

SERFF Tracking Number: AGMK-125914358 State: Arkansas  
First Filing Company: AIU Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 08-03-815-493  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Private Auto  
Project Name/Number: New Policy Contract Implementation/08-03-815-493

## Filing at a Glance

Companies: AIU Insurance Company, American Home Assurance Company, American International Insurance Company, AIG Casualty Company, National Union Fire Insurance Company of Pittsburgh, PA, The Insurance Company of the State of Pennsylvania

Product Name: Personal Private Auto	SERFF Tr Num: AGMK-125914358	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: 08-03-815-493	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Brittany Yielding
	Author: John Shellenberger	Disposition Date: 12/04/2008
	Date Submitted: 11/26/2008	Disposition Status: Approved
Effective Date Requested (New): 02/21/2009		Effective Date (New): 04/27/2009
Effective Date Requested (Renewal): 04/22/2009		Effective Date (Renewal): 06/29/2009

State Filing Description:

## General Information

Project Name: New Policy Contract Implementation	Status of Filing in Domicile: Not Filed
Project Number: 08-03-815-493	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/04/2008	
State Status Changed: 12/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Arkansas Insurance Department	
1200 West Third Street	
Little Rock, AR 72201	

Re: AIU Insurance Company, NAIC# 19399, FEIN# 13-530-3710

SERFF Tracking Number: AGMK-125914358 State: Arkansas  
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American Home Assurance Company, NAIC# 19380, FEIN# 13-512-4990

American International Insurance Company, NAIC# 32220, FEIN# 13-333-3609

AIG Casualty Company, NAIC# 19402, FEIN# 25-111-8791

National Union Fire Insurance Company of Pittsburgh, PA, NAIC# 19445, FEIN# 25-068-7550

The Insurance Company of the State of Pennsylvania, NAIC# 19429, FEIN# 13-554-0698

Personal Auto Forms Filing

Company File Number: 08-03-815-493

Dear Sir or Madam,

The above captioned American International Companies are hereby submitting a personal automobile forms filing for implementation of previously filed and approved forms

The captioned AIG companies received stamped approval on September 12, 2005 for company filing 05-03-815-288 with an effective date of February 19, 2006. Subsequently, on April 11, 2006, we requested a deferral of implementation, with the understanding that we would notify the department in advance of a new effective date. Copies of both letters are attached to the Supporting Documentation tab. We hereby request a new implementation date of February 21, 2009 for New Business and April 22, 2009 for Renewals for these forms.

Additionally, the following form was filed and approved, as indicated below, and will continue to be used:

o AU CWB6 0806 Security Advantage Endorsement, company filing # 06-03-815-317. Stamped approval letter is attached to the Supporting Documentation tab.

One new form is being submitted as a replacement to a recently filed and approved revised form:

o AU AR35 0209 Arkansas Personal Injury Protection Selection/Rejection of Coverage will replace AU AR35 0605, approved under filing 05-03-815-288 referenced above.

o AU AR35 0209 mirrors AR-PIP (8/05) recently filed and approved under SERFF Tracking # AGMK-125793736, company filing # 08-03-815-411 with a disposition of Closed-Approved on September 4, 2008. With this filing we are simply changing the form number and edition to coincide with the new company format – no other changes have been

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made. We request the same effective dates referred to above.

Should you have any questions regarding this filing please contact me directly at the above listed numbers or via email at [john.shellenberger@aig.com](mailto:john.shellenberger@aig.com).

Sincerely,

John Shellenberger  
Contract Analyst

## Company and Contact

### Filing Contact Information

John Shellenberger, Contract Analyst john.shellenberger@aig.com  
One AIG Center (302) 252-3962 [Phone]  
Wilmington, DE 19803 (302) 252-2455[FAX]

### Filing Company Information

AIU Insurance Company	CoCode: 19399	State of Domicile: New York
One AIG Center	Group Code: 12	Company Type: Property & Casualty
Wilmington, DE 19803	Group Name: AIGM	State ID Number:
(302) 252-2165 ext. [Phone]	FEIN Number: 13-5303710	
	-----	

American Home Assurance Company	CoCode: 19380	State of Domicile: New York
One AIG Center	Group Code: 12	Company Type: Property & Casualty
Wilmington, DE 19803	Group Name: AIGM	State ID Number:
(302) 252-2165 ext. [Phone]	FEIN Number: 13-5124990	
	-----	

American International Insurance Company	CoCode: 32220	State of Domicile: New York
One AIG Center	Group Code: 12	Company Type: Property & Casualty
Wilmington, DE 19803	Group Name: AIGM	State ID Number:
(302) 252-2165 ext. 2165[Phone]	FEIN Number: 13-3333609	

SERFF Tracking Number: AGMK-125914358 State: Arkansas  
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AIG Casualty Company CoCode: 19402 State of Domicile: Pennsylvania  
One AIG Center Group Code: 12 Company Type: Property &  
Casualty  
Wilmington, DE 19803 Group Name: AIGM State ID Number:  
(302) 252-2165 ext. [Phone] FEIN Number: 25-1118791

-----  
National Union Fire Insurance Company of CoCode: 19445 State of Domicile: Pennsylvania  
Pittsburgh, PA Group Code: 12 Company Type: Property &  
One AIG Center Casualty  
Wilmington, DE 19803 Group Name: AIGM State ID Number:  
(302) 252-2165 ext. [Phone] FEIN Number: 25-0687550

-----  
The Insurance Company of the State of CoCode: 19429 State of Domicile: Pennsylvania  
Pennsylvania Group Code: 12 Company Type: Property &  
One AIG Center Casualty  
Wilmington, DE 19803 Group Name: AIGM State ID Number:  
(302) 252-2165 ext. [Phone] FEIN Number: 13-5540698  
-----

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIU Insurance Company	\$50.00	11/26/2008	24185637
American Home Assurance Company	\$0.00	11/26/2008	
American International Insurance Company	\$0.00	11/26/2008	
AIG Casualty Company	\$0.00	11/26/2008	
National Union Fire Insurance Company of Pittsburgh, PA	\$0.00	11/26/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	11/26/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	12/04/2008	12/04/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Change of Effective Dates	Note To Reviewer	John Shellenberger	12/19/2008	12/19/2008

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Project Name/Number: New Policy Contract Implementation/08-03-815-493

## Disposition

Disposition Date: 12/04/2008

Effective Date (New): 04/27/2009

Effective Date (Renewal): 06/29/2009

- Effective Date (New) changed from 02/21/2009 to 04/27/2009 and Effective Date (Renewal) changed from 04/22/2009 to 06/29/2009 by Grissom, Alexa on 01/06/2009.

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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Approval Letters, Deferral Letter	Approved	Yes
<b>Supporting Document</b>	Form Filing Schedule	Approved	Yes
<b>Supporting Document</b>	AU AR35 0209 side x side comparison	Approved	Yes
<b>Form</b>	Arkansas Personal Injury Protection Selection/Rejection Of Coverage	Approved	Yes

*SERFF Tracking Number:* AGMK-125914358                      *State:* Arkansas  
*First Filing Company:* AIU Insurance Company, ...                      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* 08-03-815-493  
*TOI:* 19.0 Personal Auto                      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* Personal Private Auto  
*Project Name/Number:* New Policy Contract Implementation/08-03-815-493

**Note To Reviewer**

**Created By:**

John Shellenberger on 12/19/2008 12:02 PM

**Subject:**

Change of Effective Dates

**Comments:**

We would respectfully request a brief delay in the effective dates of implementation as follows:

New Business - April 27, 2009

Renewals - June 29, 2009

Thank you,

John Shellenberger

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Personal Injury Protection Selection/Rejection Of Coverage	AU AR35	0209	Election/Rejection/Supplemental Application	Replaced Form #: AU AR35 0605 Previous Filing #: 05-03-815-288		AR35 0209-New1.pdf

## ARKANSAS PERSONAL INJURY PROTECTION SELECTION/REJECTION OF COVERAGE

Arkansas law requires every automobile liability insurance policy to provide minimum medical and hospital benefits, income disability, and accidental death benefits without regard to fault, unless you reject the coverage, **in writing**. This coverage is called Personal Injury Protection (PIP). It covers you and members of your family residing in the same household who are injured in a motor vehicle accident, passengers injured while occupying the insured motor vehicle, and pedestrians struck by the insured motor vehicle. The coverage options are listed below. Please read the options carefully and make your selection/s in **each** of the boxes. Return the completed and signed form to the Servicing Office that is listed on your Declarations Page.

If you have already completed and returned this form with your application there is no need to complete it again. If you now want to make changes to your current coverage you may use this form to do so.

### PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFITS

**Statutory Limit:** \$5,000 per person

- I select the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 per person.
- I reject the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 so that I may choose a higher limit (**YOU MUST REJECT THE STATUTORY LIMIT TO CHOOSE A HIGHER LIMIT**).
- I select the Personal Injury Protection Medical Payment Benefit limit of:  
(Make sure that you first select to reject the statutory limit above)
- |  |   |
|--|---|
| <input type="checkbox"/> \$10,000 per person | <input type="checkbox"/> \$75,000 per person  |
| <input type="checkbox"/> \$25,000 per person | <input type="checkbox"/> \$100,000 per person |
| <input type="checkbox"/> \$50,000 per person |   |
- I reject Personal Injury Protection Medical Payment Benefits **entirely** and understand that this coverage will not be provided on my policy.

In addition and separate from your selection of PIP Medical Payment Benefits above, you will be provided with both Income Disability (Work Loss Coverage) and Accidental Death Benefit unless you reject either or both of these coverages, **in writing**.

### INCOME DISABILITY (WORK LOSS COVERAGE)

**Maximum Limits per person:**

- (1) For income earner - 70% if loss of income for maximum limit of \$140 per week for up to 52 weeks.
- (2) For non-income earner - maximum limit of \$70 per week for up to 52 weeks.

- I select Work Loss Coverage.
- I reject Work Loss Coverage and understand that this coverage will not be provided on my policy.

**See the back of this form for additional coverage options and acknowledgment**

**ACCIDENTAL DEATH BENEFIT**

**Limit per person:** \$5,000

- I select the Accidental Death Benefit.
- I reject the Accidental Death Benefit and understand that this coverage will not be provided on my policy.

IF YOU DO NOT MAKE VALID SELECTIONS IN THE OPTION BOXES ABOVE, YOUR POLICY WILL BE PROVIDED WITH THE MINIMUM STATUTORY LIMITS FOR PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFIT, WORK LOSS BENEFIT AND ACCIDENTAL DEATH BENEFIT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

*SERFF Tracking Number:* AGMK-125914358      *State:* Arkansas  
*First Filing Company:* AIU Insurance Company, ...      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* 08-03-815-493  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* Personal Private Auto  
*Project Name/Number:* New Policy Contract Implementation/08-03-815-493

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AGMK-125914358 State: Arkansas  
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## Supporting Document Schedules

<b>Satisfied -Name:</b> Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b> Approved	12/04/2008
<b>Comments:</b>		
<b>Attachment:</b> P&C Transmittal.pdf		
<b>Satisfied -Name:</b> Approval Letters, Deferral Letter	<b>Review Status:</b> Approved	12/04/2008
<b>Comments:</b>		
<b>Attachments:</b> Stamped Approval Letter 9 12 2005.pdf Stamped Approval Letter Security Advantage.pdf Deferral Letter 4 11 2006.pdf		
<b>Satisfied -Name:</b> Form Filing Schedule	<b>Review Status:</b> Approved	12/04/2008
<b>Comments:</b>		
<b>Attachment:</b> Form Filing Schedule.pdf		
<b>Satisfied -Name:</b> AU AR35 0209 side x side comparison	<b>Review Status:</b> Approved	12/04/2008
<b>Comments:</b> AU AR35 0605 version mocked up to mirror the AR-PIP (8/08) version recently approved.		
<b>Attachments:</b> AU AR35 0209 mock up.pdf AR PIP 8 08.pdf		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="text-align: center;">New Business</td> <td></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	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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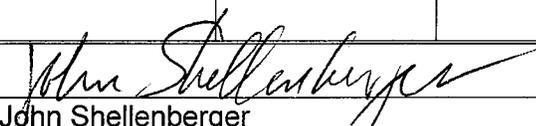
<b>3. Group Name</b>	<b>Group NAIC #</b>
American International Group	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
AIG Casualty Company	PA	19402	25-111-8791	
AIU Insurance Company	NY	19399	13-530-3710	
American Home Assurance Company	NY	19380	13-512-4990	
American International Insurance Company	NY	32220	13-333-3609	
National Union Fire Insurance Company of Pittsburgh, PA	PA	19445	25-068-7550	
The Insurance Company of the State of Pennsylvania	PA	19429	13-554-0698	

<b>5. Company Tracking Number</b>	<b>08-03-815-493</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
	John Shellenberger One AIG Center Wilmington, DE 19803	Contract Analyst	302-252-3962	302-252-2455	john.shellenberger@aig.com

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

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

<b>9. Type of Insurance (TOI)</b>	19.0 Personal Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	19.0001 Private Passenger Auto (PPA)
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	



**Check #:** N/A  
**Amount:** \$50

EFT

**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.)**



One AIG Center  
Wilmington, DE 19803  
302.252.2169  
302.252.2455 Fax

**Arshay Brown**  
Contract Analyst  
Compliance Department  
arshay.brown@aig.com

Approved until withdrawn  
or revoked

SEP 12 2005

Arkansas Insurance Department  
By: *AB*

August 12, 2005

Arkansas Insurance Department  
Property & Casualty Division  
1200 W 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

**RECEIVED**  
AUG 18 2005  
PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

Re: Personal Auto Forms Filing  
New Policy Contract  
National Union Fire Insurance Company of Pittsburgh, PA, NAIC # 19445  
The Insurance Company of the State of Pennsylvania, NAIC # 19429  
Birmingham Fire Insurance Company of Pennsylvania, NAIC # 19402  
American International Insurance Company, NAIC #32220  
American Home Assurance Company, NAIC # 19380  
AIU Insurance Company, NAIC # 19399

Dear Sir/Madam:

The above captioned American International Companies are hereby submitting a personal auto form filing introducing a new state-specific personal auto policy contract along with independent corresponding forms and endorsements.

In the past the referenced companies used ISO's (ISO Properties, Inc.) personal auto policy contract along with independently filed forms. However, in an effort to align our personal auto business with an affiliated business group we are withdrawing all previously filed forms and submitting the following forms for your approval. The following forms have been filed and approved for use by our affiliate company, Granite State Insurance Company and American International South Insurance Company, under filing designation # PA-AR-0453.

Form Number	Form	Form Title
AU AR01a	1104	Arkansas Personal Automobile Insurance Policy
AU CW02	0404	Named Driver Exclusion Endorsement

I. The captioned companies will also be providing some broadening of coverage that will amend the above referenced policy contract. For that reason we are also submitting the following Amendment of Policy Provisions –Arkansas.

Form Number	Form	Form Title
AU AR46	0605	Amendment of Policy Provisions – Arkansas

II. The following forms retain the same names as the ISO forms that they are replacing. However, due to either the re-format of the new policy or the incorporation of newly defined terms within the contract, the forms have been revised to align with the contract. No substantive changes have been made to the language.

AID/P&C SEP 12 2005



Services Provided by Members of American International Group, Inc.

Form Number	Edition	Form Title	Prev. ISO Form Number
AU CW07	0105	Miscellaneous Type Vehicle Endorsement	Combined content of PP 03 23 06 98 PP 03 28 06 28
AU CW 10	0404	Extended Non-Owned Coverage for Named Individual	PP 03 06 06 94
AU CW14	1104	Additional Insured – Lessor	PP 03 19 08 86
AU CW11	0404	Limited Mexico Coverage	PP 03 21 06 98

III. The following forms retain the same names as their independently filed predecessors. Similar to the ISO form revisions, changes made to these forms were the result of format or language changes to the policy contract. No substantive changes were made to the forms.

Form Number	Edition	Form Title	Form Independent From
AU CW41	1004	Auto Agreed Value Coverage	AIG-403 (11/00)
AU CW08	0404	Physical Damage Deductible Benefit	AIG-400a (11/97)
AU CW09	0404	Physical Damage Deductible Waiver	AIG-404 (1/01)
AU AR35	0605	Arkansas Personal Injury Protection Selection/Rejection of Coverage	AR-PIP (3/03)
AU AR39	0605	Arkansas Uninsured and Underinsured Motorists Coverage Selection/Rejection of Limits	AR-UM (3/03)
BJP-8054	0105	Policy Jacket (for each company listed)	BJP 8054 (6/98)

IV. The following forms will remain unchanged from those previously approved for use in the captioned underwriting companies in the group. With this filing we are requesting that they be approved in the captioned companies.

Form Number	Edition	Form Title
Declarations Page	N/A	Declarations Page
CN01	2/97	Named Driver Exclusion (election form)

V. Finally, the following forms were recently filed and approved in the underwriting companies as noted below.

Form Number	Edition	Form Title	Company and Filing Designation
AU CW22	1104	Daimler-Chrysler Customer Automobile Insurance Program Amendment	National Union Fire Insurance Company: 05-03-815-072 American International Insurance Company: 05-03-815-077
AU CW19	0704	Physical Damage Deductible Benefit	National Union Fire Insurance Company: 05-03-815-129 American International Insurance Company: 05-03-815-307

AID/P&C SEP 12 2005



Services Provided by Members of American International Group, Inc.

The proposed effective date for this filing is February 19, 2006 for new business and April 19, 2006 for renewals.

An additional copy of this filing along with a postage-paid return envelope is enclosed for your stamped approval. Please contact me at the number listed above if you have any questions concerning this filing.

Sincerely,



Arshay Brown  
Contract Analyst

AID/P&C SEP 12 2005



Services Provided by Members of American International Group, Inc.

One AIG Center  
Wilmington, DE 19803  
302.252. 2188  
302.252.2455 Fax

**Anton Puckham**  
Contract Analyst

Arkansas Insurance Department  
Property & Casualty Division  
1200 W. 3<sup>rd</sup> St.  
Little Rock, AR 72201-1904

Approved until withdrawn  
or revoked

Aug 22 2006

Arkansas Insurance Department  
By: *ABU*

**RECEIVED**  
August 8, 2006  
AUG 11 2006  
PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

**RE: American International Insurance Company, NAIC# 32220**  
**AIU Insurance Company, NAIC# 19399**  
**American Home Assurance Company, NAIC# 19380**  
**The Insurance Company of the State of Pennsylvania, NAIC# 19429**  
**National Union Fire Insurance Company of Pittsburgh, PA, NAIC# 19445**  
**Birmingham Fire Insurance Company of Pennsylvania, NAIC# 19402**  
Personal Auto Forms Filing  
Security Advantage Endorsement  
Company File Number: 06-03-815-317

Dear Sir or Madam:

The above captioned American International Companies are hereby filing a new endorsement for use with the Personal Automobile Policy, Security Advantage Endorsement, AU CWB6 0806.

As a benefit of being an insured, this new program, Security Advantage Endorsement, AU CWB6 0806, provides the insured with 3 means of assistance: 1) **24 hour roadside assistance**, 2) **Emergency Travel and Medical Assistance** and 3) **Identity Theft Restoration Service**. Security Advantage Endorsement, Form AU CWB6 0806 is also a non premium bearing endorsement.

1) Under 24 hour roadside assistance, in the event the insured's covered automobile becomes disabled, we are providing 24 hour toll free assistance. Services will include the towing & labor costs related to a mechanical disablement, subject to a maximum limit of \$75 for each disablement for: 1) Towing, 2) Jump Starts, 3) Tire Changes, 4) Fuel Delivery and 5) Lock-out service.

2) Under the Emergency Travel and Medical Assistance service, if an insured is traveling in the United States or Canada and needs assistance, we will provide 24 hour toll free service to help with the emergency. The services include: 1) making last minute airline or other travel reservations when such arrangements are needed due to illness and 2) providing referrals and directions to nearby hospitals, doctors or pharmacies. Emergency Travel and Medical Assistance is a service only and does not provide insurance coverage for any travel, medical or other expenses.

3) Under the Identity Theft Restoration service, in the event an insured discovers he/she has become a victim of stolen identity theft during the policy period and reports this to us within 90 days of his/her discovery, we provide the following services: 1) An identity theft restoration kit which will provide step by step instructions for restoring his/her identity and 2) A personal case manager who will be assigned in the event of an actual stolen identity theft to help the insured complete the steps toward restoring his/her identity. Identity Theft Restoration service is also a service only and does not provide insurance coverage due to a stolen identity event.

**AID/P&C** AUG 22 2006

Please note that Emergency Travel and Medical Assistance and Identity Theft Restoration are services only that do not provide insurance coverage and that this is specifically stated as such in the endorsement. This endorsement will be included on every insured's personal automobile policy and as indicated above is a non premium bearing endorsement.

We propose an effective date of 09/18/06 for New Business and 11/17/06 for Renewals.

An additional copy of this filing along with a postage paid envelope has been provided for your stamped approval. If you have any questions or need additional information please contact me.

Sincerely,



Anton Puckham  
Contract Analyst  
(302) 252-2188  
Anton.Puckham@AIG.com

**AID/P&C** AUG 22 2006



Services Provided by Members of American International Group, Inc.



One AIG Center  
Wilmington, DE 19803  
302.252.4982  
302.252.2455 Fax  
Gloria.Jauss@aig.com

**Gloria Jauss**  
*Senior Analyst*  
*Compliance Department*

April 11, 2006

The Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
Property & Casualty Division  
1200 W 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

Re: Personal Auto Forms Filing  
New Policy Contract  
National Union Fire Insurance Company of Pittsburgh, PA, NAIC # 19445  
The Insurance Company of the State of Pennsylvania, NAIC # 19429  
Birmingham Fire Insurance Company of Pennsylvania, NAIC # 19402  
American International Insurance Company, NAIC #32220  
American Home Assurance Company, NAIC # 19380  
AIU Insurance Company, NAIC # 19399  
Company Filing No.: 05-03-815-288

Dear Commissioner Benafield Bowman:

The captioned American International Companies received stamped approval of the above referenced Personal Auto Forms filing on September 12, 2005 for an effective date of February 19, 2006. A copy of the filing cover letter, stamped approved, is attached. Concurrent with the implementation of these forms, we are also in the process of implementing new rating and form publishing systems. Due to constraints with these new systems, we find that we were unable to implement these forms on the approval date. We are therefore requesting a deferral of this filing with the understanding that we will notify you in advance of the new implementation date as soon as the date is determined.

An additional copy of this request along with a postage-paid return envelope is enclosed for your acknowledgment.

Thank you in advance for your cooperation in this matter.

Sincerely,

Gloria Jauss  
Senior Contract Analyst



Insurance Provided by Members of American International Group, Inc.

## 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>08-03-815-493</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<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	Arkansas Personal Injury Protection Selection/Rejection of Coverage	AR AU35 0209	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR AU35 0605	05-03-815-288
02			<input type="checkbox"/> New <input checked="" 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		

# ARKANSAS PERSONAL INJURY PROTECTION SELECTION/REJECTION OF COVERAGE

Arkansas law requires every automobile liability insurance policy to provide minimum medical and hospital benefits, income disability, and accidental death benefits without regard to fault, unless you reject the coverage, **in writing**. This coverage is called Personal Injury Protection (PIP). It covers you and members of your family residing in the same household who are injured in a motor vehicle accident, passengers injured while occupying the insured motor vehicle, and pedestrians struck by the insured motor vehicle. The coverage options are listed below. Please read the options carefully and make your selection's in each of the boxes. Return the completed and signed form to the ~~Customer Service Center~~ <sup>Service Office</sup> that is listed on your Declarations Page.

If you have already completed and returned this form with your application there is no need to complete it again. If you now want to make changes to your current coverage you may use this form to do so.

**PERSONAL INJURY PROTECTION MEDICAL ~~AND HOSPITAL~~ BENEFITS**  
*PAYMENT*

**Statutory Limit: \$5,000 per person**

I select the **statutory** Personal Injury Protection Medical ~~and Hospital~~ <sup>*PAYMENT*</sup> Benefit limit of \$5,000 per person.

I reject the **statutory** Personal Injury Protection Medical ~~and Hospital~~ <sup>*PAYMENT*</sup> Benefit limit of \$5,000 so that I may choose a higher ~~or lower~~ <sup>*PAYMENT*</sup> limit (YOU MUST REJECT THE STATUTORY LIMIT TO CHOOSE A HIGHER ~~or lower~~ <sup>*PAYMENT*</sup> LIMIT).

I select the Personal Injury Protection Medical ~~and Hospital~~ <sup>*PAYMENT*</sup> Benefit limit of:  
(Make sure that you first select to reject the statutory limit above)

<input checked="" type="checkbox"/> <del>\$500 per person</del>	<input type="checkbox"/> \$25,000 per person
<input checked="" type="checkbox"/> <del>\$1,000 per person</del>	<input type="checkbox"/> \$50,000 per person
<input checked="" type="checkbox"/> <del>\$2,000 per person</del>	<input type="checkbox"/> \$75,000 per person
<input type="checkbox"/> \$10,000 per person	<input type="checkbox"/> \$100,000 per person

I reject Personal Injury Protection Medical ~~and Hospital~~ <sup>*PAYMENT*</sup> Benefits **entirely** and understand that this coverage will not be provided on my policy.

In addition and separate from your selection of PIP Medical ~~and Hospital~~ <sup>*PAYMENT*</sup> Benefits above, you will be provided with both Income Disability (Work Loss Coverage) and Accidental Death Benefit unless you reject either or both of these coverages, **in writing**.

**INCOME DISABILITY BENEFITS (WORK LOSS COVERAGE)**

**Maximum Limits per person:**

- (1) For income earner - 70% if loss of income for maximum limit of \$140 per week for up to 52 weeks.
- (2) For non-income earner - maximum limit of \$70 per week for up to 52 weeks.

I select ~~Income Disability Benefits~~ <sup>*Work Loss Coverage*</sup>

I reject ~~Income Disability Benefits~~ <sup>*Work Loss Coverage*</sup> and understand that this coverage will not be provided on my policy.

↑  
*yikes!  
wrap to fit  
into box*

**ACCIDENTAL DEATH BENEFIT**

**Limit per person: \$5,000**

- I select the Accidental Death Benefit.
- I reject the Accidental Death Benefit and understand that this coverage will not be provided on my policy.

IF YOU DO NOT MAKE VALID SELECTIONS IN THE OPTION BOXES ABOVE, YOUR POLICY WILL BE PROVIDED WITH THE MINIMUM STATUTORY LIMITS FOR PERSONAL INJURY PROTECTION MEDICAL ~~AND PERSONAL~~ BENEFIT, INCOME DISABILITY BENEFITS AND ACCIDENTAL DEATH BENEFIT. **PAYMENT**

\_\_\_\_\_  
Named Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

## ARKANSAS PERSONAL INJURY PROTECTION SELECTION/REJECTION OF COVERAGE

Arkansas law requires every automobile liability insurance policy to provide minimum medical and hospital benefits, income disability, and accidental death benefits without regard to fault, unless you reject the coverage, **in writing**. This coverage is called Personal Injury Protection (PIP). It covers you and members of your family residing in the same household who are injured in a motor vehicle accident, passengers injured while occupying the insured motor vehicle, and pedestrians struck by the insured motor vehicle. The coverage options are listed below. Please read the options carefully and make your selection/s in **each** of the boxes. Return the completed and signed form to the Servicing Office that is listed on your Declarations Page.

If you have already completed and returned this form with your application there is no need to complete it again. If you now want to make changes to your current coverage you may use this form to do so.

### PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFITS

**Statutory Limit:** \$5,000 per person

- I select the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 per person.
- I reject the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 so that I may choose a higher limit (**YOU MUST REJECT THE STATUTORY LIMIT TO CHOOSE A HIGHER LIMIT**).
- I select the Personal Injury Protection Medical Payment Benefit limit of:  
(Make sure that you first select to reject the statutory limit above)
- |  |   |
|--|---|
| <input type="checkbox"/> \$10,000 per person | <input type="checkbox"/> \$75,000 per person  |
| <input type="checkbox"/> \$25,000 per person | <input type="checkbox"/> \$100,000 per person |
| <input type="checkbox"/> \$50,000 per person |   |
- I reject Personal Injury Protection Medical Payment Benefits **entirely** and understand that this coverage will not be provided on my policy.

In addition and separate from your selection of PIP Medical Payment Benefits above, you will be provided with both Income Disability (Work Loss Coverage) and Accidental Death Benefit unless you reject either or both of these coverages, **in writing**.

### INCOME DISABILITY (WORK LOSS COVERAGE)

**Maximum Limits per person:**

- (1) For income earner - 70% if loss of income for maximum limit of \$140 per week for up to 52 weeks.
- (2) For non-income earner - maximum limit of \$70 per week for up to 52 weeks.

- I select Work Loss Coverage.
- I reject Work Loss Coverage and understand that this coverage will not be provided on my policy.

See the back of this form for additional coverage options and acknowledgment.

**ACCIDENTAL DEATH BENEFIT**

**Limit per person: \$5,000**

- I select the Accidental Death Benefit.
- I reject the Accidental Death Benefit and understand that this coverage will not be provided on my policy.

IF YOU DO NOT MAKE VALID SELECTIONS IN THE OPTION BOXES ABOVE, YOUR POLICY WILL BE PROVIDED WITH THE MINIMUM STATUTORY LIMITS FOR PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFIT, WORK LOSS BENEFIT AND ACCIDENTAL DEATH BENEFIT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number