

SERFF Tracking Number: HCAP-125427458 State: Arkansas  
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: EFT \$50  
Company Tracking Number:  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess  
Product Name: Personal Umbrella  
Project Name/Number: Re-Branding Personal Umbrella Forms/2007-0142

## Filing at a Glance

Companies: American Fire and Casualty Company, The Ohio Casualty Insurance Company, West American Insurance Company

Product Name: Personal Umbrella SERFF Tr Num: HCAP-125427458 State: Arkansas  
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 17.2021 Personal Umbrella & Excess Co Tr Num: State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Jodi Guggenberger Disposition Date: 02/04/2008  
Date Submitted: 01/14/2008 Disposition Status: Approved  
Effective Date Requested (New): 02/13/2008 Effective Date (New):  
Effective Date Requested (Renewal): Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Re-Branding Personal Umbrella Forms Status of Filing in Domicile: Not Filed  
Project Number: 2007-0142 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 02/04/2008  
State Status Changed: 02/04/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

As a result of the acquisition of the Ohio Casualty Group by Liberty Mutual, we need to file the attached changes to our program. We are not at this time making any changes to our product which would affect our policy holder. Our effort at this time, is to simply "re-brand" these forms to more accurately reflect our new company reference direction due to the acquisition previously mentioned. Therefore, we are filing this as an informational filing.

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## Company and Contact

### Filing Contact Information

Jodi Guggenberger, Personal Lines State Filing Jodi.Guggenberger@ocas.com  
 Technician

9450 Seward Road (800) 843-6446 [Phone]  
 Fairfield, OH 45014-5456 (513) 603-2160[FAX]

### Filing Company Information

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

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The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	

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West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0624491	

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	01/14/2008	
The Ohio Casualty Insurance Company	\$50.00	01/14/2008	17475594

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West American Insurance Company \$0.00 01/14/2008



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/04/2008	02/04/2008

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## Disposition

Disposition Date: 02/04/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: *HCAP-125427458* State: *Arkansas*  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Exclusion of Miscellaneous Type Vehicles	Approved	Yes
<b>Form</b>	Declarations Page	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion of Miscellaneous Type Vehicles	PX 88 01 04 07	04 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:		PX 88 01 04 07 rebranding.pdf
Approved	Declarations Page	PXOO-CW (8-06)	08 06	Declaration s/Schedule	Replaced Form #:0.00 Previous Filing #:		AR PX Dec.pdf

**PX 8801 04 07**

**EXCLUSION OF MISCELLANEOUS TYPE VEHICLES**

This endorsement modifies insurance provided under the Personal Umbrella Liability Policy.

This insurance does not apply to liability due to the ownership, maintenance or use of any motorcycle, moped or "recreational motor vehicle" unless the motorcycle, moped or "recreational motor vehicle" is covered by an underlying liability policy issued by The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company, or Ohio Security Insurance Company.

**PX 8801 04 07**

# Personal Umbrella Policy

West American Insurance Company

9450 Seward Road

Fairfield, Ohio 45014

1-800-345-6664 www.americafirst-ins.com

<Insert marketing company logo here>

Claims 1-800-366-6446

Residence Address	AGENT 03 0450	AGENT'S PHONE NO
LAWRENCE GARDNER 807 E MAIN ST CHARLESTON, AR 72933-9003	JOHNSON MOORMAN & RUSSELL INC PO BOX 1747 FORT SMITH, AR 72902-1747	(479) 201-8700

<b>Named Insured(s):</b>	LAWRENCE GARDNER <b>5P</b>
<b>Policy Number:</b>	ZXW 40153758
<b>Policy Period:</b>	From 01/11/2008 to 01/11/2009, 12:01 am Standard Time
<b>Territory:</b>	001

Summary of Coverage and Limits	Coverage	Limit
	Personal Umbrella Liability	\$1,000,000 each occurrence \$250 retained limit

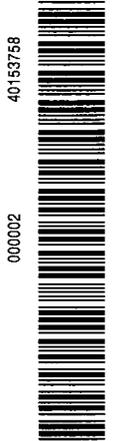
Summary of Premium	
<b>Total Premium</b>	\$342.00

**Summary of Policy Information**  
*The following information was used to issue your policy and determine the appropriate premium charge. Incorrect or incomplete information may affect your coverage. Please review all information for accuracy and contact your agent with any changes.*

Vehicle Information	
Registered Vehicles	5
Operators Under 25	3
Miscellaneous Vehicles	0
Motorcycle with Guest Passenger	0
Motorcycle without Guest Passenger	0

Property Information	
Primary Residence	1
Owner Occupied Additional Residence	0
Residence/Units Rented to Others	0
Barber/Beauticians	0
Incidental Office	No
Pools, Hot Tubs, Spas	No
Business Pursuits	No
Farm Liability	No
Home Business:	No

Watercraft Information	
Sailboats	0
Inboard/Outdrive	0
Outboard	0
Inboard	0
Personal Watercraft/Water Jets	0



## Policy Forms and Endorsements

*This policy consists of the declaration page, the forms listed below and your representations on the application that are hereby incorporated into the policy. New forms are identified with an asterisk (\*). Please refer to the policy forms for detailed information regarding your coverage.*

Title	Form Number	Edition Date
Personal Umbrella Liability Policy	DL 98 01	06/1998
Auto Liability Following Form Endorsement	DL 98 12	06/1998
Exclusion - Fungi, Wet or Dry Rot, or Bacteria Endorsement	DL 98 17	04/2002
Underlying Insurance	PX 76 00	08/2006
Exclusion of Negligent Entrustment	PX 76 01	08/2006
Exclusion of Automobiles or Watercraft Otherwise Insured	PX 76 02	08/2006
Foreign Travel Exposure	PX 79 16	08/2006
Punitive or Exemplary Damages Exclusion	PX 87 24	08/2006
Exclusion of Miscellaneous Type Vehicles	PX 88 01	04/2007
Amendment of Policy Provisions - Arkansas	PX 98 86	08/2007

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## **Rate Information**

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	Approved	02/04/2008
<b>Bypass Reason:</b>	Informational filing only			
<b>Comments:</b>				