

SERFF Tracking Number: AMMA-125906470 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AR-A-08-3-RU
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR-A-08-3-RU
Project Name/Number: Rule Revision/

Filing at a Glance

Company: Amica Mutual Insurance Company

Product Name: AR-A-08-3-RU

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Rule

SERFF Tr Num: AMMA-125906470 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-A-08-3-RU

Co Status: pending

Authors: Brenda Miller, Carol
Pedro, Brenda Walker, Christina
Perfetti

Date Submitted: 11/17/2008

State Tr Num: EFT \$25

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi

Disposition Date: 12/01/2008

Disposition Status: Filed

Effective Date Requested (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Rule Revision

Project Number:

Reference Organization: Insurance Services Office

Reference Title:

Filing Status Changed: 12/01/2008

State Status Changed: 12/01/2008

Corresponding Filing Tracking Number:

Filing Description:

Your records will indicate that our Company is a member of Insurance Services Office.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: PP-2008-RCERU, PP-
2008-RCELC

Advisory Org. Circular: LI-PA-2008-186, LI-PA-
2008-187

Deemer Date:

Effective March 1, 2009 for new business and renewal policies, Amica will adopt the revisions set forth in ISO Filing Designation Numbers PP-2008-RCERU and PP-2008-RCELC. In addition, we will allow a maximum additional limit of

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 \$15,000.

There is no rate level effect associated with this revision.

Company and Contact

Filing Contact Information

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 Providence, RI 02940 (401) 334-6518[FAX]

Filing Company Information

Amica Mutual Insurance Company CoCode: 19976 State of Domicile: Rhode Island
 P.O. Box 6008 Group Code: 28 Company Type:
 Providence, RI 02940 Group Name: State ID Number:
 (800) 652-6422 ext. [Phone] FEIN Number: 05-0348344

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Amica Mutual Insurance Company	\$25.00	11/17/2008	23978989

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	12/01/2008	12/01/2008

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Disposition Date: 12/01/2008

Effective Date (New): 03/01/2009

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	support	Filed	Yes
Rate	revised manual pages	Filed	Yes

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	revised manual pages		Replacement	revised manual pages.pdf

PERSONAL VEHICLE MANUAL
ARKANSAS
MISCELLANEOUS RATES

Effective **MARCH 1, 2009**

7. MINIMUM PREMIUM RULE

A. The minimum annual premium charge is \$10.00.

9. CHANGES

Any additional or return premium adjustment of \$5.00 or less may be waived.

14. MISCELLANEOUS COVERAGES

D. Optional Limits Transportation Expenses Coverage

Coverage	Annual Rate Per Auto
\$30/\$900 Optional Limits Transportation Expenses Coverage	\$18
\$40/\$1200 Optional Limits Transportation Expenses Coverage	\$32
\$50/\$1500 Optional Limits Transportation Expenses Coverage	\$46
\$75/\$2250 Optional Limits Transportation Expenses Coverage	\$66
\$100/\$3000 Optional Limits Transportation Expenses Coverage	\$86

E. Towing and Labor Costs

The available limits and rates are:

1.	Limit Per Disablement	Age of Vehicle	Rates Per Car, Per Year
	\$100	10 or Under Greater than 10	\$10 20
2.	Limit Per Disablement	Rate Per Motor Home, Per Year	
	\$150	\$ 9	
	200	12	
	250	15	

F. Increased Limits For Excess Electronic Equipment

Maximum Limit of Liability For Excess Electronic Equipment	Rate
\$1,500	\$ 42
2,000	84
2,500	126
3,000	168
3,500	210
4,000	252
4,500	294
5,000	336
Limits in excess of \$5,000 are not available	

G. Tapes, Records, Disks And Other Media Coverage

2. Tapes, records, disks and other media only.

Limit of Coverage	Rates Per Auto, Per Year
\$200	\$14

H. Excess Custom Equipment Coverage

Maximum Limit of Liability for Excess Custom Equipment	Rate
\$2,000	\$ 9
3,000	27
4,000	45
5,000	63
6,000	81
7,000	99
8,000	116
9,000	134
10,000	152

For limits in excess of \$10,000, charge an additional \$18 per \$1,000 of coverage up to a maximum of \$15,000.

I. Limited Mexico Coverage

2. \$6.00 Per Year

K. Trip Interruption Coverage

Limit of Coverage	Rate Per Auto, Per Year
\$600	\$13

19. MISCELLANEOUS TYPES

B. Trailers and Camper Bodies Designed for Use With Private Passenger Autos and Pickups

PHYSICAL DAMAGE

2. All Other Trailers

Coverage	Deductible	Rates
Comprehensive	\$500	\$.60
Collision	\$500	.68

D. Snowmobiles and All-Terrain Vehicles

PHYSICAL DAMAGE

Coverage	Deductible	Rate Per \$100
Comprehensive	\$100	\$2.00
	200	1.60
Collision	200	1.75
	300	1.60

E. Dune Buggies

PHYSICAL DAMAGE

Coverage	Deductible	Rate Per \$100
Comprehensive	\$100	\$2.10
	200	1.70
Collision	200	6.30
	300	5.10

F. Golf Carts

PHYSICAL DAMAGE		
Coverage	Deductible	Rate Per \$100
Comprehensive	\$100	\$.70
	200	.55
Collision	\$200	.85
	300	.75

G. Antique Autos

PHYSICAL DAMAGE		
Coverage	Deductible	Rate Per \$100
Comprehensive	\$100	\$.42
	200	.34
Collision	200	.48
	300	.44

ADDITIONAL RULE – ARKANSAS MEDICAL PAYMENTS INSURANCE, WORK LOSS COVERAGE AND ACCIDENTAL DEATH BENEFIT

The Rates for Section B. are as follows:

2. Work Loss Coverage

b. Rates

- (1) Motorcycles, Motorscooters, Motorbikes or similar vehicles Rate \$4 per vehicle, per year
- (2) All Other Motor Vehicles Rate \$4 per car, per year

3. Accidental Death Benefit

b. Rates

- (1) Motorcycles, Motorscooters, Motorbikes or similar vehicles Rate \$3 per vehicle, per year
- (2) All Other Motor Vehicles Rate \$3 per car, per year

PERSONAL VEHICLE MANUAL
ARKANSAS EXCEPTION PAGES

Effective **MARCH 1, 2009**

4. CLASSIFICATIONS

Refer to the Arkansas Classification Tables at the end of these Exception Pages for the Primary Classification Rating Factors and for the Primary and Secondary Statistical Codes that apply in Arkansas. Refer to Section A.2. of this rule to determine the Secondary Classification Rating Factors.

Section A.2. is replaced by the following:

2. Secondary Classification

a. Determine if the auto is:

(1) A single car, or

(2) Part of a multi-car risk and

(3) Determine if a youthful operator is rated on the auto. For purposes of this portion of the rule only, a youthful operator shall be defined as an operator younger than 25 years of age.

For each vehicle of a multi-car risk, subtract the following multi-car factor from the Primary Rating Factor:

1. For vehicles not assigned a youthful operator, subtract a factor of .25.

2. For vehicles assigned a youthful operator, subtract a factor of .15.

3. For vehicles classified as an excess auto, subtract the highest multi-car factor based on the assigned vehicles.

b. Refer to the Safe Driver Insurance Plan to classify operators according to the provisions of the Plan.

c. Refer to the Safe Driver Insurance Plan to determine the appropriate factor to be added to the Primary Rating Factor

Section B. of this rule is replaced by the following:

B. Private Passenger Autos owned by corporations, co-partnerships, or unincorporated associations and covered by a Personal Auto Policy.

1. Corporations, co-partnerships or unincorporated associations owning fewer than five motor vehicles:

An owned private passenger auto principally furnished to a specified individual shall be classified and rated as if owned by that individual in accordance with Rule 4.A., provided that auto is not used for business purposes. This rule does not apply to autos which are eligible for rating as van pools in the Commercial Lines Manual -Division 1 - Automobile.

2. Farm family co-partnerships or farm family corporations:

An owned private passenger auto principally garaged on a farm or ranch shall be classified and rated in

accordance with Rule 4.A., provided that vehicle is:

- a. Not experience rated, and
- b. Not used in an occupation other than farming or ranching

Section C.1. of this rule is replaced by the following:

1. Use Classifications:

- a. BUSINESS USE means that use of the auto is required by or customarily involved in the duties of the applicant or any other person customarily operating the auto, in an occupation, profession or business, other than going to or from the principal place of occupation, profession or business.
- b. FARM USE means the auto is principally garaged on a farm or ranch, and
 - (1) it is not customarily used in going to or from work other than farming or ranching, or in driving to or from school, and
 - (2) it is not customarily used in any occupation other than farming or ranching.
- c. LESS THAN 30 MILES means that the auto is used an average of less than 30 miles per day for all uses except BUSINESS USE or FARM USE.
- d. 30 OR MORE MILES means that the auto is used an average of 30 or more miles per day for all uses except BUSINESS USE or FARM USE.

LIABILITY COVERAGES ONLY

- e. An auto used in the business of U.S. Government by one of its employees may be classified and rated as LESS THAN 30 MILES or 30 OR MORE MILES when the applicable endorsement is used to limit coverage.

Section C.2.e.2. is replaced by the following:

- e. 2. If a YOUTHFUL UNMARRIED FEMALE OPERATOR or a YOUTHFUL UNMARRIED MALE OPERATOR is a student residing at an educational institution over 100 road miles from the auto's place of principal garaging, classify as Student Away and refer to the Primary Class Plan pages for rating factors.

If the only driver on the policy is youthful, the Student Away Classification does not apply.

Section C.3. of this rule is replaced by the following:

- (1) When determining principal operator assignment, exclude drivers classified as Student Away from the driver count and exclude cars without liability coverage from the car count.

(2) Single Car Risks

- (a) Assign the operator with the highest primary LESS THAN 30 MILES OCCASIONAL rating factor to the auto. After assigning an operator to the auto on the basis of LESS THAN 30 MILES OCCASIONAL rating factor, the factor must be adjusted for the actual use/mileage of the auto before determining and applying the Secondary Rating Factors.

(3) Multi-Car Risks

- (a) Assign operators to autos as follows:

- (i) Determine the primary LESS THAN 30 MILES OCCASIONAL rating factors for all operators.
- (ii) All operators are assigned to autos in the order of the highest rated operator to the auto with the lowest total base premium beginning with autos having liability coverage.
- (iii) After assigning operators to autos on the basis of LESS THAN 30 MILES OCCASIONAL rating factors, each factor must be adjusted for the actual use/mileage of the auto before determining and applying the Secondary Rating Factors.
- (iv) If the number of autos with liability coverage is equal to or greater than the number of drivers without the Student Away Classification in Section C.2.e.2., occasional youthful operators will be classified and rated using the principal operator classification codes and factors.
- (v) Any remaining autos are rated using the highest primary LESS THAN 30 MILES OCCASIONAL class factor for the policy with a maximum factor of 1.00. A multi-car risk factor will then be subtracted and the SDP component as calculated in A.2.c. will be added. Classify autos in excess of the number of operators as follows:
 - (a) If all operators on the policy are age 40-74, the **Excess Autos 2** (All Operators Age 40-74) classification shall apply to the autos in excess of the number of operators.
 - (b) If not all operators on the policy are age 40-74, the **Excess Autos 1** classification shall apply to the autos in excess of the number of operators.

(4) Multi-Car Discount

The applicable Multi-Car Rating Factor applies if more than one private passenger auto is owned by an individual or owned jointly by two or more relatives or resident individuals, and two or more autos are insured in the same company for any of the following coverages; single limit liability (or bodily injury and property damage liability,) medical payments, no-fault, comprehensive or collision.

- (5) TOTAL BASE PREMIUM is the sum of the base premium for single limit liability or bodily injury and property damage liability, medical payments, no-fault, comprehensive and collision coverages that apply to the auto.

Section C.6. is replaced by the following:

6. Vehicles Equipped With Anti-Theft Devices

These discounts apply to comprehensive coverage only. To qualify, the vehicle must be equipped with:

- a. A hood lock which can be released only from inside the vehicle, and
- b. A device meeting the criteria of either Paragraph 1., 2., 3. or 4. below.

If a vehicle is equipped with more than one qualifying device, only the single highest discount shall apply.

Refer to Company for required evidence of installation of anti-theft devices meeting the following criteria prior to granting a discount.

1. Alarm ONLY (Cov. Code 1) and Active Disabling Devices (Cov. Code 2)

A 5% discount on Comprehensive Coverage shall be afforded on vehicles equipped with (1) alarm only devices which sound an audible alarm that can be heard at a distance of at least 300 feet for a minimum of three minutes, or (2) active disabling devices which disable the vehicle by making the fuel, ignition or starting system inoperative. A disabling device is categorized as active if a separate manual step IS required to engage the device.

2. Passive Disabling Devices (Cov. Code 3)

A 15% discount on Comprehensive Coverage shall be afforded on vehicles equipped with passive disabling devices, which disable the vehicle by making the fuel, ignition or starting system inoperative. A disabling device is categorized as passive if a separate manual step is NOT required to engage the device.

3. Automobile Recovery System

A 15% discount on Comprehensive Coverage shall be afforded for vehicles equipped with an automobile recovery device. For the purpose of this rule, an automobile recovery device is an operational device consisting of an electronic homing device, which uses a radio frequency network allocated by the Federal Communications Commission, as approved by the Board of Directors of the Automobile Theft Prevention Authority. (Example: LoJack)

4. Vehicle Tracking System

A 25% discount on Comprehensive Coverage shall be afforded for vehicles equipped with a global positioning system (GPS) tracking device, which will locate a car automatically upon notification of theft. If subscription to a tracking vendor is necessary, annual verification of continued service is required. (Example: Onstar)

Section C.7.b. does not apply.

Section C.8. is replaced by the following:

8. Pickups and Vans

- a. Liability and Physical Damage: Rate as private passenger auto.

For non-symbolled pickups, determine a symbol based on original cost new from the Price/Symbol Charts in the Symbol and Identification Manual.

- b. Refer to Rule 14.H. for rating of custom equipment on pickups and vans.

- c. Camper bodies with or without facilities for cooking or sleeping: Rate as separate item. Refer to Rule 19.B.

Section C.9 is added to this rule:

MULTI-LINE DISCOUNT

A discount shall apply, in accordance with the table below, if a policyholder also has an Amica homeowners and/or qualifying Amica Life Insurance policy(ies). A qualifying Amica Life Insurance policy is an active individual term life policy, an active individual whole life policy, or an active individual universal life policy within the policyholder's account that is owned by the named insured or a related household member.

- a. Only the largest single discount shall apply regardless of the number of Homeowners policies in force.
- b. A qualifying Amica Life Insurance policy may be associated with only one policyholder in a given household.

- c. The discount shall apply to Single Limit Liability, Bodily Injury Liability, Property Damage Liability, Medical Payments, Work Loss Coverage, Accidental Death Benefit, Other Than Collision, and Collision coverages for policies with private passenger vehicles.

	No Amica Life Policies	1 Amica Life Policy	2+ Amica Life Policies
Auto only	0%	4%	7%
Auto & HO-1, 2, 3, 5, 9	5%	7%	10%
Auto & HO-6	3%	5%	8%
Auto & HO-4	2%	4%	7%

Section C.10 is added to this rule:

10. Vehicle Weight Rating Factor

- a. The rating factor shall apply to Bodily Injury, Property Damage, Work Loss, Accidental Death Benefit and Medical Payments Coverage.
- b. This rating factor applies to Model Year 2009 and higher.
- c. This rating factor does not apply to miscellaneous types.

Vehicle Weight in LBS	BI/PD or CSL	Work Loss, Accidental Death Benefit, Medical Payments
<2500	0.85	1.00
2500-4499	1.00	1.00
4500-5500	1.10	0.90
>5500	1.20	0.90

D. Motor Vehicle Accident Prevention Course Discount

LIABILITY, MEDICAL PAYMENTS AND COLLISION

1. The Motor Vehicle Accident Prevention Course Discount applies to the premiums for single limit liability or bodily injury and property damage liability; medical payments; and collision coverages.

Exception:

This discount does not apply to vehicles classified and rated under the Miscellaneous Types Rule unless otherwise specified.

2. Private Passenger Autos principally operated by an adult operator (including autos classified under Youthful Operator classifications) shall be subject to a Motor Vehicle Accident Prevention Course Discount of 10% provided the adult principal operator of the auto:
 - a. is age 55 or over, and
 - b. has a completion certificate, dated within the last 36 months, certifying that the principal operator has successfully completed an approved Motor Vehicle Accident Prevention Course.
3. The 10% Motor Vehicle Accident Prevention Course Discount shall be applied in accordance with the following:
 - a. to the number of vehicles equal to the number of operators with course completion certificates and applied beginning with the highest rated automobile.
 - b. only once to each such auto regardless of the number of operators with course completion certificates.
4. An approved Motor Vehicle Accident Prevention Course shall:
 - a. be approved by the Arkansas Department of Motor Vehicle, and
 - b. be taught by an approved instructor, and
 - c. include the minimum hours of classroom and field driving instruction prescribed by the Arkansas Department of Motor Vehicles, and
 - d. shall not be self-instructed.

PERSONAL VEHICLE MANUAL
ARKANSAS EXCEPTION PAGES

Effective **MARCH 1, 2009**

14. MISCELLANEOUS COVERAGES

A. Uninsured Motorists Coverage

This rule applies except as follows:

1. Owners – (Class Code – Refer to Statistical Plan)

BODILY INJURY

This form of auto insurance must be afforded at limits not less than the financial responsibility limits under every auto liability policy issued or delivered to the owner of a motor vehicle registered or principally garaged in Arkansas. Attach applicable endorsement.

Exceptions:

- (1) The named insured has the right to reject such coverage in writing.
- (2) After a named insured rejects such coverage, the insurer shall not be required to notify any insured in any renewal reinstatement, substitute, amended, or replacement policy as to the availability of such coverage.
- (3) The written agreement to reject such coverage shall continue until the rejection is withdrawn in writing by the named insured.

Increased Limits

If a named insured or applicant purchases liability limits greater than the financial responsibility limits, increased limits of Uninsured Motorists Coverage must be offered in amounts up to the liability limits on the policy.

Note:

- a. For new policies written on or after January 1, 2000, an insured or applicant who does not want to purchase increased limits shall reject such increased limits in writing on the application for insurance coverage.

PROPERTY DAMAGE

If Bodily Injury Uninsured Motorists Coverage is purchased, the named insured must be offered Property Damage Uninsured Motorists Coverage, subject to a \$200 deductible.

Exceptions

- (1) Property Damage Uninsured Motorists limits shall be made available up to the policy's property damage liability limits.
- (2) The named insured has the right to reject Property Damage Uninsured Motorists Coverage in writing.
- (3) After the named insured has rejected such coverage, it need not again be made available in any continuation, renewal, reinstatement, or replacement policy issued by the same insurer unless the insured requests such coverage in writing.
- (4) Whenever a new application is submitted in connection with any renewal, reinstatement, or replacement policy, the provisions of this rule shall apply in the same manner as if a new policy is being issued.

Rates

Rates for basic and increased limits coverage are displayed on the rate pages. Uninsured Motorists coverage rates are provided for the following risks:

- (1) Single Car risk.
- (2) Multi-Car risk.

Rates for multi-car risks are on a per-car basis. Apply these rates to each car including the first car.

The provisions of Rule 4. Classifications and Rule 5. Safe Driver Insurance Plan do not apply to the rates for this coverage. The provision of Section H. of Rule 3. Premium Determination APPLIES to this coverage.

B. Underinsured Motorists Coverage

Section 1. is replaced by the following:

1. Owners

- a. This form of auto insurance shall be offered in limits at least equal to the Financial Responsibility law limits under every automobile liability insurance policy covering liability arising out of the ownership, maintenance or use of any motor vehicle in Arkansas.

Underinsured Motorists Coverage must be offered for:

- (1) All new policies issued on or after July 1, 1993.

Exceptions

- (a) If the named insured does not elect Underinsured Motorists Coverage the coverage must be rejected in writing.
- (b) This coverage shall not be provided and must be rejected in writing if the named insured has rejected Bodily Injury Uninsured Motorists Coverage.
- (c) After a named insured rejects such coverage, the insurer shall not be required to notify any insured in any renewal, reinstatement, substitute, amended, or replacement policy as to the availability of such coverage.

- b. If Underinsured Motorists Coverage is provided:
 - (1) The coverage shall apply to all vehicles insured under the policy.
 - (2) Uninsured Motorists Coverage and Underinsured Motorists Coverage must be provided at the same limits.
 - (3) Attach the applicable endorsement at basic or increased limits.

c. Rates

- (1) Rates are displayed on the Rate Pages. Underinsured Motorists coverage rates are provided for the following risks:
 - (a) Single Car risk.
 - (b) Multi-Car risk. Rates for multi-car risks are on a per-car basis. Apply these rates to each car including the first car.
- (2) The provisions of Rule 4. Classifications and Rule 5. Safe Driver Insurance Plan do not apply to the rates for this coverage. The provision of Section H. of Rule 3. Premium Determination APPLIES to this coverage.

C. Deductible Insurance

- 2. Comprehensive Deductibles For Which No Premium Is Shown - Charge the following percentage of the \$500 Deductible Comprehensive premium:

Full Coverage	=	273%
\$ 50 Deductible	=	239%
\$ 100 Deductible	=	190%
\$ 200 Deductible	=	149%
\$ 250 Deductible	=	139%
\$ 300 Deductible	=	124%
\$ 400 Deductible	=	112%
\$1,000 Deductible	=	76%
\$1,500 Deductible	=	67%
\$2,000 Deductible	=	62%
\$2,500 Deductible	=	57%
\$3,000 Deductible	=	53%
\$4,000 Deductible	=	49%
\$5,000 Deductible	=	45%

- 3. Collision Deductibles For Which No Premium Is Shown - Charge the following percentage of the \$500 Deductible Collision premium:

50 Deductible	=	240%
\$ 100 Deductible	=	200%
\$ 200 Deductible	=	165%
\$ 250 Deductible	=	145%
\$ 300 Deductible	=	128%
\$ 400 Deductible	=	118%
\$1,000 Deductible	=	73%
\$1,500 Deductible	=	68%
\$2,000 Deductible	=	60%
\$2,500 Deductible	=	56%
\$3,000 Deductible	=	52%
\$4,000 Deductible	=	47%
\$5,000 Deductible	=	42%

Paragraph D.1. is replaced by the following:

D. Optional Limits Transportation Expenses Coverage

1. The \$20/600 limit for Transportation Expenses Coverage may be increased to the following limits:

Limits	Annual Rate Per Auto
30/900	
40/1200	
50/1500	Refer to
75/2250	Rate Pages
100/3000	

Section H. is replaced by the following:

H. Excess Custom Equipment Coverage

1. Coverage

Coverage for original manufacturer custom equipment is automatically provided for any vehicle when Comprehensive and/or Collision coverage is afforded.

Coverage for aftermarket custom equipment is automatically provided for any vehicle up to \$1,500, without additional premium charge, when Comprehensive and/or Collision coverage is afforded. This limit may be increased.

Aftermarket custom equipment includes, but is not limited to:

- a. Special carpeting or insulation;
- b. Furniture or bars;
- c. Height-extending roofs;
- d. Body, engine, exhaust or suspension enhancers;
- e. Winches, or anti-roll or anti-sway bars;
- f. Custom grilles, louvers, side pipes, hood scoops or spoilers;
- g. Custom wheels, tires or spinners;
- h. Custom chrome, murals, paintwork, decals or other graphics; or
- i. Caps, covers or bedliners.

2. Rating

a. The \$1,500 limit for aftermarket custom equipment may be increased to any of the following limits:

Maximum Limit of Liability for Excess Custom Equipment	Rates Per Auto
\$ 2,000	
3,000	
4,000	
5,000	Refer to
6,000	Rate Pages
7,000	
8,000	
9,000	
10,000	

For limits in excess of \$10,000, up to \$15,000, refer to Rate Pages.

- b. The provisions of Rule 4. Classifications and Rule 5. Safe Driver Insurance Plan do not apply for this coverage.
- c. Refer to Rule 19.A. for rating of motor homes and vans converted into motor homes.
- d. Refer to Rule 19.B. for rating of trailers and camper bodies designed for use with private passenger autos and pickups.

3. Endorsement

Attach the Excess Custom Equipment Coverage Endorsement.

The following section is added to this rule:

L. Named Driver Exclusion

1. Applicability

An automobile insurance policy may be endorsed to exclude all or specific coverage(s) when a motor vehicle is operated by a specifically excluded individual.

2. Requirements

- a. The named driver exclusion endorsement must be signed by the named insured.
- b. The named driver exclusion endorsement shall remain in effect:
 - (1) For the term of the policy; and
 - (2) For each renewal, reinstatement, substitute, modified, replacement or amended policy; unless discontinued by the insurer.
- c. If a named driver exclusion endorsement is attached to the policy:
 - (1) The premiums charged shall not reflect the claim experience, driving record or rating classification of the named excluded driver with respect to the excluded coverages.
 - (2) The named excluded driver shall not be listed as an operator of any auto covered under the policy.
- d. If a loss payee is shown in the policy and physical damage coverage is excluded under the named driver exclusion endorsement, the loss payee may be sent a notice indicating that the policy contains a named driver exclusion.

3. Endorsement

Attach the named driver exclusion endorsement to the policy.

SERFF Tracking Number: AMMA-125906470

State: Arkansas

Filing Company: Amica Mutual Insurance Company

State Tracking Number: EFT \$25

Company Tracking Number: AR-A-08-3-RU

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR-A-08-3-RU

Project Name/Number: Rule Revision/

Supporting Document Schedules

Satisfied -Name:	A-1 Private Passenger Auto Abstract	Review Status:	Filed	12/01/2008
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Comments:

Attachment:

Form A-1 PPA Abstract.pdf

Bypassed -Name:	APCS-Auto Premium Comparison Survey	Review Status:	Filed	12/01/2008
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Bypass Reason: Not applicable

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Filed	12/01/2008
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Bypass Reason: Not applicable

Comments:

Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Filed	12/01/2008
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Bypass Reason: Not applicable

Comments:

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Filed	12/01/2008
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Comments:

Attachment:

PCtrans.pdf

Review Status:

SERFF Tracking Number: AMMA-125906470

State: Arkansas

Filing Company: Amica Mutual Insurance Company

State Tracking Number: EFT \$25

Company Tracking Number: AR-A-08-3-RU

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR-A-08-3-RU

Project Name/Number: Rule Revision/

Satisfied -Name: support

Filed

12/01/2008

Comments:

Attachment:

Reference Abstract form & support.pdf

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable, so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Amica Mutual Insurance Company
 NAIC # (including group #) NAIC 19976 Group 028

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance? Yes No
 If yes, list the areas: _____

2. Do you furnish a market for young drivers? Yes No

3. Do require collateral business to support a youthful driver? Yes No

4. Do you insure drivers with an international or foreign driver's license? Yes No

5. Specify the percentage you allow in credit or discounts for the following:

- a. Driver over 55 10%
- b. Good Student Discount Varies %
- c. Multi-car Discount 15-25%
- d. Accident Free Discount* Varies %

Please Specify Qualification for Discount:

Incorporated within the Household Assessment Level (HAL)

- e. Anti-Theft Discount 5-25%
- f. Other (specify) %
Multi-Line Discount 2-10%
College Graduate Scholastic Discount 5%
Motor Vehicle Accident Prevention Discount 10%

6. Do you have an installment payment plan for automobile insurance? Yes No

If so, what is the fee for installment payments?

\$3.00

7. Does your company utilize a tiered rating plan? Yes No

If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
See attached		

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

 Signature
 Carol E. Pedro
 Printed Name
 Regulatory\Compliance Specialist II
 Title
 1-800-652-6422 ext. 24045
 Telephone Number
 cpedro@amica.com
 Email address

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
---	---

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Amica Mutual Insurance Company	RI	028-19976	05-0348344	

5. Company Tracking Number	AR-A-08-3-RU
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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
	Carol E. Pedro P.O. Box 6008 Providence, RI 02940-6008	Regulatory/ Compliance Specialist II	1-800-652- 6422 (ext. 24045)	1-401-334- 6518	cpedro@amica.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carol E. Pedro

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

9. Type of Insurance (TOI)	19.1/21.4 Private Passenger Auto
10. Sub-Type of Insurance (Sub-TOI)	19.1002/21.1000 PPA Liability and Phy Damage Combination
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Personal Automobile
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: 03/01/09 Renewal: 03/01/09
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	Insurance Services Office
17. Reference Organization # & Title	PP-2008-RCERU, PP-2008-RCELC
18. Company's Date of Filing	November 17, 2008
19. Status of filing in domicile	<input checked="" 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 #	AR-A-08-3-RU
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Your records will indicate that our Company is a member of Insurance Services Office.

Effective March 1, 2009 for new business and renewal policies, Amica will adopt the revisions outlined in ISO Filing Designation Numbers PP-2008-RCERU and PP-2008-RCELC. In addition, we will allow a maximum additional limit of \$15,000.

There is no rate level effect associated with this revision.

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]
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Check #: EFT
Amount: \$25.00

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

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.)

1.	This filing transmittal is part of Company Tracking #	AR-A-08-3-RU
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a.	Rate Change by Company (As Proposed)
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

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

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	0.2%
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7.	Effective Date of last rate revision	06/01/08
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rule 14. Miscellaneous Coverages	[] New [X] Replacement [] Withdrawn	
02	Rule 4. Classifications	[] New [X] Replacement [] Withdrawn	
03	Miscellaneous Rates	[] New [X] Replacement [] Withdrawn	

FORM RF2-Reference filing abstract NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	AR-A-08-3-RU
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

Loss Cost Reference Filing _____ **Independent Rate Filing**

(Advisory Org, & Reference filing #) PP-2008-RCELC

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

Note: Some states have statutes that prohibit this option for some lines of business.

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Private Passenger Auto

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:

(Check One):

Without Modification (factor = 1.000)

With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) _____

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

		Selected Provisions	
A.	Total Production Expense	14.0	%
B.	General Expense	3.3	%
C.	Taxes, Licenses & Fee	2.7	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	4.2	%
E.	Other (explain)	20.0	%
F.	Total	44.2	%

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F = A$	55.8	%
	B.	ELR in Decimal Form =	.558	
6.		Company Formula Loss Cost Multiplier (3B/5B)	1.792	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.792	
8.		Rate Level Change for the coverage(s) to which this page applies	0.0	

**COUNTRYWIDE
AUTOMOBILE EXPENSE EXHIBIT
VOLUNTARY PRIVATE PASSENGER AUTOMOBILE**

COMPREHENSIVE		OTHER	RATIO TO		RATIO TO	TOTAL	RATIO TO		RATIO TO
	EARNED	ACQUISITION	EARNED	GENERAL	EARNED	TAXES, LICENSES	EARNED	MISC.	EARNED
<u>YEAR</u>	<u>PREMIUM</u>	<u>EXPENSE</u>	<u>PREMIUM</u>	<u>EXPENSE</u>	<u>PREMIUM</u>	<u>AND FEES ***</u>	<u>PREMIUM</u>	<u>TAX</u>	<u>PREMIUM</u>
2003	116,924,344	15,281,790	0.131	4,210,188	0.036	2,260,434	0.019	317,920	0.003
2004	111,303,611	12,151,781	0.109	3,274,197	0.029	2,251,621	0.020	362,028	0.003
2005	106,087,001	12,937,715	0.122	2,944,404	0.028	1,942,524	0.018	73,800	0.001
2006	97,122,744	13,405,745	0.138	2,941,584	0.030	1,835,649	0.019	212,333	0.002
2007	91,259,519	12,797,141	0.140	2,955,432	0.032	1,754,591	0.019	140,072	0.002
3 YEAR TOTAL	294,469,264	39,140,601	0.133	8,841,420	0.030	5,532,764	0.019	426,205	0.001
5 YEAR TOTAL	522,697,220	66,574,172	0.127	16,325,805	0.031	10,044,819	0.019	1,106,153	0.002
COLLISION									
	EARNED	OTHER	RATIO TO	GENERAL	RATIO TO	TOTAL	RATIO TO	MISC.	RATIO TO
<u>YEAR</u>	<u>PREMIUM</u>	<u>EXPENSE</u>	<u>PREMIUM</u>	<u>EXPENSE</u>	<u>PREMIUM</u>	<u>AND FEES ***</u>	<u>PREMIUM</u>	<u>TAX</u>	<u>PREMIUM</u>
2003	261,844,367	35,308,417	0.135	9,757,687	0.037	5,180,276	0.020	748,595	0.003
2004	267,984,830	29,735,306	0.111	8,123,140	0.030	5,491,567	0.020	824,099	0.003
2005	265,218,691	31,755,532	0.120	7,391,438	0.028	4,911,832	0.019	284,769	0.001
2006	254,131,679	35,760,847	0.141	7,996,514	0.031	5,014,815	0.020	614,018	0.002
2007	250,666,393	34,974,541	0.140	8,216,140	0.033	4,870,908	0.019	407,708	0.002
3 YEAR TOTAL	770,016,763	102,490,920	0.133	23,604,092	0.031	14,797,555	0.019	1,306,495	0.002
5 YEAR TOTAL	1,299,845,960	167,534,643	0.129	41,484,919	0.032	25,469,398	0.020	2,879,189	0.002
PHYSICAL DAMAGE TOTAL									
	EARNED	OTHER	RATIO TO	GENERAL	RATIO TO	TOTAL	RATIO TO	MISC.	RATIO TO
<u>YEAR</u>	<u>PREMIUM</u>	<u>EXPENSE</u>	<u>PREMIUM</u>	<u>EXPENSE</u>	<u>PREMIUM</u>	<u>AND FEES ***</u>	<u>PREMIUM</u>	<u>TAX</u>	<u>PREMIUM</u>
2003	378,768,711	50,590,207	0.134	13,967,875	0.037	7,440,710	0.020	1,066,515	0.003
2004	379,288,442	41,887,087	0.110	11,397,337	0.030	7,743,188	0.020	1,186,127	0.003
2005	371,305,692	44,693,247	0.120	10,335,842	0.028	6,854,356	0.018	358,569	0.001
2006	351,254,423	49,166,592	0.140	10,938,098	0.031	6,850,464	0.020	826,351	0.002
2007	341,925,912	47,771,682	0.140	11,171,572	0.033	6,625,499	0.019	547,780	0.002
3 YEAR TOTAL	1,064,486,027	141,631,521	0.133	32,445,512	0.030	20,330,319	0.019	1,732,700	0.002
5 YEAR TOTAL	1,822,543,180	234,108,815	0.128	57,810,724	0.032	35,514,217	0.019	3,985,342	0.002

Arkansas
PRIVATE PASSENGER AUTOMOBILE
PHYSICAL DAMAGE COVERAGES

ESTIMATED INVESTMENT EARNINGS ON UNEARNED
PREMIUM RESERVES AND ON LOSS RESERVES

	<u>Physical Damage</u>
A. UNEARNED PREMIUM RESERVE	
1. Countrywide Direct Earned Premium for 2007	\$326,194,805
2. Mean Unearned Premium Reserve	\$159,835,454
3. Deduction for Prepaid Expenses for State	
Commission and Brokerage Expense	0.0%
Taxes, Licenses and Fees	2.7%
50% of Other Acquisition Expense	7.0%
50% of Company Operating Expense	1.7%
Total	11.4%
4. Deduction for Federal Taxes Payable	-0.1%
5. [(2) x [(3) + (4)]]	\$6,553,254
6. Net Subject to Investment (2) - (5)	\$153,282,200
B. DELAYED REMISSION OF PREMIUM (AGENTS' BALANCES)	
1. Countrywide Direct Earned Premium (A-1)	\$326,194,805
2. Average Agents' Balance	0.290
3. Delayed Remission (1) x (2)	\$94,596,493
C. LOSS RESERVE	
1. Countrywide Direct Earned Premium (A-1)	\$326,194,805
2. Expected Incurred Losses and Loss Adjustment Expenses	0.558 \$227,357,779
3. Expected Mean Loss Reserves	\$50,718,612
D. NET SUBJECT TO INVESTMENT (A-6) - (B-3) + (C-3)	
	\$109,404,319
E. AVERAGE RATE OF RETURN	
	3.6%
F. INVESTMENT EARNINGS ON NET SUBJECT TO INVESTMENT (D) X (E)	
	\$3,938,555
G. AVERAGE RATE OF RETURN AS A PERCENT OF DIRECT EARNED PREMIUM (F) ÷ (A-1)	
	0.011
H. AVERAGE RATE OF RETURN AS A PERCENT OF DIRECT EARNED PREMIUM AFTER FEDERAL INCOME TAXES (G) X 0.709	
	0.008