/SAC-BOP-2008-647*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Additional Insured - Controlling Interest	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured - Controlling Interest	BP 23 05	09 08	Endorsement/Amendment/Conditions	New			BP 23 05 09 08 Additional Insured - Controlling Interest _Optometrist Professional _.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – CONTROLLING INTEREST

This endorsement modifies insurance provided under the following:

OPTOMETRISTS, OPTICIANS AND HEARING AID ESTABLISHMENTS PROFESSIONAL LIABILITY
BUSINESSOWNERS COMMON POLICY CONDITIONS

SCHEDULE

Name Of Person Or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1. **Paragraph D. – Who Is An Insured** of **Optometrist, Opticians, And Hearing Aid Establishments Professional Liability** is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their vicarious liability caused by a "business entity incident" because:
   - **a.** The person or organization has financial control over you; or
   - **b.** The person or organization owns, maintains or controls the premises that you lease or occupy.

   The insurance provided by this endorsement does not apply to injury or damages arising out of the sole negligence or willful misconduct of the person(s) or organization(s) shown in the Schedule.
2. For the purpose of the insurance provided by this endorsement the following applies:
   - **a.** A "Business entity incident" means any act or omission arising out of the providing of or failure to provide professional optometric services by:
     - **(1)** Any of your partners (if you are a partnership), members or managers (if you are a limited liability company), or directors, "executive officers", governors, trustees or stockholders (if you are an association or corporation);
     - **(2)** Your "employee"; or
     - **(3)** Any person acting under the personal direction, control or supervision of:
       - **(a)** A partner (if you are a partnership);
       - **(b)** A member or manager (if you are a limited liability company); or
       - **(c)** A director "executive officer", governor, trustee or stockholder (if you are an association
3. The following is added to **Paragraph H.- Other Insurance of the Businessowners Common Policy Conditions**:

   Damages resulting from the rendering of or failure to render professional services in connection with the Named Insured's practice of optometry under the terms of this insurance, will apply on a primary basis. Any similar insurance carried by the person(s) or organization(s) in the Schedule shall be noncontributing with this insurance.

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Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	10/24/2008

Comments:

Please refer to the attached NAIC Transmittal Document.

Attachment:

NAIC Trans Doc.pdf

		Review Status:	
Satisfied -Name:	Cover Letter	Approved	10/24/2008

Comments:

Please refer to the attached Cover Letter for details of this filing.

Attachment:

AR Cover Letter.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 #
	State Auto Insurance Companies	175

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	State Automobile Mutual Insurance Comp.	Ohio	25135		
	State Auto Property & Casualty Ins. Comp.	Iowa	25127		

5.	Company Tracking Number	SAC-BOP-2008-647

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Elizabeth Kucia 769 Hebron Ave. Glastonbury, CT 06033	Actuarial Technician	1-800-800-0863 x-3330	1-317-931-6126	liz.kucia@stateauto.com

7.	Signature of authorized filer	Elizabeth Kucia — Digitally signed by Elizabeth Kucia DN: cn=Elizabeth Kucia, o, ou, email=elizabeth.kucia@stateauto.com, c=US Date: 2008.10.22 08:34:14 -04'00'
8.	Please print name of authorized filer	Elizabeth Kucia

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

9.	**Type of Insurance (TOI)**	05.0 CMP Liability and Non-Liability
10.	**Sub-Type of Insurance (Sub-TOI)**	05.0002 Businessowners
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**	
12.	**Company Program Title** (Marketing title)	
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☑ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: 11-21-2008 Renewal: 11-21-2008
15.	**Reference Filing?**	☐ Yes ☑ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	
19.	**Status of filing in domicile**	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	SAC-BOP-2008-647

21.	**Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

This filing is to introduce a new State Auto form in Arkansas. The new optional form, Additional Insured – Controlling Interest, BP 23 05, provides coverage to be extended to additional interests for entities that: (i) have financial control over the named insured or, (ii) owns, maintains or controls the premises leased or occupied by the named insured. This form is intended for use with Optometrists, Opticians and Hearing Aid Establishments Professional Liability and is available at the request of the insured.

Please refer to the enclosed form for details. We are proposing an effective date of November 19, 2008.

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 #: EFT
Amount: $50.00

Arkansas Filing Fee.

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.)**

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Effective March 1, 2007

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 #**	SAC-BOP-2008-647
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	n/a

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	Additional Insured - Controlling Interest	BP 23 25 09 08	☑ 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		

PC FFS-1

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October 22, 2008

Julie Benafield Bowman
Insurance Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: State Automobile Mutual Insurance Company – NAIC #25135
State Auto Property & Casualty Insurance Company – NAIC #25127
Businessowners Program
Filing #: SAC-BOP-2008-647

Dear Commissioner Julie Benafield Bowman:

This filing is to introduce a new State Auto form in Arkansas. The new optional form, Additional Insured – Controlling Interest, BP 23 05, provides coverage to be extended to additional interests for entities that: (i) have financial control over the named insured or, (ii) owns, maintains or controls the premises leased or occupied by the named insured. This form is intended for use with Optometrists, Opticians and Hearing Aid Establishments Professional Liability and is available at the request of the insured.

Please refer to the enclosed form for details. We are proposing an effective date of November 21, 2008.

If you should have any questions, please contact me at 1-800-800-0863, ext. 3330, or email me at liz.kucia@stateauto.com

Sincerely,

Elizabeth Kucia

Digitally signed by Elizabeth Kucia
DN: cn=Elizabeth Kucia, o, ou, email=elizabeth.kucia@stateauto.com, c=US
Date: 2008.10.22 08:33:55 -04'00'

Elizabeth Kucia
Actuarial Technician