

SERFF Tracking Number: AOIC-125361790 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PPA-AR-99-11/19/2007-89748
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: PPA/89748

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-125361790

SERFF Status: Closed

Co Tr Num: PPA-AR-99-
11/19/2007-89748

Co Status: In Progress

Authors: Sue Holben, Claudia
Stewart, Autumn Whitson

Date Submitted: 11/20/2007

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees received

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Disposition Date: 02/11/2008

Disposition Status: Approved

Effective Date (New): 02/11/2008

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

General Information

Project Name: PPA

Project Number: 89748

Reference Organization:

Reference Title:

Filing Status Changed: 02/11/2008

State Status Changed: 11/20/2007

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 89748 (08-07) - Arkansas Uninsured Motorist Coverage

Form Attaches To:

Automobile Coverage Form

Use: Provides Uninsured Motorist Liability Coverage.

Revisions to the form include:

Added 1.B. definition of Rental Company under the Definitions section; Added (1)(a) and (b) and (2) under

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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2.A. of the Coverage section; added two paragraphs under 5.B. of the Other Uninsured Motorist Coverage section. Also added "including but not limited to loss of consortium".

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after December 19, 2007. 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 - SOUTH

KLEIN.AMY@AOINS.COM (emails without attachments)

perslinesund@aoins.net (emails with attachments)

517-703-8981

Underwriter:

LYNN BOOMSMA

BOOMSMA.LYNN@AOINS.COM

(517) 323-1444

Company and Contact

Filing Contact Information

Amy Klein, Manager

PO Box 30660

Lansing, MI 48909-8160

klein.amy@aoins.com

(800) 346-0346 [Phone]

(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

CoCode: 18988

Group Code: 280

Group Name: Auto-Owners Ins
Group

FEIN Number: 38-0315280

State of Domicile: Michigan

Company Type: PC

State ID Number:

(800) 346-0346 ext. [Phone]

Filing Fees

Fee Required? Yes

SERFF Tracking Number: AOIC-125361790 *State:* Arkansas
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Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	11/20/2007	16731608

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	02/11/2008	02/11/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted

Pending	Alexa Grissom	12/17/2007	12/17/2007			
Industry Response						

Pending	Alexa Grissom	11/20/2007	11/20/2007			
Industry Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reply to Industry Response dated 12/17/2008	Note To Reviewer	Autumn Whitson	02/06/2008	02/06/2008
Response to Industry Objection dated 11/20/2007	Note To Reviewer	Autumn Whitson	12/05/2007	12/05/2007

SERFF Tracking Number: AOIC-125361790 *State:* Arkansas
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Product Name: Personal Automobile
Project Name/Number: PPA/89748

Disposition

Disposition Date: 02/11/2008

Effective Date (New): 02/11/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125361790 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Uninsured Motorist Coverage	Approved	Yes

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Product Name: Personal Automobile
Project Name/Number: PPA/89748

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/17/2007

Submitted Date 12/17/2007

Respond By Date

Dear Amy Klein,

This will acknowledge receipt of the captioned filing. I have discussed 23-89-402 with our Director. If you want to insert that language into the policy. It needs to follow the wording of the code. Additionally it may not be added to the Time Limitation for Actions Against Us Section.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

SERFF Tracking Number: AOIC-125361790 State: Arkansas
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Product Name: Personal Automobile
Project Name/Number: PPA/89748

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/20/2007

Submitted Date 11/20/2007

Respond By Date

Dear Amy Klein,

This will acknowledge receipt of the captioned filing. On Page 4 of the submitted endorsement, 6.b. should be deleted per Arkansas Statute of Limitation. Is uninsured motorist property damage offered in another endorsement per Ark. Code Ann. 23-89-404?

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

SERFF Tracking Number: AOIC-125361790 *State:* Arkansas
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Project Name/Number: PPA/89748

Note To Reviewer

Created By:

Autumn Whitson on 02/06/2008 10:21 AM

Subject:

Reply to Industry Response dated 12/17/2008

Comments:

Dear Ms. Grissom,

Thank you for your response dated 12/17/2008. We have updated form 89748 (8-07) as follows:

Under the Definitions section, 1.c.(2) we have added, "within one year of the date of the occurrence", and in the Conditions section, the TIME LIMITATION FOR ACTIONS AGAINST US has changed.

The updated form is attached.

Thank you,

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

Arkansas
UNINSURED MOTORIST COVERAGE
Automobile Policy

It is agreed:

1. DEFINITIONS

The following definitions apply in addition to those contained in **SECTION I - DEFINITIONS** of the policy.

- a. **Occupying** means being in or on an **automobile** as a passenger or operator, or being engaged in the immediate acts of entering, boarding or alighting from an **automobile**.
- b. **Rental company** means any person or entity in the business of providing primarily **private passenger automobiles** to the public under a rental agreement for a period not to exceed 90 days.
- c. **Uninsured automobile** means an **automobile**:
 - (1) to which no **bodily injury** liability bond or liability insurance policy applies:
 - (a) at the time of the **occurrence**; and
 - (b) in at least the minimum amounts required by the Financial Responsibility Law in the state where **your automobile** is normally garaged.
 - (2) insured by an insurer that is or becomes insolvent within one year of the date of the **occurrence**.
 - (3) insured by a company that has issued a successful written denial of coverage.
 - (4) that is a hit and run **automobile**. By this we mean an **automobile**:
 - (a) that causes **bodily injury** by actual direct physical contact with the injured person or the **automobile** the injured person is **occupying**; and
 - (b) whose owner or operator is unknown.

An **occurrence** involving a hit and run **automobile** must be reported to the police within 24 hours of when it takes place.

Uninsured automobile does not include an **automobile**:

- (1) owned or leased by, furnished to or available for regular use of **you** or anyone living with **you**.
- (2) owned or operated by a self-insurer under any **automobile** law.
- (3) owned by any governmental unit or agency.
- (4) located for use as a residence or premises.

(5) that is designed for use primarily off public roads except while actually on public roads.

(6) that is an underinsured **automobile**. Underinsured **automobile** means an **automobile** to which a **bodily injury liability** bond or liability insurance policy applies at the time of the **occurrence** in at least the minimum amounts required by the Financial Responsibility Law in the state where **your automobile** is normally garaged, however, the limits of liability provided are less than those stated in the Declarations for Underinsured Motorist Coverage.

2. COVERAGE

a. **We** will pay compensatory damages, including but not limited to loss of consortium, to any person who is legally entitled to recover from the owner or operator of an **uninsured automobile** because of **bodily injury** sustained by an injured person while **occupying** an **automobile** that is covered by **SECTION II - LIABILITY COVERAGE** of the policy, including:

(1) any other **automobile** that is loaned by a duly licensed **automobile** dealer and used as:

(a) a demonstrator **automobile**; or

(b) as a temporary substitute **automobile**, with or without compensation, while **your automobile** is out of use because of breakdown, repair, or servicing.

(2) an **automobile** rented or leased from a **rental company**.

b. If the first named insured in the Declarations is an individual, this coverage is extended as follows:

(1) **We** will pay compensatory damages, including but not limited to loss of consortium, **you** are legally entitled to recover from the owner or operator of an **uninsured automobile** because of **bodily injury** **you** sustain:

(a) when **you** are not **occupying** an **automobile** that is covered by **SECTION II - LIABILITY COVERAGE** of the policy; or

(b) when **occupying** an **automobile** **you** do not own which is not covered by **SECTION II - LIABILITY COVERAGE** of the policy.

(2) The coverage extended by 2.b.(1) immediately above is also extended to a **relative** who does not own an **automobile**.

c. The **bodily injury** must be accidental and arise out of the ownership, maintenance or use of the **uninsured automobile**.

d. Whether an injured person is legally entitled to recover damages and the amount of the damages shall be determined by agreement between the injured person and **us**. **We** will not be bound by any judgments for damages obtained or settlements made without **our** written consent.

3. EXCLUSIONS

Uninsured Motorist Coverage does not apply:

a. to punitive or exemplary damages which means those damages imposed to punish a wrongdoer and to deter others from similar conduct.

- b. to any person injured while **occupying** or injured by any **automobile** which is owned or leased by such person injured if such **automobile**:
 - (1) is designed primarily for use on public roads;
 - (2) is required to be registered and licensed prior to its use on public roads; and
 - (3) is not insured for Uninsured Motorist Coverage by the policy.
- c. to any person who settles the **bodily injury** claim without **our** written consent.
- d. to directly or indirectly benefit an insurer or self-insurer under any workers compensation law or disability benefits law.

4. LIMIT OF LIABILITY

We will pay compensatory damages for **bodily injury** up to the Limit of Liability for Uninsured Motorist Coverage stated in the Declarations as follows:

- a. The limit stated for "each person" is the amount of coverage and the most **we** will pay for all compensatory damages, including but not limited to loss of consortium, because of or arising out of **bodily injury** to one person in any one **occurrence**. All claims resulting from or arising out of such **bodily injury** shall collectively be subject to this limit and constitute a single claim.
- b. The limit stated for "each occurrence" is the total amount of coverage and the most **we** will pay, subject to 4.a. above, for all compensatory damages, including but not limited to loss of consortium, because of or arising out of **bodily injury** to two or more persons in any one **occurrence**. All claims resulting from or arising out of such **bodily injury** shall collectively be subject to this limit and constitute a single claim.
- c. The Limit of Liability is not increased because of the number of:
 - (1) **automobiles** shown or premiums charged in the Declarations;
 - (2) claims made or **suits** brought;
 - (3) persons injured;
 - (4) **automobiles** involved in the **occurrence**; or
 - (5) persons to which this coverage applies.
- d. When Uninsured Motorist Coverage applies to two or more **automobiles**, the limit of liability stated for each such **automobile**:
 - (1) shall not be stacked in any manner to provide higher limits of liability than would apply if this coverage applied to only one **automobile**.
 - (2) may not be added to the limits for the same or similar coverage in any manner to provide higher limits of liability than would apply if this coverage applied to only one **automobile**.
- e. The amount **we** pay will not duplicate by any amounts paid or payable for the same **bodily injury**:
 - (1) under **SECTION II - LIABILITY COVERAGE** of the policy;

- (2) under any Underinsured Motorist Coverage, if provided by the policy;
- (3) under any Automobile Medical Payments Coverage, if provided by the policy;
- (4) under any Personal Injury Protection benefits, if provided by the policy; or
- (5) by or on behalf of any person or organization who may be legally responsible for the **bodily injury**.

5. OTHER UNINSURED MOTORIST COVERAGE

If there is other Uninsured Motorist Coverage which applies, **we** will pay **our** share of the damages. **Our** share will be the ratio of **our** limit of liability to the total of all limits which apply. Total damages payable for one **occurrence** shall be considered not to exceed the limit of liability of the applicable policy that has the highest limit of liability.

The coverage extended to **automobiles** not owned by:

- a. the first named insured; or
- b. if the first named insured is an individual, his or her spouse, if a resident of the same household

other than an **automobile** loaned, with or without compensation, by a duly licensed **automobile** dealer for use as a demonstrator **automobile** or as a temporary substitute **automobile** for an **automobile** covered by **SECTION II - LIABILITY COVERAGE** of this policy while such **automobile** is out of use because of its breakdown, repair or servicing; or an **automobile** rented or leased from a **rental company**, will be excess over any other coverage available to the injured person.

This coverage shall be primary with respect to an **automobile** loaned, with or without compensation, by a duly licensed **automobile** dealer for use as a demonstrator **automobile** or as a temporary substitute **automobile** for an **automobile** covered by **SECTION II - LIABILITY COVERAGE** of this policy while such **automobile** is out of use because of its breakdown, repair or servicing; or an **automobile** rented or leased from a **rental company**.

6. CONDITIONS

The following condition applies to this coverage in addition to those contained in **SECTION VI - GENERAL CONDITIONS** of the policy.

TIME LIMITATION FOR ACTIONS AGAINST US

Any person seeking Uninsured Motorist Coverage must:

- (a) present a claim for compensatory damages according to the terms and conditions of the policy; and
- (b) conform with any applicable statute of limitations applying to **bodily injury** claims in the state in which the accident occurred.

All other policy terms and conditions apply.

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Company Tracking Number: PPA-AR-99-11/19/2007-89748
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: PPA/89748

Note To Reviewer

Created By:

Autumn Whitson on 12/05/2007 12:39 PM

Subject:

Response to Industry Objection dated 11/20/2007

Comments:

Dear Ms. Grissom,

In your objection dated 11/20/2007, it was stated that on page 4 of the submitted endorsement, 6.b. should be deleted per Arkansas Statute of Limitations. Per our conversation November 26, 2007, you are going to review Arkansas Statute 23-89-402 and respond to the filing with your findings.

You also asked if we offer Uninsured Motorist Property Damage in another endorsement. This coverage is offered under the endorsement Uninsured Motorist Property Damage Coverage, 89750 (7-05).

Sincerely,

Amy Klein, Manager
Personal Automobile Underwriting - South
klein.amy@aoins.com (emails without attachments)
perslinesund@aoins.net (attachements with email)
517-703-8981

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Uninsured Motorist Coverage	89748	08-07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:42.40 89748 (12-05) Previous Filing #:		89748 (08-07).pdf

Arkansas
UNINSURED MOTORIST COVERAGE
Automobile Policy

It is agreed:

1. DEFINITIONS

The following definitions apply in addition to those contained in **SECTION I - DEFINITIONS** of the policy.

- a. **Occupying** means being in or on an **automobile** as a passenger or operator, or being engaged in the immediate acts of entering, boarding or alighting from an **automobile**.
- b. **Rental company** means any person or entity in the business of providing primarily **private passenger automobiles** to the public under a rental agreement for a period not to exceed 90 days.
- c. **Uninsured automobile** means an **automobile**:
 - (1) to which no **bodily injury** liability bond or liability insurance policy applies:
 - (a) at the time of the **occurrence**; and
 - (b) in at least the minimum amounts required by the Financial Responsibility Law in the state where **your automobile** is normally garaged.
 - (2) insured by a company that is or becomes insolvent.
 - (3) insured by a company that has issued a successful written denial of coverage.
 - (4) that is a hit and run **automobile**. By this **we** mean an **automobile**:
 - (a) that causes **bodily injury** by actual direct physical contact with the injured person or the **automobile** the injured person is **occupying**; and
 - (b) whose owner or operator is unknown.

An **occurrence** involving a hit and run **automobile** must be reported to the police within 24 hours of when it takes place.

Uninsured automobile does not include an **automobile**:

- (1) owned or leased by, furnished to or available for regular use of **you** or anyone living with **you**.
- (2) owned or operated by a self-insurer under any **automobile** law.
- (3) owned by any governmental unit or agency.
- (4) located for use as a residence or premises.

(5) that is designed for use primarily off public roads except while actually on public roads.

(6) that is an underinsured **automobile**. Underinsured **automobile** means an **automobile** to which a **bodily injury** liability bond or liability insurance policy applies at the time of the **occurrence** in at least the **minimum amounts required by the Financial Responsibility Law in the state where your automobile is normally garaged**, however, the limits of liability provided are less than those stated in the Declarations for Underinsured Motorist Coverage.

2. COVERAGE

a. We will pay compensatory damages, including but not limited to loss of consortium, to any person who is legally entitled to recover from the owner or operator of an **uninsured automobile** because of **bodily injury** sustained by an injured person while **occupying** an **automobile** that is covered by **SECTION II - LIABILITY COVERAGE** of the policy, including:

(1) any other **automobile** that is loaned by a duly licensed **automobile** dealer and used as:

(a) a demonstrator **automobile**; or

(b) as a temporary substitute **automobile**, with or without compensation, while **your automobile** is out of use because of breakdown, repair, or servicing.

(2) an **automobile** rented or leased from a **rental company**.

b. If the first named insured in the Declarations is an individual, this coverage is extended as follows:

(1) We will pay compensatory damages, including but not limited to loss of consortium, **you** are legally entitled to recover from the owner or operator of an **uninsured automobile** because of **bodily injury** you sustain:

(a) when **you** are not **occupying** an **automobile** that is covered by **SECTION II - LIABILITY COVERAGE** of the policy; or

(b) when **occupying** an **automobile** you do not own which is not covered by **SECTION II - LIABILITY COVERAGE** of the policy.

(2) The coverage extended by 2.b.(1) immediately above is also extended to a **relative** who does not own an **automobile**.

c. The **bodily injury** must be accidental and arise out of the ownership, maintenance or use of the **uninsured automobile**.

d. Whether an injured person is legally entitled to recover damages and the amount of the damages shall be determined by agreement between the injured person and **us**. We will not be bound by any judgments for *damages obtained or settlements made without our written consent*.

3. EXCLUSIONS

Uninsured Motorist Coverage does not apply:

a. to punitive or exemplary damages which means those damages imposed to punish a wrongdoer and to deter others from similar conduct.

- b. to any person injured while **occupying** or injured by any **automobile** which is owned or leased by such person injured if such **automobile**:
 - (1) is designed primarily for use on public roads;
 - (2) is required to be registered and licensed prior to its use on public roads; and
 - (3) is not insured for Uninsured Motorist Coverage by the policy.
- c. to any person who settles the **bodily injury** claim without **our** written consent.
- d. to directly or indirectly benefit an insurer or self-insurer under any workers compensation law or disability benefits law.

4. LIMIT OF LIABILITY

We will pay compensatory damages for **bodily injury** up to the Limit of Liability for Uninsured Motorist Coverage stated in the Declarations as follows.

- a. The limit stated for "each person" is the amount of coverage and the most **we** will pay for all compensatory damages, including but not limited to loss of consortium, because of or arising out of **bodily injury** to one person in any one **occurrence**. All claims resulting from or arising out of such **bodily injury** shall collectively be subject to this limit and constitute a single claim.
- b. The limit stated for "each occurrence" is the total amount of coverage and the most **we** will pay, subject to 4.a. above, for all compensatory damages, including but not limited to loss of consortium, because of or arising out of **bodily injury** to two or more persons in any one **occurrence**. All claims resulting from or arising out of such **bodily injury** shall collectively be subject to this limit and constitute a single claim.
- c. The Limit of Liability is not increased because of the number of:
 - (1) **automobiles** shown or premiums charged in the Declarations;
 - (2) claims made or **suits** brought;
 - (3) persons injured;
 - (4) **automobiles** involved in the **occurrence**; or
 - (5) persons to which this coverage applies.
- d. When Uninsured Motorist Coverage applies to two or more **automobiles**, the limit of liability stated for each such **automobile**:
 - (1) shall not be stacked in any manner to provide higher limits of liability than would apply if this coverage applied to only one **automobile**.
 - (2) may not be added to the limits for the same or similar coverage in any manner to provide higher limits of liability than would apply if this coverage applied to only one **automobile**.
- e. The amount **we** pay will not duplicate by any amounts paid or payable for the same **bodily injury**:
 - (1) under **SECTION II - LIABILITY COVERAGE** of the policy;

- (2) under any Underinsured Motorist Coverage, if provided by the policy;
- (3) under any Automobile Medical Payments Coverage, if provided by the policy;
- (4) under any Personal Injury Protection benefits, if provided by the policy; or
- (5) by or on behalf of any person or organization who may be legally responsible for the **bodily injury**.

5. OTHER UNINSURED MOTORIST COVERAGE

If there is other Uninsured Motorist Coverage which applies, we will pay our share of the damages. Our share will be the ratio of our limit of liability to the total of all limits which apply. Total damages payable for one occurrence shall be considered not to exceed the limit of liability of the applicable policy that has the highest limit of liability.

The coverage extended to **automobiles** not owned by:

- a. the first named insured; or
- b. if the first named insured is an individual, his or her spouse, if a resident of the same household

other than an **automobile** loaned, with or without compensation, by a duly licensed **automobile** dealer for use as a demonstrator **automobile** or as a temporary substitute **automobile** for an **automobile** covered by **SECTION II - LIABILITY COVERAGE** of this policy while such **automobile** is out of use because of its breakdown, repair or servicing; or an **automobile** rented or leased from a **rental company**, will be excess over any other coverage available to the injured person.

This coverage shall be primary with respect to an **automobile** loaned, with or without compensation, by a duly licensed **automobile** dealer for use as a demonstrator **automobile** or as a temporary substitute **automobile** for an **automobile** covered by **SECTION II - LIABILITY COVERAGE** of this policy while such **automobile** is out of use because of its breakdown, repair or servicing; or an **automobile** rented or leased from a **rental company**.

6. CONDITIONS

The following condition applies to this coverage in addition to those contained in **SECTION VI - GENERAL CONDITIONS** of the policy.

TIME LIMITATION FOR ACTIONS AGAINST US

Any person seeking Uninsured Motorist Coverage must make a claim and bring **suit** for compensatory damages in accordance with the terms and conditions of the policy. Such claim must be made and **suit** must be brought:

- (a) within five years after the **occurrence**; or
- (b) within one year after the liability insurer for the owner or operator of the **automobile** liable to the injured person has become the subject of insolvency proceedings in any state

whichever is later and provided that the person making the claim has not prejudiced our subrogation rights.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125361790</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-99-11/19/2007-89748</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>PPA/89748</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125361790 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PPA-AR-99-11/19/2007-89748
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile
Project Name/Number: PPA/89748

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 02/11/2008

Comments:

Attachment:

89748 transmittal PPA.pdf

Property & Casualty Transmittal Document (Revised 1/1/07)

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

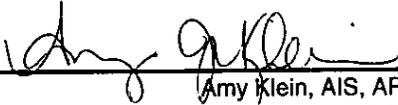
3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280

5. Company Tracking Number

Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Amy Klein, AIS, API, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-703-8981 800-346-0346 Ext. 8981	517 391-1903	KLEIN.AMY@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Amy Klein, AIS, API

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	19.0000 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Personal Automobile
13. Filing Type	FORM
14. Effective Date(s) Requested	December 19, 2007
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	November 19, 2007
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #
21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text] FORM FILING: 89748 (08-07) - Arkansas Uninsured Motorist Coverage Form Attaches To: Automobile Coverage Form Use: Provides Uninsured Motorist Liability Coverage. Revisions to the form include: Added 1.B. definition of Rental Company under the Definitions section; Added (1)(a) and (b) and (2) under 2.A. of the Coverage section; added two paragraphs under 5.B. of the Other Uninsured Motorist Coverage section. Also added "including but not limited to loss of consortium". Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after December 19, 2007. 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 - SOUTH KLEIN.AMY@AOINS.COM (emails without attachments) perslinesund@aoins.net (emails with attachments) 517-703-8981 Underwriter: LYNN BOOMSMA BOOMSMA.LYNN@AOINS.COM (517) 323-1444

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: Calculation: 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

Ed. 01/05

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.)

This page applies to the following state(s) Arkansas

1. This filing transmittal is part of Company Tracking #	
2. This filing corresponds to rate/rule filing number	

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 Uninsured Motorist Coverage	89748 (08-07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	89748 (12-05)	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (Do not refer to the body of the filing for the forms listing.) and,
2. A completed Property and Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)