

SERFF Tracking Number: AOIC-125903366 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CAU-AR-99-11/21/2008-89102  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: Rental Automobile Gap Coverage/89102 CAU

## Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Commercial Automobile SERFF Tr Num: AOIC-125903366 State: Arkansas  
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 20.0001 Business Auto Co Tr Num: CAU-AR-99-11/21/2008-89102 State Status: Fees verified and received  
Filing Type: Form Co Status: Pending Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Authors: Claudia Stewart, Carol Mitchell Disposition Date: 11/19/2008  
Date Submitted: 11/19/2008 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New): 11/19/2008  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 11/19/2008

State Filing Description:

## General Information

Project Name: Rental Automobile Gap Coverage Status of Filing in Domicile: Not Filed  
Project Number: 89102 CAU Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 11/19/2008 Deemer Date:  
State Status Changed: 11/19/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
FORM FILING: 89102 (06-08) - Rental Automobile Gap Coverage  
Form Attaches To: Automobile Coverage Form

Use: This form will be part of the Commercial Automobile Plus Coverage Package. Coverage will be provided for the insured's contractual obligation when a rented PPA is sold rather than repaired.

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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: Rental Automobile Gap Coverage/89102 CAU

Revisions to the form include: Revised to include coverage for diminished value.

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:

BRANDI HOLLY, MANAGER  
COMMERCIAL AUTOMOBILE UNDERWRITING  
HOLLY.BRANDI@AOINS.COM (emails without attachments)  
commlinesund@aoins.net (emails with attachments)  
517-323-1421

Underwriter:

TONYA GUILFORD  
GUILFORD.TONYA@AOINS.COM  
(517) 886-1759

## Company and Contact

### Filing Contact Information

Brandi Holly, Manager  
PO Box 30660  
Lansing, MI 48909-8160  
holly.brandi@aoins.com  
(517) 323-1421 [Phone]  
(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 Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	
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Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio

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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: 34-1172650  
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First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
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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	11/19/2008	24028251
Owners Insurance Company	\$0.00	11/19/2008	

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Product Name: Commercial Automobile  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/19/2008	11/19/2008

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## Disposition

Disposition Date: 11/19/2008  
Effective Date (New): 11/19/2008  
Effective Date (Renewal): 11/19/2008  
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



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rental Automobile Gap Coverage	89102	06-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:46.70 89102 (08-07) Previous Filing #:	46.70	89102 (06-08).pdf

## RENTAL AUTOMOBILE GAP COVERAGE

### Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 4. LIMIT OF LIABILITY**, the following condition is added:

If the first named **insured** is:

- (1) an individual; or
- (2) other than an individual with the Broadened Coverage for Named Individuals - Drive Other Cars endorsement attached to a **private passenger automobile** with Comprehensive and Collision Coverages; and

If the **automobile** is:

- (1) a rented **private passenger automobile**;
- (2) not a total loss; and

- (3) sold in its damaged condition rather than repaired, as decided by the rental company from which **you** rented the **automobile**, then **we** will pay the amount for which **you** are liable under the terms of the rental agreement; or
- (4) repaired, then **we** will pay for damage to the rented **private passenger automobile** because of or resulting from any real or perceived reduction in market value of the rented **private passenger automobile** after it has been repaired as compared to the real or perceived market value of the rented **private passenger automobile** prior to such damage. This coverage shall be excess over any coverage provided by the AUTOMOBILE PHYSICAL DAMAGE PLUS ENDORSEMENT if attached to the policy.

All other policy terms and conditions apply.

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*TOI:* 20.0 Commercial Auto      *Sub-TOI:* 20.0001 Business Auto  
*Product Name:* Commercial Automobile  
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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 11/19/2008

**Comments:**

**Attachment:**

89102 CAU naic transmittal.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<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: <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					

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

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

<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 (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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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			<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.)**

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

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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

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

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