

<i>SERFF Tracking Number:</i>	<i>ALSX-125928217</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GAPAR0068628F01</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0005 Personal GAP Insurance</i>
<i>Product Name:</i>	<i>GAP Reimbursement Program</i>		
<i>Project Name/Number:</i>	<i>Form Filing/GAP Reimbursement Program</i>		

## Filing at a Glance

Company: First Colonial Insurance Company	SERFF Tr Num: ALSX-125928217	State: Arkansas
Product Name: GAP Reimbursement Program	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 28.0 Credit	Co Tr Num: GAPAR0068628F01	State Status: Fees verified and received
Sub-TOI: 28.0005 Personal GAP Insurance		
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: SPI AllState	Disposition Date: 12/03/2008
	Date Submitted: 12/02/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 12/03/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Form Filing	Status of Filing in Domicile:
Project Number: GAP Reimbursement Program	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/03/2008	
State Status Changed: 12/03/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We submit to you this filing which will modify the GAPRIP-AR1 (09/04) approved by your department on 10/14/2004.

- GAPRIP ENDCOM 08.08: allows for the expansion of commercial vehicle use of a covered vehicle
- GAPRIP ENDTMC 08.08: amends the payable loss definition. Section II. Definitions, item J. Payable Loss has been amended to only allow Primary Carrier Settlement.
- GAPRIP ENDNONC 08.08: cancellation allows no refund after 90 days. Pro rata refund if cancelled during first 90 days.

SERFF Tracking Number: ALSX-125928217 State: Arkansas  
 Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: GAPAR0068628F01  
 TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
 Product Name: GAP Reimbursement Program  
 Project Name/Number: Form Filing/GAP Reimbursement Program

- GAPRIP ENDCU 08.08: The modifications include an update that adds language specific to credit unions, skip payments.
- GAPRIPD-CU 08.08: A declaration page specific to credit unions.

Effective Date:  
 New business: Upon approval  
 Renewals: N/A

## Company and Contact

### Filing Contact Information

Chris Ewing,  
 2775 Sanders Road (847) 402-5000 [Phone]  
 Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

First Colonial Insurance Company CoCode: 29980 State of Domicile: Florida  
 1776 American Heritage Life Drive Group Code: 8 Company Type: Property and  
 Jacksonville, FL 32224 Group Name: Allstate Casualty  
 (847) 402-5000 ext. [Phone] FEIN Number: 59-2773658  
 State ID Number:  
 -----

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Colonial Insurance Company	\$50.00	12/02/2008	24259489

SERFF Tracking Number: ALSX-125928217 State: Arkansas  
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Product Name: GAP Reimbursement Program  
Project Name/Number: Form Filing/GAP Reimbursement Program

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/03/2008	12/03/2008

*SERFF Tracking Number:*      *ALSX-125928217*                      *State:*                      *Arkansas*  
*Filing Company:*              *First Colonial Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *GAPAR0068628F01*  
*TOI:*                      *28.0 Credit*                      *Sub-TOI:*                      *28.0005 Personal GAP Insurance*  
*Product Name:*              *GAP Reimbursement Program*  
*Project Name/Number:*      *Form Filing/GAP Reimbursement Program*

## **Disposition**

Disposition Date: 12/03/2008

Effective Date (New): 12/03/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125928217 State: Arkansas  
 Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: GAPAR0068628F01  
 TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
 Product Name: GAP Reimbursement Program  
 Project Name/Number: Form Filing/GAP Reimbursement Program

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1, CertificateOfCompliance	Approved	Yes
Form	GAPRIP ENDCOM 08.08	Approved	Yes
Form	GAPRIP ENDUCU 08.08	Approved	Yes
Form	GAPRIP ENDNONC 08.08	Approved	Yes
Form	GAPRIP ENDTMC 08.08	Approved	Yes
Form	GAPRIPD CU 08.08	Approved	Yes

SERFF Tracking Number: ALSX-125928217 State: Arkansas  
 Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$50  
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 TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
 Product Name: GAP Reimbursement Program  
 Project Name/Number: Form Filing/GAP Reimbursement Program

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	GAPRIP ENDCOM 08.08	GAPRIP ENDCOM 08.08		Endorseme New nt/Amendm ent/Condi ons		0.00	GAPRIP ENDCOM 08_08.PDF
Approved	GAPRIP ENDCU 08.08	GAPRIP ENDCU 08.08		Endorseme New nt/Amendm ent/Condi ons		0.00	GAPRIP ENDCU 08_08.PDF
Approved	GAPRIP ENDNONC 08.08	GAPRIP ENDNON C 08.08		Endorseme New nt/Amendm ent/Condi ons		0.00	GAPRIP ENDNONC 08_08.PDF
Approved	GAPRIP ENDTMC 08.08	GAPRIP ENDTMC 08.08		Endorseme New nt/Amendm ent/Condi ons		0.00	GAPRIP ENDTMC 08_08.PDF
Approved	GAPRIPD CU 08.08	GAPRIPD CU 08.08		Declaration New s/Schedule		0.00	GAPRIPD CU 08_08.PDF



## FIRST COLONIAL INSURANCE COMPANY

[1776 American Heritage Life Drive  
Jacksonville, Florida 32224]  
[904-992-2543]

### Amendatory Endorsement - Commercial Use

The policy to which this endorsement is attached is amended as follows:

**SECTION II. DEFINITIONS**, C. Covered Vehicle, is deleted in its entirety and replaced with the following:

**C. Covered Vehicle**

Any four-wheeled automobile, van or light/medium truck, as described in the financing contract, such as new or used covered vehicles as defined below.

New covered vehicle – A covered vehicle: 1. that is current or previous year; and/or 2. has less than 6,001 miles; and 3. not previously titled.

Used covered vehicle – A covered vehicle: 1. that is older than previous year; and/or 2. has more than 6,000 miles; and/or 3. previously titled.

**SECTION IV. EXCLUSIONS**, F. is deleted in its entirety and replaced with the following:

F. To any of the following: any vehicle in excess of 14,500 GVWR, Daewoo, Bentley, Lamborghini, Lotus, Maserati, Ferrari, Rolls Royce, Yugo, Aston Martin, Dodge Sprinter, RV's, boats, ATV's, snowmobiles, motorcycles, trailers, cargo van, limousine, taxi, buses, rental cars and the following trucks: dump, box, towing, utility, flat bed, semi cab. In addition, vehicles with special commercial usage optional equipment, accessories, and body components are excluded from coverage.

This endorsement does not vary, alter, waive or extend any of the terms, conditions or limitations of the policy to which this endorsement is attached other than as stated above. This endorsement is subject to the provisions of the policy and endorsements to which it is attached except where amended by this endorsement.

A handwritten signature in black ink, appearing to be "A. Hill", written in a cursive style.

President



**FIRST COLONIAL INSURANCE COMPANY**

[1776 American Heritage Life Drive  
Jacksonville, Florida 32224]  
[904-992-2543]

**Amendatory Endorsement – Credit Union**

The policy to which this endorsement is attached is amended as follows:

**SECTION II. DEFINITIONS**, B, G, H, & L are deleted in their entirety and replaced with the following:

- B.** Member – The natural person(s) named in the Loan Agreement receiving a Loan Agreement from the credit union.
- F.** Delinquent Payment – Any loan payment that as of the date of a Protected Event has remained unpaid after its due date as stated in the Loan Agreement for a period of 60 days due to delinquency or delinquent payment or skipped/holiday payment.
- G.** Loan Agreement – The contract which represents the financing agreement between the credit union and Member for the purchase or lease of the covered vehicle, and which explains the terms, conditions, inception date, and expiration date of the financing agreement.
- H.** Credit Union – The Named Insured shown on the Declarations Page, or any lending or leasing institution, to which a financing contract is sold, assigned or transferred.
- L.** Self-financed – A loan/Loan Agreement/lease that is funded and retained by the selling dealer or an affiliate.

**SECTION II. DEFINITIONS**, I. Net Payoff, the following is added as follows:

The net payoff will include coverage of skipped payments or holiday payments as stated in the Declarations Page.

**SECTION II. DEFINITIONS**, M. Protected Event is being added as followed:

- M.** Protected Event – A skipped/holiday payment which is offered by the credit union to current loans.

This endorsement does not vary, alter, waive or extend any of the terms, conditions or limitations of the policy to which this endorsement is attached other than as stated above. This endorsement is subject to the provisions of the policy and endorsements to which it is attached except where amended by this endorsement.

[ ]

President



## FIRST COLONIAL INSURANCE COMPANY

[1776 American Heritage Life Drive  
Jacksonville, Florida 32224]  
[904-992-2543]

### **Amendatory Endorsement – 90 Day Non Cancellable**

The policy to which this endorsement is attached is amended as follows:

#### **SECTION V. CONDITIONS**

##### **E. FINANCING CONTRACT CANCELLATION**

In the event that the financing contract for a covered vehicle is canceled within the first 90 days, no loss having occurred, the return premium will be 100% of the premium charge. No refunds will be allowed on financing contracts cancelled after 90 days.

This endorsement does not vary, alter, waive or extend any of the terms, conditions or limitations of the policy to which this endorsement is attached other than as stated above. This endorsement is subject to the provisions of the policy and endorsements to which it is attached except where amended by this endorsement.

A handwritten signature in black ink, appearing to be "A. Hill", written in a cursive style.

President



**FIRST COLONIAL INSURANCE COMPANY**

[1776 American Heritage Life Drive  
Jacksonville, Florida 32224]  
[904-992-2543]

**Guaranteed Automobile Protection (GAP) Reimbursement Insurance Policy  
Amendatory Endorsement TMC**

The policy to which this endorsement is attached is amended as follows:

**SECTION II. DEFINITIONS, J. Payable Loss** is amended as follows:

J. Payable loss- The difference between the net payoff and the primary insurance settlement.

In the event that there is not a primary carrier in effect on the date of loss, or if the primary carrier is declared insolvent, we will only pay the difference between the net payoff as of the date of loss and the ACV of the financed collateral, as determined by us.

[Payable loss includes the amount of the borrower's physical damage deductible on the primary carrier's policies up to the maximum Deductible Coverage Limit shown on the Declarations Page.]

This endorsement does not vary, alter, waive or extend any of the terms, conditions or limitations of the policy to which this endorsement is attached other than as stated above. This endorsement is subject to the provisions of the policy and endorsements to which it is attached except where amended by this endorsement.

First Colonial Insurance Company at its Home Office on the Policy Date.

Secretary

President



Guaranteed Automobile Protection (GAP) Reimbursement Insurance Policy  
 ("policy")

**DECLARATIONS**

Policy Number: [xxxxx]

Item 1: Named Insured **Credit Union** and Mailing Address:  
 [ABC Credit Union  
 123 Main Street, Any City, State, 99999]

Item 2: Effective Date: From [October 2, 2004] To [October 2, 2005], at 12:01 A.M.,  
 Standard Time, at the mailing address shown above.

Item 3: Maximum Eligibility Limit (per Addendum): \$ [100,000]

Item 4: Maximum Benefit:

Subject to all other provisions of this policy, our Maximum Benefit, as respect to all losses or damages, will not exceed \$ [25,000], for any single occurrence (including up to the amount of the primary carrier deductible not to exceed the amount shown in Item 3 above.).

Item 5: Maximum Vehicle Financing Percentage:

We will not pay for any portion of a loss that results from financing more than [150]% of Manufacturer's Suggested Retail Price (MSRP) for addendums submitted on new vehicles or the National Automobile Dealers Association (NADA) retail value for addendums submitted on used vehicles, at the inception date of the financing contract. Coverage will be provided when financing exceeds these limits; however, our benefit will be determined on the basis of these maximum percentages, subject to the Maximum Benefit above.

Item 6: GAP Addendum Form Number(s): [XXXXX]

Item 7: Term:  Up to 60 months  61 - 72 months  73 - 84 months

Item 8: Primary Carrier Deductible Coverage: Not Covered Up to \$500  \$501 - \$1,000

Item 9: Additional Loss Benefit: Not Covered  \$500 per loss \$1,000 per loss

**Item 10. Skipped/Holiday Day Payment: Not Covered 2 Payments**

Item 11: Premium Rates and Deductibles:

[Per Company Rates, Rules and Rating Plans.]

Item 12: Premium Reporting and Payment: [15 days following month end]

Item 13: This policy is subject to the following endorsement(s):

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Countersigned (If Required By Law):

This \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
 Authorized Representative



<i>SERFF Tracking Number:</i>	<i>ALSX-125928217</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Colonial Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GAPAR0068628F01</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0005 Personal GAP Insurance</i>
<i>Product Name:</i>	<i>GAP Reimbursement Program</i>		
<i>Project Name/Number:</i>	<i>Form Filing/GAP Reimbursement Program</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125928217 State: Arkansas  
Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: GAPAR0068628F01  
TOI: 28.0 Credit Sub-TOI: 28.0005 Personal GAP Insurance  
Product Name: GAP Reimbursement Program  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 12/03/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** AR - FORM FILING ABSTRACT F-  
1, CertificateOfCompliance **Review Status:** Approved 12/03/2008

**Comments:**

**Attachments:**

AR - FORM FILING ABSTRACT F-1.PDF  
CertificateOfCompliance.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: 50%; 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.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Allstate	008			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	First Colonial Insurance Company	FL	29980	59-2773658	

<b>5. Company Tracking Number</b>	GAPAR0068628F01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Chris Ewing 2775 Sanders Road, Suite A5 Northbrook IL 60062		800-366-2958 Ext. 27309	847-402-9757	
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Chris Ewing		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	28.0 Credit
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	28.0005 Personal GAP Insurance
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	GAP Reimbursement Program
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:    Upon approval                      Renewal:    N/A
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	12-02-2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	GAPAR0068628F01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We submit to you this filing which will modify the GAPRIP-AR1 (09/04) approved by your department on 10/14/2004.

- GAPRIP ENDCOM 08.08: allows for the expansion of commercial vehicle use of a covered vehicle
- GAPRIP ENDTMC 08.08: amends the payable loss definition. Section II. Definitions, item J. Payable Loss has been amended to only allow Primary Carrier Settlement.
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- GAPRIP ENDCU 08.08: The modifications include an update that adds language specific to credit unions, skip payments.
- GAPRIPD-CU 08.08: A declaration page specific to credit unions.

Effective Date:  
 New business: Upon approval  
 Renewals: N/A

<b>22.</b>	<b>Filing Fees</b> (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]
<b>Check #:</b> <b>Amount:</b>	Fee paid via EFT \$50.00
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

# ARKANSAS INSURANCE DEPARTMENT

## FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

**Page 1 of 2**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 12-02-2008

2. Company Name(s) First Colonial Insurance Company

Group Name Allstate NAIC No. 29980 Group No. 008

3. (a) Annual Statement Line of Business Number (Page 14) GAP Insurance

(b) Class of Business \_\_\_\_\_

© Coverages Affected \_\_\_\_\_

4. (a) Name of Advisory Organization, if any N/A

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company) \_\_\_\_\_

(b) Date of Filing \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

N/A. These forms are Arkansas specific.

8. Is the form filed in response to or due to legislation? If so, specify legislation.

No.

9. Is the form in response to or due to recent court decisions? If so, give citation.

No.

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Chris Ewing

Title

847-402-5000

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
New form	TBD	GAPRIP ENDCOM 08.08	GAPRIP ENDCOM 08.08
New form	TBD	GAPRIP ENDCU 08.08	GAPRIP ENDCU 08.08
New form	TBD	GAPRIP ENDNONC 08.08	GAPRIP ENDNONC 08.08
New form	TBD	GAPRIP ENDTMC 08.08	GAPRIP ENDTMC 08.08
New form	TBD	GAPRIPD CU 08.08	GAPRIPD CU 08.08

