

SERFF Tracking Number: AMRS-125950731 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$50
COMPANY, ...
Company Tracking Number: AR-AUTO-12-08-SELECT
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: COMMERCIAL AUTOMOBILE
Project Name/Number: /AR-AUTO-12-08-SELECT

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY
Product Name: COMMERCIAL AUTOMOBILE SERFF Tr Num: AMRS-125950731 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto Co Tr Num: AR-AUTO-12-08-SELECT State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Dacia Owens Disposition Date: 12/17/2008
Date Submitted: 12/16/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2009 Effective Date (New): 04/01/2009
Effective Date Requested (Renewal): 04/01/2009 Effective Date (Renewal): 04/01/2009

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: AR-AUTO-12-08-SELECT Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 12/17/2008 Deemer Date:
State Status Changed: 12/17/2008
Corresponding Filing Tracking Number: AR-AUTO-12-08-SELECT
Filing Description:
AMERISURE MUTUAL INSURANCE COMPANY AND AMERISURE INSURANCE COMPANIES HAVE BEEN RELYING ON CCH AUTHENTICWEB TO PROVIDE UNINSURED AND UNDERINSURED MOTORISTS SELECTION REJECTION FORMS FOR COMPANY USE. AT THIS TIME, WE WISH TO PROPOSE A COMPANY FORM ARKANSAS REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, OFFER OF INCREASED UNINSURED LIMITS, OR SELECTION OF DESIGNATED UNINSURED LIMITS - A 36 03 10 08 TO

SERFF Tracking Number: AMRS-125950731 State: Arkansas
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REPLACE CCH FORM UA 127d, ED. 07-05. THE COMPANY FORM IS NEW AND MANDATORY FOR ALL POLICIES. THE FORM ALLOWS THE NAMED INSURED TO TAILOR UM/UIM COVERAGE TO FIT THE DISTINCT EXPOSURES OF OWNERS, OFFICERS, DIRECTORS AND EMPLOYEES UNDER ONE POLICY. THIS OPTION IS UNIQUE TO AMERISURE, SO THE PROPOSED FORM HAS BEEN CREATED TO OFFER THE OPTION.

PLEASE REFER TO THE ATTACHED FILING MEMORANDUMS FOR COMPLETE FILING DETAILS.

Company and Contact

Filing Contact Information

Dacia Owens, COMPLIANCE ANALYST II d Owens@amerisure.com
 26777 HALSTED RD. (800) 257-1900 [Phone]
 FARMINGTON HILLS, MI 48331 (248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00

SERFF Tracking Number: AMRS-125950731 *State:* Arkansas
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Retaliatory? No
Fee Explanation: (1) FILING (X) \$50 PER FILING SUBMISSION = \$50
Per Company: No

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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: COMMERCIAL AUTOMOBILE
Project Name/Number: /AR-AUTO-12-08-SELECT

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMERISURE MUTUAL INSURANCE COMPANY	\$50.00	12/16/2008	24566890
AMERISURE INSURANCE COMPANY	\$0.00	12/16/2008	

SERFF Tracking Number: AMRS-125950731 *State:* Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE *State Tracking Number:* EFT \$50
COMPANY, ...
Company Tracking Number: AR-AUTO-12-08-SELECT
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: COMMERCIAL AUTOMOBILE
Project Name/Number: /AR-AUTO-12-08-SELECT

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/17/2008	12/17/2008

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Project Name/Number: /AR-AUTO-12-08-SELECT

Disposition

Disposition Date: 12/17/2008
Effective Date (New): 04/01/2009
Effective Date (Renewal): 04/01/2009
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MEMO	Approved	Yes
Supporting Document	COMPARISON	Approved	Yes
Form	ARKANSAS REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, OFFER OF INCREASED UNINSURED LIMITS, OR SELECTION OF DESIGNATED UNINSURED LIMITS	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ARKANSAS REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, OFFER OF INCREASED UNINSURED LIMITS, OR SELECTION OF DESIGNATED UNINSURED LIMITS	A 36 03	10 08	Endorsement/New Amendment/Conditions			A 36 03 10 08.pdf

Premium Adjustment (if any)

\$

**ARKANSAS REJECTION OF UNINSURED AND UNDERINSURED
MOTORISTS COVERAGES, OFFER OF INCREASED UNINSURED LIMITS, OR
SELECTION OF DESIGNATED UNINSURED LIMITS**

I. UNINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of **bodily injury**, sickness or disease, including death, resulting therefrom.

Uninsured Motorists Coverage (Sections 23-89-404) also provides insurance for the protection of persons insured thereunder for **property damage** to the insured for losses in excess of two hundred dollars (\$200). "Property damage" means damage to the insured's vehicle, plus a reasonable allowance for loss of use of the vehicle.

Under the law (Section 27-19-605), the minimum limits for Uninsured Motorists Coverage are:

- at least \$25,000 of coverage of bodily injury/death for each insured person who may be injured in any single accident, and
- at least \$50,000 of coverage of bodily injury/death for two or more insured people who may be injured in any single accident, and
- at least \$25,000 of coverage of property damage in any single accident.

A. Offer of Increased Limits

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), if you choose **not** to reject Uninsured Motorists Coverage, you, the insured named in the policy, have the right to purchase uninsured motorists coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them) —

(Applicable item marked "X")

- agrees to purchase increased limits of Uninsured Motorists Coverage.

If you marked this box, then you must specify the limits which you desire. These limits cannot exceed your third-party liability coverage.

I select: _____

Amount of increased premium (if any): _____

- agrees that the offer of any and all increased limits of Uninsured Motorists Coverage is REJECTED.

- agrees that the offer of any and all increased limits of Uninsured Motorists Coverage is rejected except as indicated on **Arkansas Uninsured Motorists Coverage – Designated Limits CA 71 55**.

B. Rejection

The law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. The law requires that if you **do not** reject Uninsured Motorists Coverage for **bodily injury**, the insurer will **automatically** provide you with this coverage in the minimum limits prescribed by law.

You may **not** reject Uninsured Motorists Coverage if increased limits of Uninsured Motorists Coverage is selected above.

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them) —

(Applicable item marked “X” insureds that have purchased third-party liability coverage in excess of the minimums will need to check the first two boxes to reject Uninsured Motorists Coverage in its entirety)

- has purchased third-party liability coverage greater than the minimums provided in 27-19-605, and agrees that the Uninsured Motorists Coverage in an amount equal to the third-party liability coverage purchased is REJECTED.
- agrees that the Uninsured Motorists Coverage is REJECTED. The Uninsured Motorists Coverage offered is completely removed and deleted from the policy.
- agrees that the property damage only portion of the Uninsured Motorists Coverage is REJECTED. The property damage only portion of the Uninsured Motorists Coverage offered is completely removed and deleted from the policy.

II. REJECTION OF UNDERINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Sections 23-89-209), Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party’s insurance coverage except to the extent that the injured party would receive compensation in excess of his/her damages.

Underinsured Motorists Coverage is available **only if** Uninsured Motorists Coverage is **not** rejected above.

The law permits you, the insured named in the policy, to reject Underinsured Motorists Coverage.

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them)—

(Applicable item marked “X”)

- agrees that the Underinsured Motorists Coverage is REJECTED. The Underinsured Motorists Coverage offered is completely removed and deleted from the policy. This coverage **MUST** be deleted if Uninsured Motorists Coverage is deleted.
- agrees that the Underinsured Motorists Coverage is rejected except as indicated on **Arkansas Underinsured Motorists Coverage – Designated Limits CA 71 56**.

Signature of Insured

Signature of Insured

Type or Print Name

Type or Print Name

Date

Date

Policy Number (If Known)

Policy Number (If Known)

SERFF Tracking Number: AMRS-125950731 *State:* Arkansas
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COMPANY, ...
Company Tracking Number: AR-AUTO-12-08-SELECT
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: COMMERCIAL AUTOMOBILE
Project Name/Number: /AR-AUTO-12-08-SELECT

Rate Information

Rate data does NOT apply to filing.

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COMPANY, ...
Company Tracking Number: AR-AUTO-12-08-SELECT
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: COMMERCIAL AUTOMOBILE
Project Name/Number: /AR-AUTO-12-08-SELECT

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/17/2008

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent[1].pdf

Satisfied -Name: MEMO **Review Status:** Approved 12/17/2008

Comments:

Attachment:

Filing Memo - Form A36031008 - Arkansas.pdf

Satisfied -Name: COMPARISON **Review Status:** Approved 12/17/2008

Comments:

Attachment:

A 36 03 10 08 _stdu_ Arkansas UM UIM Selection Rejection.pdf

Property & Casualty Transmittal Document

Reset Form

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 #
AMERISURE INSURANCE	0124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
AMERISURE MUTUAL INS. CO.	MI	23396	38-0829210	
AMERISURE INSURANCE	MI	19488	38-1869912	

5. Company Tracking Number	AR-AUTO-12-08-SELECT
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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
DACIA OWENS, 26777 HALSTED RD., FARMINGTON HILLS, MI 48331	COMPLIANCE ANALYST	800-257-1900 EXT. 54270	248-426-7789	dowens@amerisure.com

7. Signature of authorized filer

8. Please print name of authorized filer: DACIA OWENS

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 04-01-09 Renewal: 04-01-09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12-16-08
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-AUTO-12-08-SELECT

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

AMERISURE MUTUAL INSURANCE COMPANY AND AMERISURE INSURANCE COMPANIES HAVE BEEN RELYING ON CCH AUTHENTICWEB TO PROVIDE UNINSURED AND UNDERINSURED MOTORISTS SELECTION REJECTION FORMS FOR COMPANY USE. AT THIS TIME, WE WISH TO PROPOSE A COMPANY FORM ARKANSAS REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, OFFER OF INCREASED UNINSURED LIMITS, OR SELECTION OF DESIGNATED UNINSURED LIMITS - A 36 03 10 08 TO REPLACE CCH FORM UA 127d, ED. 07-05. THE COMPANY FORM IS NEW AND MANDATORY FOR ALL POLICIES. THE FORM ALLOWS THE NAMED INSURED TO TAILOR UM/UIM COVERAGE TO FIT THE DISTINCT EXPOSURES OF OWNERS, OFFICERS, DIRECTORS AND EMPLOYEES UNDER ONE POLICY. THIS OPTION IS UNIQUE TO AMERISURE, SO THE PROPOSED FORM HAS BEEN CREATED TO OFFER THE OPTION.

PLEASE REFER TO THE ATTACHED FILING MEMORANDUMS FOR COMPLETE FILING DETAILS.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

(1) FILING SUBMISSION (X) \$50 PER SUBMISSION = \$50

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.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-AUTO-12-08-SELECT
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	ARKANSAS REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, OFFER OF INCREASED UNINSURED LIMITS, OR SELECTION OF DESIGNATED UNINSURED LIMITS	A 36 03 10 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UA 127d (07-05)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

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
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Commercial Auto - Arkansas 2008 Form Filing Memorandum

A 36 03 10 08 Arkansas Rejection Of Uninsured And Underinsured Motorists Coverages, Offer Of Increased Uninsured Limits, Or Selection Of Designated Uninsured Limits is a new form that provides the required UM/UIM statutory selection/rejection information for Arkansas insureds.

A 36 03 replaces CCH Insurance Services form UA 127d (Ed. 7-05) Rejection Of Uninsured And Underinsured Motorists Coverages, And Offer Of Increased Uninsured Limits (Arkansas).

We created A 36 03 to mesh with our designated UM/UIM limits endorsements, CA 71 55 and CA 71 56. On 7/24/06, the Arkansas Department of Insurance approved CA 71 55 07 06 Arkansas Uninsured Motorists Coverage - Designated Limits and CA 71 56 07 06 Arkansas Underinsured Motorists Coverage - Designated Limits for a 9/01/06 effective date. The option for designated UM or UIM limits is not contained in CCH form UA 127d. In order to provide a form for the named insured to indicate selection of these options, we created A 36 03.

A 36 03 is the same as UA 127d, except for the following changes:

- Revised title.
- Under **A. Offer Of Increased Limits**, we deleted the redundant grid entitled **Offer Of Increased Limits Coverage** and **Amount Of Increased Premium (if any)**. We did this because the checkbox below already requires the named insured to enter the selected limits. Furthermore, we added a new line, "Amount of increased premium (if any)," directly under the selected limits to indicate premium cost.
- Under **A. Offer Of Increased Limits**, we added a new checkbox -
 - agrees that the offer of any and all increased limits of Uninsured Motorists Coverage is rejected except as indicated on **Arkansas Uninsured Motorists Coverage – Designated Limits CA 71 55**.
- Under **II. REJECTION OF UNDERINSURED MOTORISTS COVERAGE**, we added a new checkbox –
 - agrees that the Underinsured Motorists Coverage is rejected except as indicated on **Arkansas Underinsured Motorists Coverage – Designated Limits CA 71 56**.

A strike-through double-underline (stdu) version showing the exact differences between our form and the CCH form is included with this filing.

- agrees that the offer of any and all increased limits of Uninsured Motorists Coverage is REJECTED.

agrees that the offer of any and all increased limits of Uninsured Motorists Coverage is rejected except as indicated on Arkansas Uninsured Motorists Coverage – Designated Limits CA 71 55.

B. Rejection

The law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. The law requires that if you **do not** reject Uninsured Motorists Coverage for **bodily injury**, the insurer will **automatically** provide you with this coverage in the minimum limits prescribed by law.

You may **not** reject Uninsured Motorists Coverage if increased limits of Uninsured Motorists Coverage is selected above.

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them)—

(Applicable item marked “X” insureds that have purchased third-party liability coverage in excess of the minimums will need to check the first two boxes to reject Uninsured Motorists Coverage in its entirety)

- has purchased third-party liability coverage greater than the minimums provided in 27-19-605, and agrees that the Uninsured Motorists Coverage in an amount equal to the third-party liability coverage purchased is REJECTED.
- agrees that the Uninsured Motorists Coverage is REJECTED. The Uninsured Motorists Coverage offered is completely removed and deleted from the policy.
- agrees that the property damage only portion of the Uninsured Motorists Coverage is REJECTED. The property damage only portion of the Uninsured Motorists Coverage offered is completely removed and deleted from the policy.

II. REJECTION OF UNDERINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Sections 23-89-209), Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party's insurance coverage except to the extent that the injured party would receive compensation in excess of his/her damages.

Underinsured Motorists Coverage is available **only** if Uninsured Motorists Coverage is **not** rejected above.

The law permits you, the insured named in the policy, to reject Underinsured Motorists Coverage.

In accordance with the above-mentioned Arkansas Insurance Laws, the undersigned insured (and each of them)—

(Applicable item marked “X”)

- agrees that the Underinsured Motorists Coverage is REJECTED. The Underinsured Motorists Coverage offered is completely removed and deleted from the policy. This coverage **MUST** be deleted if Uninsured Motorists Coverage is deleted.

agrees that the Underinsured Motorists Coverage is rejected except as indicated on Arkansas Underinsured Motorists Coverage – Designated Limits CA 71 56.

SIGNATURE OF INSURED

SIGNATURE OF INSURED

TYPE OR PRINT NAME

TYPE OR PRINT NAME

DATE

DATE

POLICY NUMBER (IF KNOWN)

POLICY NUMBER (IF KNOWN)