

SERFF Tracking Number: AOIC-125903768 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PPA-AR-01-11/21/2008-89025
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: ID/Exp./Gap Coverage/89025 PPA

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Personal Automobile

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Form

SERFF Tr Num: AOIC-125903768

SERFF Status: Assigned

Co Tr Num: PPA-AR-01-
11/21/2008-89025

Co Status: Pending

Authors: Claudia Stewart, Carol
Mitchell

Date Submitted: 11/19/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi, Llyweyia Rawlins

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

General Information

Project Name: ID/Exp./Gap Coverage

Project Number: 89025 PPA

Reference Organization:

Reference Title:

Filing Status Changed: 11/19/2008

State Status Changed: 12/01/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING:

89025 (08-08) Identity Theft Expense Coverage

89102 (06-08) Rental Automobile Gap Coverage

Forms Attach To: Automobile Coverage Form

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Submitted for your approval is the attached list of forms. Forms are submitted in final printed copy.
If you have any questions, please feel free to contact one of the following:

Manager:

AMY KLEIN, AIS, API, MANAGER
PERSONAL AUTOMOBILE UNDERWRITING - SOUTH
KLEIN.AMY@AOINS.COM (emails without attachments)
perslinesund@aoins.net (emails with attachments)
517-703-8981 Ext. 8981

Underwriter:

TONYA GUILFORD
GUILFORD.TONYA@AOINS.COM
(517) 886-1759

Company and Contact

Filing Contact Information

Amy Klein, Manager klein.amy@aoins.com
PO Box 30660 (800) 346-0346 [Phone]
Lansing, MI 48909-8160 (517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company CoCode: 18988 State of Domicile: Michigan
P.O. Box 30660 Group Code: 280 Company Type: PC
Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:
Group
(800) 346-0346 ext. [Phone] FEIN Number: 38-0315280

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing

SERFF Tracking Number: AOIC-125903768 *State:* Arkansas
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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	11/19/2008	24028210

SERFF Tracking Number: AOIC-125903768 State: Arkansas
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: AOIC-125903768 *State:* Arkansas
Filing Company: Auto-Owners Insurance Company *State Tracking Number:* EFT \$50
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TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: ID/Exp./Gap Coverage/89025 PPA

Disposition

Disposition Date: 12/01/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Llyweyia reviewed commercial auto form.

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125903768 State: Arkansas
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 Product Name: Personal Automobile
 Project Name/Number: ID/Exp./Gap Coverage/89025 PPA

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Identity Theft Expense Coverage	Approved	Yes
Form	Rental Automobile Gap Coverage	Approved	Yes

SERFF Tracking Number: AOIC-125903768 State: Arkansas
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 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Automobile
 Project Name/Number: ID/Exp./Gap Coverage/89025 PPA

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Identity Theft Expense Coverage	89025	08-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:50.90 89025 (11-06) Previous Filing #: PPAAR10522200 789025	50.90	89025 (08-08).pdf
Approved	Rental Automobile Gap Coverage	89102	06-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:46.70 89102 (08-07) Previous Filing #: PPAAR10522200 789025	46.70	89102 (06-08).pdf

IDENTITY THEFT EXPENSE COVERAGE

Automobile Policy

It is agreed:

1. DEFINITIONS

The following definitions apply to this endorsement only:

a. Identity theft means knowingly transferring or using, by anyone without lawful authority, a means of identification of an **insured** with the intent to commit, or to aid or abet, any unlawful activity that constitutes a violation of Federal law, or that constitutes a felony under any applicable State or Local law.

b. Identity theft includes the misuse of an **insured's**:

- (1) name, address or social security number;
- (2) financial account numbers; or
- (3) other identifying information and the use of such information to:

- (a) acquire loans in an **insured's** name;
- (b) open credit card accounts;
- (c) seize existing accounts; or
- (d) commit theft of funds from an **insured's** financial accounts.

c. Identity theft expenses means:

- (1) Any cost incurred to provide, obtain, reproduce or notarize affidavits or similar documents for:

- (a) law enforcement agencies;
- (b) financial institutions;
- (c) credit grantors; or
- (d) credit agencies.

- (2) Actual loss of earnings by an **insured** resulting from time off work to complete costs of (1) immediately above, subject to the limits shown under **2. COVERAGE** below.

- (3) Cost for telephone calls to report, discuss or resolve an actual **identity theft** with:

- (a) law enforcement agencies;
- (b) financial institutions;
- (c) credit grantors;
- (d) credit agencies;
- (e) merchants; or
- (f) legal counsel.

- (4) Loan application fees for re-applying for any loan when the original loan application is rejected solely because the lender received incorrect credit information resulting from the occurrence of **identity theft**.

- (5) Reasonable attorney fees incurred with our prior consent for:

- (a) Defense of an **insured** against any **suits** by persons or organizations or their collection agencies.
- (b) Removal of any criminal or civil judgments wrongly entered against an **insured**.
- (c) Challenging the accuracy or completeness of any information in an **insured's** consumer credit report that an **insured** believes is inaccurate or incomplete because of or resulting from **identity theft**.

- (6) Premiums on bonds required as a result of a **suit** resulting from **identity theft**. Our payment of premium for such bonds will not exceed an amount greater than our limit of insurance for **identity theft**. We have no obligation to apply for or furnish the bonds.

d. Insured means:

- a. you;
- b. your relatives; and
- c. any other person under the age of 21 residing with you who is in your care or the care of a relative.

2. COVERAGE

The following is added under **SECTION II - LIABILITY COVERAGE, 1. COVERAGE:**

IDENTITY THEFT EXPENSES

We will pay up to the limit of insurance shown in the Declarations under **PERSONAL AUTOMOBILE PLUS PACKAGE - Identity Theft Expense for identity theft expenses** incurred by all insureds as the direct result of all **identity theft**.

Our payment for actual loss of earnings resulting from time off work to handle **identity theft expenses** will not exceed \$250 per day, per insured, or \$10,000 for all insureds. This limit of insurance is included within and not in addition to the limit of insurance shown in the Declarations under **PERSONAL AUTOMOBILE PLUS PACKAGE - Identity Theft Expense for identity theft expenses**.

We will pay for **identity theft expenses** incurred by an insured person as the direct result of **identity theft** that is discovered during the policy term shown in the Declarations. In the event of cancellation or nonrenewal of the policy, the **identity theft** must:

- a. Take place prior to the effective date of cancellation or nonrenewal.
 - b. Be discovered by an insured person:
 - (1) during the policy term; or
 - (2) up to one year from the:
 - (a) expiration date of the policy; or
 - (b) effective date of cancellation
- whichever occurs first.

With respect to this Coverage Extension, discovery takes place when an insured:

- a. first becomes aware of information which would cause a reasonable person to presume that **identity theft** has taken place, although the precise amount or details of the **identity theft** may not be fully known; or
- b. receives notice of an actual or possible **identity theft** claim asserting facts that, if true, would constitute a covered loss under this Coverage Extension.

We do not cover:

- a. Loss arising out of or in connection with a business owned or financially controlled by an insured.
- b. Expenses incurred because of or resulting from any fraudulent, dishonest or criminal act by an insured or any person aiding or abetting an insured, or by any authorized representative of an insured, whether acting alone or in collusion with others.
- c. Loss or expenses arising out of **identity theft** discovered by an insured prior to the inception of this coverage.
- d. Loss other than expenses relating to **identity theft**.

3. DEDUCTIBLE

We will pay only that part of the loss that exceeds the deductible shown in the Declarations for this Coverage. No other deductible applies to **Identity Theft Expense Coverage**.

4. CONDITIONS

- a. The following is added to **SECTION V - WHAT YOU MUST DO AFTER AN ACCIDENT OR LOSS:**
Send to us, within 60 days after our request, all receipts, bills or other records that support your claim for expenses under **identity theft** coverage. Notify the police in case of **identity theft**.
- b. Under **SECTION VI - GENERAL CONDITIONS, 6. DUPLICATION OF COVERAGE, a.** does not apply to this coverage only.

All other policy terms and conditions apply.

RENTAL AUTOMOBILE GAP COVERAGE

Automobile Policy

It is agreed:

Under **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 4. LIMIT OF LIABILITY**, the following condition is added:

If the first named **insured** is:

- (1) an individual; or
- (2) other than an individual with the Broadened Coverage for Named Individuals - Drive Other Cars endorsement attached to a **private passenger automobile** with Comprehensive and Collision Coverages; and

If the **automobile** is:

- (1) a rented **private passenger automobile**;
- (2) not a total loss; and

- (3) sold in its damaged condition rather than repaired, as decided by the rental company from which **you** rented the **automobile**, then **we** will pay the amount for which **you** are liable under the terms of the rental agreement; or
- (4) repaired, then **we** will pay for damage to the rented **private passenger automobile** because of or resulting from any real or perceived reduction in market value of the rented **private passenger automobile** after it has been repaired as compared to the real or perceived market value of the rented **private passenger automobile** prior to such damage. This coverage shall be excess over any coverage provided by the AUTOMOBILE PHYSICAL DAMAGE PLUS ENDORSEMENT if attached to the policy.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125903768</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PPA-AR-01-11/21/2008-89025</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>ID/Exp./Gap Coverage/89025 PPA</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125903768

State: Arkansas

Filing Company: Auto-Owners Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: PPA-AR-01-11/21/2008-89025

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Automobile

Project Name/Number: ID/Exp./Gap Coverage/89025 PPA

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

12/01/2008

Comments:

Attachment:

89025 naic transmittal.pdf

Satisfied -Name: Explanatory Memo

Review Status:

Approved

12/01/2008

Comments:

Attachment:

89025 PPA Exp Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; 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					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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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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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 #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

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

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

**AUTO-OWNERS MUTUAL INSURANCE COMPANY
FORMS AND ENDORSEMENTS
Explanatory Memo**

Form Number	Edition Date	Replaced Form	Replaced Edition Date	Form Name
89025	(08-08)	N/A	(11-06)	Identity Theft Expense Coverage
USE	Provides Coverage for Identity Theft Expenses. This is part of the Personal Automobile Plus Package.			
CHANGE	Revised to include the definition of insured.			
89102	(06-08)	89102	(08-07)	Rental Automobile Gap Coverage
USE	This form will be part of the Commercial Automobile Plus Coverage Package. Coverage will be provided for the insured's contractual obligation when a rented PPA is sold rather than repaired.			
CHANGE	Revised to include coverage for diminished value.			

