

SERFF Tracking Number: OCCD-125853378 State: Arkansas
Filing Company: Acceptance Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-551
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: /

Filing at a Glance

Company: Acceptance Casualty Insurance Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: OCCD-125853378 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-551

Co Status:

Author: Latesha Debnam

Date Submitted: 10/30/2008

State Tr Num: EFT \$50

State Status: Fees pending

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 11/07/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date Requested (Renewal): 01/01/2009

Effective Date (New): 12/01/2008

Effective Date (Renewal):
01/01/2009

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 11/07/2008

State Status Changed: 11/07/2008

Corresponding Filing Tracking Number:

Filing Description:

We wish to file form, AA 14 08 09 08

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Latesha Debnam, State Filing Analyst

702 Oberlin Road

ldebnam@ofc-wic.com

(919) 833-1600 [Phone]

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Product Name: Commercial Auto
Project Name/Number: /

Raleigh, NC 27605

(919) 833-8535[FAX]

Filing Company Information

Acceptance Casualty Insurance Company
702 Oberlin Road

CoCode: 10349
Group Code: 225

State of Domicile: Nebraska
Company Type: Property and
Casualty

Raleigh, NC 27605
(919) 833-1600 ext. 8164[Phone]

Group Name: IAT Group
FEIN Number: 47-0792732

State ID Number: 03

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acceptance Casualty Insurance Company	\$25.00	10/30/2008	23599460

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/07/2008	11/07/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Form Filing Fee	Note To Filer	Llyweyia Rawlins	10/31/2008	10/31/2008
Email note on Filing Fee	Reviewer Note	Llyweyia Rawlins	11/07/2008	

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Disposition

Disposition Date: 11/07/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

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 Project Name/Number: /

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 Endorsement-Business Auto	Approved	Yes

SERFF Tracking Number: *OCCD-125853378* *State:* *Arkansas*
Filing Company: *Acceptance Casualty Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-551*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Commercial Auto*
Project Name/Number: */*

Note To Filer

Created By:

Llyweyia Rawlins on 10/31/2008 08:58 AM

Subject:

Form Filing Fee

Comments:

Hello Latesha

The required form filing fee for the state of Arkansas is \$50 per filing. The balance due is \$25.
When can we expect the remaining balance?

Sincerely,

Llyweyia Rawlins

SERFF Tracking Number: *OCCD-125853378* *State:* *Arkansas*
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Company Tracking Number: *08-551*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Commercial Auto*
Project Name/Number: */*

Reviewer Note

Created By:

Llyweyia Rawlins on 11/07/2008 01:29 PM

Subject:

Email note on Filing Fee

Comments:

Sending a \$25 check in the mail for remaining balance.

SERFF Tracking Number: *OCCD-125853378* *State:* *Arkansas*
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Attachment "OCCD-125853378.txt" is not a PDF document and cannot be reproduced here.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured Endorsement-Business Auto	AA 14 08	09 08	Policy/Coverage New Form		10.50	AA 14 08 09 08.pdf

POLICY NUMBER:

COMMERCIAL AUTO
AA 14 08 09 08

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED ENDORSEMENT - BUSINESS AUTO

This endorsement modifies insurance provided under the following:
BUSINESS AUTO COVERAGE FORM

SCHEDULE

Name of Person(s) or Organization(s):

Address of Person(s) or Organization(s):

SECTION II - LIABILITY COVERAGE, Paragraph **A.1 Who Is An Insured**, item **c.**, is amended to include the person(s) or organization(s) indicated in the Schedule, but only with respect to their liability arising out of acts or omissions of an "insured" under Section **II**, Paragraph **A.1.a** and **A.1.b.**, subject to the following additional provisions:

1. No liability is assumed by the person(s) or organization(s) shown in the Schedule for the payment of any premiums stated in the policy or earned under the policy.
2. If we cancel or nonrenew the policy, a copy of the written notice of cancellation may be mailed by us to the person(s) or organization(s) shown in the Schedule.

All other terms and conditions of the policy remain unchanged.

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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 11/07/2008

Comments:

Attachment:

P&C Transmittal.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 11/07/2008

Comments:

Attachment:

AR Comm Auto.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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.)

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			<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

Acceptance Casualty Insurance Company

702 OBERLIN ROAD, BOX 10800, RALEIGH, NORTH CAROLINA 27605 (919) 833-1600 1-800-7486 (National) 1-800-342-0753 (In N.C.)

October 21, 2008

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

RE: Acceptance Indemnity Insurance Company
FEIN# 47-0719425 NAIC # 20010
Commercial Automobile
Filing # 08-551

Dear Commissioner Bowman,

Acceptance Indemnity Insurance Company, a member of IAT Group, is a subscriber of the Insurance Services Office (ISO) and has authorized them to file rules and forms on our behalf, for Commercial Automobile coverage, to the extent permitted by law. At this time we wish to file the following form:

- Additional Insured Endorsement – Business Auto AA 14 08 09 08

Attached is a copy of the form we are adopting for your review. We wish this form to be effective for new business on December 1, 2008 and January 1, 2009 for renewal business.

If you have any questions, please feel free to contact me at (800) 525-7486 ext. 3311 or by e-mail at ldebnam@ofc-wic.com.

Kind Regards,

Latesha Debnam
Regulatory Compliance
State Filing Technician