

SERFF Tracking Number: CLTR-125503422 State: Arkansas
Filing Company: Essentia Insurance Company State Tracking Number: EFT \$25
Company Tracking Number:
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PPA AR Phase 2B AC0128030
Project Name/Number: /

Filing at a Glance

Company: Essentia Insurance Company

Product Name: PPA AR Phase 2B AC0128030 SERFF Tr Num: CLTR-125503422 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT \$25
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: State Status: Fees verified and received (PPA)
Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Authors: Karen Pollitt, Stephanie Young, Linda Ryan-James Disposition Date: 02/28/2008
Date Submitted: 02/25/2008 Disposition Status: Filed
Effective Date Requested (New): 03/28/2008 Effective Date (New): 03/28/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/28/2008
State Status Changed: 02/28/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

On behalf of Essentia Insurance Company, Coulter and Associates is filing revised Personal Auto Exception Rules portion of their Classic Auto Program approved under state tracking # AR-PC-07-025004.

The following revision has been made.

Rules – CAM ARRULES 03 08

SERFF Tracking Number: CLTR-125503422 State: Arkansas
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- Added Mass Marketing Discount as 10.F.

We are requesting an effective date of 03/28/08.

Company and Contact

Filing Contact Information

(This filing was made by a third party - coulterandassociatesinc)

Karen Pollitt, Senior Compliance Consultant karen@coulter-and-associates.com
 Coulter and Associates (609) 443-7540 [Phone]
 Cranbury, NJ 08512 (609) 443-4103[FAX]

Filing Company Information

Essentia Insurance Company CoCode: 37915 State of Domicile: Missouri
 One Beacon Lane Group Code: 1129 Company Type: Property & Casualty
 Canton, MA 02021 Group Name: State ID Number:
 (617) 725-6000 ext. [Phone] FEIN Number: 04-2672903

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: Rules =\$25
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Essentia Insurance Company	\$25.00	02/25/2008	18131348

SERFF Tracking Number: CLTR-125503422

State: Arkansas

Filing Company: Essentia Insurance Company

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TOI: 19.0 Personal Auto

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Product Name: PPA AR Phase 2B AC0128030

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	02/28/2008	02/28/2008

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending	Alexa Grissom	02/25/2008	02/25/2008

Industry Response

Response Letters

Responded By	Created On	Date Submitted
Karen Pollitt	02/26/2008	02/26/2008

SERFF Tracking Number: CLTR-125503422

State: Arkansas

Filing Company: Essentia Insurance Company

State Tracking Number: EFT \$25

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: PPA AR Phase 2B AC0128030

Project Name/Number: /

Disposition

Disposition Date: 02/28/2008

Effective Date (New): 03/28/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLTR-125503422 State: Arkansas
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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 (revised)	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Authorization	Filed	Yes
Rate	CAM Ed Date 03 08	Filed	Yes

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Company Tracking Number:
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PPA AR Phase 2B AC0128030
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/25/2008

Submitted Date 02/25/2008

Respond By Date

Dear Karen Pollitt,

This will acknowledge receipt of the captioned filing. The transmittal header has a different company name than listed elsewhere in the filing. Please clarify.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/26/2008

Submitted Date 02/26/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: The Transmittal has been revised to show the new Company name previously approved by your Department. Please replace the transmittal originally sent with the attached.

Thank you for your continued consideration.

Karen Pollitt, AIRC, CCP

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

SERFF Tracking Number: CLTR-125503422

State: Arkansas

Filing Company: Essentia Insurance Company

State Tracking Number: EFT \$25

Company Tracking Number:

TOI: 19.0 Personal Auto

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Product Name: PPA AR Phase 2B AC0128030

Project Name/Number: /

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Karen Pollitt, Linda Ryan-James, Stephanie Young

SERFF Tracking Number: CLTR-125503422

State: Arkansas

Filing Company: Essentia Insurance Company

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Company Tracking Number:

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	CAM Ed Date 03 08		Replacement	AR-PC-07-025004 CAM ARRULES 03 08.pdf

**CLASSIC AUTOMOBILE MANUAL
EXCEPTIONS RULES—[ARKANSAS](#) (03)**

1. DEFINITIONS

A. The following is added to B. Classic Vehicle:

The definition of classic vehicle includes a collector motorcycle meeting the classic motor vehicle criteria herein.

A collector motorcycle will be rated as a classic vehicle except:

For collections of two or more motorcycles insured on the same policy whose model years are 1978 or older, the following exception applies:

- Only the highest valued motorcycle is rated as a classic vehicle. The remaining 1978 or older motorcycle(s) is rated as an antique vehicle.

B. The following is added to C. Exotic Vehicle:

An exotic vehicle shall also include a collector motorcycle meeting the criteria set forth herein.

C. The following Definition D. is added:

For purposes of Definitions B. Classic Vehicle and C. Exotic Vehicle described above, a collector motorcycle means a two-wheeled motorized vehicle of the motorbike, motorcycle, moped or motor scooter type designed for travel on public roads, and any sidecar designed for it.

5. MINIMUM PREMIUM RULE

The rule is replaced by the following:

The minimum annual premium charge for all coverages combined shall be \$100.

7. CHANGES

The following is added:

E. Adjustments of \$10 or less:

1. If an outstanding policy is amended and results in a premium adjustment of \$10 or less, the amount:
 - a. will be waived if it is a premium increase, or
 - b. will be retained if it is a premium reduction, however the actual premium reduction shall be returned at the request of the insured.
2. Minimum premium of \$10 applies if an insured requests the following during the policy period:
 - a. additional coverage,
 - b. an increase in limits of liability,
 - c. a reduced deductible.
3. Companies need not refund a return premium of less than \$10 if the insured requests the following:
 - a. cancellation of coverage,
 - b. reduction of limits of liability,
 - c. increase in deductible,

except that actual return premium shall be returned at the request of the insured.

10. MISCELLANEOUS COVERAGES

A. Uninsured Motorists Coverage

This rule applies except as follows:

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, the insurer shall have available increased limits up to the liability limits on the policy

Exceptions

- (1) Although the insurer must offer the increased limits to all new business, the requirement for written rejection by the named insured shall be applicable to all new business written on and after January 1, 2000.
- (2) For existing business, insurers shall provide notice to the named insured of the availability of increased limits at the next two renewals commencing March 29, 1999.
- (3) Where an existing named insured has coverage less than their third party liability limits, that coverage shall not change upon enactment of H.B.1150 unless a named insured requests, in writing to purchase higher limits.

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.

B. Underinsured Motorists Coverage

Sections 1. and 2. are replaced by the following:

Eligibility

1. 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:

- a. All new policies issued on or after July 1, 1993; and
- b. The first renewal on or after January 1, 1994 of all policies in effect prior to July 1, 1993.

Exceptions

- (1) If the named insured does not elect Underinsured Motorists Coverage, the coverage must be rejected in writing.
 - (2) This coverage shall not be provided and must be rejected in writing if the named insured has rejected Bodily Injury Uninsured Motorists Coverage.
 - (3) 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.
2. If Underinsured Motorists Coverage is provided:
 - a. The coverage shall apply to all vehicles insured under the policy.
 - b. Uninsured Motorists Coverage and Underinsured Motorists Coverage must be provided at the same limits.
 - c. Attach the applicable endorsement at basic or increased limits.

The following are added to this rule:

C. 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.
2. Private Passenger Autos principally operated by an adult operator (including autos classified under Youthful NON-PRINCIPAL 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. Only to the auto principally operated by the operator with the course completion certificate.
 - 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 Vehicles, 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.

D. ARKANSAS MEDICAL PAYMENTS INSURANCE, WORK LOSS COVERAGE AND ACCIDENTAL DEATH BENEFIT

1. Eligibility

Medical Payments Insurance, Work Loss Coverage and Accidental Death Benefit must be afforded under every auto liability policy issued or delivered to the owner of an auto, motorcycle, motorscooter, motorbike or similar motor vehicle registered or principally garaged in Arkansas.

If one or more of these coverages are afforded, attach the applicable endorsement to the policy.

Exceptions

- a. The named insured has the right to reject one or more of such coverages in writing and must reject the Statutory Limit of Medical Payments in writing if lower or higher limits are requested.
- b. After the named insured rejects one or more of such coverages, 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.

2. Coverages and Rates

- a. Medical Payments - This is an optional coverage and the insured is not required to purchase this coverage.

(1) Limits

Statutory Limit per person - \$5,000.

- (a) Lower or higher limits are permitted, only when named insured has rejected the Statutory Limit. This coverage does not apply to an insured injured while occupying any motorized vehicle having fewer than four wheels.
- (b) A maximum limit of \$5,000 applies to pedestrians who are other than the named insured or a relative.
- (c) Basic and Increased Limits of Personal Auto Medical Payments Coverage may be purchased only when the named insured has rejected Arkansas Medical Payments Coverage.
 - Personal Auto Medical Payments Coverage – The following limits are available: \$1,000; \$2,500; and \$5,000. Please refer to the rate pages for applicable premium.

Refer to the Exceptions to Eligibility above for rejection procedures.

(2) Rates

Use the base rates for Medical Payments Insurance.

b. Work Loss Coverage

(1) Limits

Maximum per person

- (a) For an Income Earner - \$140 per week for 52 weeks.
- (b) For a Non-Income Earner - \$70 per week for 52 weeks.

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(2) Rates are displayed on the rate pages.

c. Accidental Death Benefit

(1) Limits

Maximum per person - \$5,000.

(2) Rates are displayed on the rate pages.

Note

When adding Work Loss Coverage and/or Accidental Death Benefit to outstanding policies:

Charge 10% of the annual rates for each month or part of a month insured, up to a maximum of the rate per car, per year shown on the rate pages.

E. Anti-Theft Device Discount

Homing Device Credit - A 10% credit is available to the vehicle's comprehensive premium if the vehicle is installed with the following system.

The device must meet the following requirements:

1. The device or system is designed to transmit a pulse or signal by which the location of the vehicle in which the device or system is installed may be tracked by those receiving the signal;
2. The device or system is activated or initiated when a vehicle is stolen or reported stolen to police;
3. The pulse or signal either must be transmittable to local and/or state police agencies or to a private central monitoring station which shall have direct communication with the local and/or state police agencies for the purpose of reporting, tracking and monitoring the vehicle; and
4. The device or system shall be designed so that information concerning the vehicle's location may be provided to the proper authorities and/or the vehicle's owner or insurer for the purpose of recovering the vehicle.

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

F. Mass Marketing Discount

A discount shall be applied to the Auto Liability, Medical Payments, Comprehensive and Collision coverages for eligible mass marketing programs as a result of the reduced expenses related to the administration, marketing, sales and servicing of these insureds. The company must approve the use of any discount that applies.

The Mass Marketing Discount applies as a result of one or more of the following conditions:

- Service-related cost savings.
- Other transactional or distributional expense reductions.

The discount will be based upon the size of the program. Refer to company for discount.

12. OPTIONAL COVERAGES

The following is added:

D. Foreign Coverage –Coverage Extension

Coverage is available for loss or damage to the vehicle while in a foreign country. The Declarations must indicate which vehicle is carrying foreign coverage.

Attach endorsement AC 00 21.

E. Special Events Coverage

Physical damage coverage is available for a vehicle used in or at a special driving event. The Racing Schedule of the Declarations must indicate the applicable vehicle, event name, coverage limit, coverage dates, and deductible.

Attach endorsement AC 00 29.

F. Custom Features

Coverage for loss or damage to custom features may be limited to \$10,000. The limit for custom features is a part of the total agreed value of the vehicle; it is not an additional limit. Additional custom features coverage may be purchased at a rate of \$1.50 per \$100 of insured value. If purchased, the per vehicle custom features total limit and premium must be indicated in the Declarations.

Attach endorsement AC 00 16.

G. Loss Payable Clause

Provides that loss payment will be made as interest appears, to any creditor listed on the Declarations.

Attach endorsement PP 03 05.

H. Additional Insured

Liability coverage is afforded for a person or entity held legally responsible for the acts or omissions of an insured while using his classic auto.

Attach endorsement AC 03 27.

I. Limited Trailer and Paddock Collision Coverage

Limited collision coverage is afforded to described vehicles while transported by trailer or within the paddock or show display area.

Attach endorsement AC 03 14.

J. RESERVED FOR FUTURE USE

K. Business Use

Coverage is available for a vehicle used for business purposes. Occasionally, an insured uses a classic vehicle for promotional or business purposes. The following information is to be displayed on either the endorsement or declarations: insured, applicable vehicle, coverage dates, and event. A 20% surcharge of the vehicle's annual premium will apply. A minimum charge of \$50 will apply.

Attach endorsement AC 00 12.

L. Vehicles Insured Under a Reporting Form

When the total value of a classic auto collection fluctuates frequently due to the insured adding or eliminating vehicles from his collection, reporting form is used report these changes.

Attach endorsements AC 00 14 and AC 00 22.

M. RESERVED FOR FUTURE USE

N. Collector Motorcycle

If a collector motorcycle is written under the policy attach the Collector motorcycle endorsement. Bodily Injury coverage for any insured or passenger is provided up to the policy's bodily injury liability limit.

AC 03 24 Collector Motorcycle Endorsement

The following rule is added:

14. DRIVER RATING FACTORS

Application of these rating factors are used to write a risk that would otherwise be declined due to the age or motor vehicle record of an operator in the household.

A. Under 30 Years of Age

A rating factor is applied to the vehicle's annual premium if the named insured is under 30 years of age. The factor is determined as follows:

Age of Named Insured	Rating Factor Applied
26 – 29 years old	1.50
21 - 25 years old	2.00
18 – 20 years old	2.50

B. Violations

A rating factor of 1.50 is applied to the vehicle's annual premium when the named insured has 4 minor moving violations or a total of 6 minor moving violations for all household operators.

C. Claim History Surcharge

If the insured has two or more at fault accidents; or one at fault accident resulting in death or payment of bodily injury or property damage policy limits, the policy premium will be surcharged. The accident must have involved a vehicle insured under the Classic Automobile Policy and must have occurred within three years of the Classic Automobile Policy's effective date.

In the event of a chargeable accident on a single vehicle policy, a 20% Claim History Surcharge will be applied to the liability, medical payments, no-fault and physical damage coverages. On a multi-vehicle policy, a 10% surcharge is applied to each vehicle on the policy.

No surcharge is applied for the following:

- a. Not at fault accident; or
- b. Accident resulting from contact with animals or fowl; or caused by flying gravel, missiles, or falling objects.

SERFF Tracking Number: CLTR-125503422

State: Arkansas

Filing Company: Essentia Insurance Company

State Tracking Number: EFT \$25

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: PPA AR Phase 2B AC0128030

Project Name/Number: /

Supporting Document Schedules

Satisfied -Name:	A-1 Private Passenger Auto Abstract	Review Status:	Filed	02/28/2008
Comments:				
Attachment:	PPA auto abstract.pdf			
Satisfied -Name:	APCS-Auto Premium Comparison Survey	Review Status:	Filed	02/28/2008
Comments:				
Attachment:	PPA Survey FORM APCS 0308.pdf			
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Filed	02/28/2008
Bypass Reason:	Not applicable			
Comments:				
Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Filed	02/28/2008
Bypass Reason:	Not applicable			
Comments:				
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Filed	02/28/2008
Comments:				
Attachment:	AR NAIC P&C Transmittal-PPA Rule.pdf			

SERFF Tracking Number: CLTR-125503422

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Project Name/Number: /

Review Status:

Satisfied -Name: Authorization

Filed

02/28/2008

Comments:

Attachment:

Essentia Auth to file.pdf

ARKANSAS INSURANCE DEPARTMENT

FORM A-1
Rev. 4/98

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 homeowners rate/rule submission that do not alter the information contained herein need not include this form.

Company Name: ESSENTIA INSURANCE COMPANY
NAIC No. 37915

Group No. 1129

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?
No _____

2. Do you furnish a market for young drivers? Yes _____
Over age 65 drivers? Yes _____

3. Do you require collateral business to support a youthful driver risk? No _____

4. Do you insure driver with an international or foreign driver's license? Yes _____

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

- a. Driver Over 55 _____ 10%
- b. Good Student Discount _____ 0%
- c. Multi-car Discount _____ 0%
- d. Accident Free Discount* _____ 0%
- *Please Specify Qualification for Discount _____
- e. Anti-theft Discount _____ 10%
- f. Other (specify) _____ %
- _____ %
- _____ %
- _____ %

6. Do you have an installment payment plan for automobile insurance? No _____
If so, what is the fee for installment payments? _____

7. Does your company utilize a tiered rating plan? No _____ If so, list the programs and percentage difference.
State the current volume for each program.

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

Signature
VP + Actuary
Title
781-332-8757
Telephone Number

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 #
One Beacon	1129

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Essentia Insurance Company	Missouri	37915	04-2672903	

5. Company Tracking Number	AR PPA Exception Rule
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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
	Karen Pollitt 379 Princeton-Hightstown Road Cranbury, NJ 08512	Sr. Compliance Consultant	(609) 443-1811	(609) 443-4103	karen@coulter-and-associates.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Karen Pollitt, AIRC, CCP		

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

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Classic Car Program Introduction
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: 03/28/2007 Renewal: 03/28/2007
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	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" 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 PPA Exception Rule
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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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On behalf of Essentia Insurance Company, Coulter and Associates is filing revised Personal Auto Exception Rules portion of their Classic Auto Program approved under state tracking # AR-PC-07-025004.

The following revision has been made.

Rules – CAM ARRULES 03 08

- Added Mass Marketing Discount as 10.F.

We are requesting an effective date of 03/28/08.

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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Rule Filing = \$25.00 per filing sent via Serff EFT

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		
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29			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
30			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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 PPA Exception Rule
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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.)	Prior Approval
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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
	Classic Automobile Manual Exception Rules . (10 F.)	Replacement	

Essentia Insurance Company
One Beacon Lane
Canton, MA 02021

Date: December 4, 2007
To: State Insurance Departments
From: Gavin Blair
Subject: Filing Authority for Coulter & Associates, Inc.

I, *GAVIN BLAIR*, an officer of Essentia Insurance Company, have authorized Coulter & Associates, Inc., acting as our Contracts Consultants, to file products and correspond with your Department on our behalf. The Authorization is effective until December 1, 2008.

Officer Signature: 
Title: *V.P. and Actuary*

SERFF Tracking Number: CLTR-125503422 State: Arkansas
 Filing Company: Essentia Insurance Company State Tracking Number: EFT \$25
 Company Tracking Number:
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PPA AR Phase 2B AC0128030
 Project Name/Number: /

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	02/22/2008	AR NAIC P&C Transmittal-PPA Rule.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
One Beacon	1129

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Central Insurance Company	Missouri	37915	04-2672903	

5. Company Tracking Number	AR PPA Exception Rule
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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
	Karen Pollitt 379 Princeton-Hightstown Road Cranbury, NJ 08512	Sr. Compliance Consultant	(609) 443-1811	(609) 443-4103	karen@coulter-and-associates.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Karen Pollitt, AIRC, CCP		

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

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Classic Car Program Introduction
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: 03/28/2007 Renewal: 03/28/2007
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	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" 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 PPA Exception Rule
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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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On behalf of Essentia Insurance Company, Coulter and Associates is filing revised Personal Auto Exception Rules portion of their Classic Auto Program approved under state tracking # AR-PC-07-025004.

The following revision has been made.

Rules – CAM ARRULES 03 08

- Added Mass Marketing Discount as 10.F.

We are requesting an effective date of 03/28/08.

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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Rule Filing = \$25.00 per filing sent via Serff EFT

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		
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1.	This filing transmittal is part of Company Tracking #	AR PPA Exception Rule
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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.)	Prior Approval
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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)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
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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
	Classic Automobile Manual Exception Rules . (10 F.)	Replacement	