

SERFF Tracking Number: AOIC-125517271 State: Arkansas  
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: ULR-AR-01-03/03/2008-79402  
TOI: 19.0 Personal Auto Sub-TOI: 19.0003 Recreational Vehicle  
Product Name: Unlicensed Recreational Vehicle  
Project Name/Number: ULR/79402

## Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Unlicensed Recreational Vehicle SERFF Tr Num: AOIC-125517271 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 19.0003 Recreational Vehicle

Co Tr Num: ULR-AR-01-03/03/2008-79402

State Status: Fees verified and received

Filing Type: Form

Co Status: In Progress

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

Authors: Claudia Stewart, Autumn Whitson, Nicole Sullenberger

Disposition Date: 03/04/2008

Date Submitted: 03/03/2008

Disposition Status: Approved

Effective Date Requested (New): 04/02/2008

Effective Date (New): 04/02/2008

Effective Date Requested (Renewal): 04/02/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: ULR

Status of Filing in Domicile: Not Filed

Project Number: 79402

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/04/2008

State Status Changed: 03/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 79402 (07-94) - Automobile Medical Payments Coverage

Form Attaches To:

Automobile Coverage Form

Use: This medical payments form attaches only to unlicensed recreational vehicles not designed for use on public roads,

<i>SERFF Tracking Number:</i>	<i>AOIC-125517271</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>ULR-AR-01-03/03/2008-79402</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0003 Recreational Vehicle</i>
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<i>Project Name/Number:</i>	<i>ULR/79402</i>		

such as 4 wheelers and snowmobiles. These items automatically receive excess medical payments of \$500 when written

on a Personal Auto policy with liability coverage and this form explains this coverage. This form is not used for private passenger automobile or any other vehicle designed for use on public roads.

Revisions to the form include:

Initial Filing

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after April 02, 2008. 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:

KRISTIN NARTKER  
 NARTKER.KRISTIN@AOINS.COM  
 517-323-8747

## 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 Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	03/03/2008	18278209

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	03/04/2008	03/04/2008

*SERFF Tracking Number:* AOIC-125517271      *State:* Arkansas  
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*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0003 Recreational Vehicle  
*Product Name:* Unlicensed Recreational Vehicle  
*Project Name/Number:* ULR/79402

## **Disposition**

Disposition Date: 03/04/2008  
Effective Date (New): 04/02/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* AOIC-125517271      *State:* Arkansas  
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*Company Tracking Number:* ULR-AR-01-03/03/2008-79402  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0003 Recreational Vehicle  
*Product Name:* Unlicensed Recreational Vehicle  
*Project Name/Number:* ULR/79402

<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>	Automobile Medical Payments Coverage	Approved	Yes

SERFF Tracking Number: AOIC-125517271 State: Arkansas  
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 Project Name/Number: ULR/79402

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Automobile Medical Payments Coverage	79402	07-94	Policy/Coverage New Form		43.00	79402 (07-94).pdf

# AUTOMOBILE MEDICAL PAYMENTS COVERAGE

## Automobile Policy

It is agreed:

### 1. COVERAGE

- a. We will pay reasonable expenses for medical and funeral services to or for any person:
  - (1) who accidentally sustains **bodily injury**;
  - (2) while occupying or getting into or out of **your automobile**; and
  - (3) while **your automobile** is being used with **your permission**.
- b. Medical expenses include:
  - (1) medical, surgical, x-ray, dental and Christian Science practitioner services;
  - (2) prosthetic devices, eyeglasses and drugs; and
  - (3) ambulance, hospital and professional nursing services.
- c. We will pay only those expenses for medical and funeral services incurred within three years of the **occurrence**. However, the **bodily injury** must be discovered, treated and reported to **us** within one year of the **occurrence**.

### 2. OTHER AUTOMOBILES COVERED

The Automobile Medical Payments provided for **your automobile** also applies to certain other **automobiles**. It applies:

- a. to an **automobile you** do not own which is temporarily used as a substitute for **your automobile**. **Your automobile** must be out of use because of breakdown, repair, servicing, loss or destruction.
- b. to an **automobile** of the same type which **you** acquire after the inception date of the current policy term if:
  - (1) it replaces **your automobile** to which Automobile Medical Payments coverage applies; or
  - (2) it is an additional **automobile**, provided:
    - (a) we insure all **automobiles you** already own for Automobile Medical Payments;
    - (b) **you** report the additional **automobile** to **us** within 30 days of delivery; and
    - (c) **you** pay any required additional premiums.

This extension does not apply if **you** have other **automobile** medical benefits insurance.

### 3. EXCLUSIONS

Automobile Medical Payments does not apply:

- a. to **bodily injury** to any person resulting from or arising out of an intentional act of that person.
- b. to any person operating or employed by an **automobile** garage, repair shop, sales agency, service station or public parking place. This exclusion does not apply to **you** or a **relative**.
- c. to any **automobile** while used as a public or livery conveyance. This exclusion does not apply to car pooling on a share the expense basis.
- d. to any **automobile** while:

- (1) preparing for;
- (2) practicing for; or
- (3) participating in;

any prearranged racing, speed or demolition contest.

- e. to any person occupying or getting into or out of **your automobile** without a reasonable belief of **your** permission to do so.
- f. to **bodily injury** resulting from or arising out of war, whether declared or not declared, insurrection or any of their consequences.
- g. to any expenses that would be payable under any workers compensation law, disability benefits law or any similar law.
- h. to any person occupying, getting into or out of, or struck by an **automobile** located for use as a residence or premises.

#### 4. **LIMIT OF LIABILITY**

- a. The Limit of Liability stated in the Declarations for each person is the most we will pay to or for any person in one **occurrence** for medical and funeral services.
- b. Subject to 4.a. above, the most we will pay for funeral services is \$2,000 per person.
- 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; or
  - (4) **automobiles** involved in the **occurrence**.

#### 5. **INDIVIDUAL NAMED INSURED**

If the first named insured in the Declarations is an individual and the **automobile** described in the Declarations is a **private passenger automobile** to which Automobile Medical Payments applies, the following coverage extension applies:

- a. Automobile Medical Payments applies to you:
  - (1) while occupying;
  - (2) while getting into or out of; or
  - (3) if struck by;

an **automobile** not owned by or furnished or available for regular use to **you** or anyone living with **you**.
- b. The coverage extended in 5.a. above is also afforded to a **relative** who does not own an automobile.
- c. We will not pay any amount for medical or funeral services under this coverage extension that duplicates amounts paid or payable by other insurance of any type.

This coverage extension is subject to all provisions of 4. above.

#### 6. **PRESERVE OUR RIGHT TO RECOVER PAYMENTS**

If we make a payment under this endorsement and the person to or for whom payment is made has a right to recover damages from another, we will be entitled to that right. That person shall do everything necessary to transfer that right to us and shall do nothing to prejudice it.

7. The following provision applies in addition to those contained in **SECTION V - WHAT YOU MUST DO AFTER AN ACCIDENT OR LOSS** of the policy.

#### **DISCLOSURE**

At our request the injured person or someone acting on behalf of the injured person must authorize us to obtain medical and other records which pertain to the **bodily injury**. The injured person must, at our expense, submit to physical examinations by doctors we select as often as we may reasonably require.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125517271</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Unlicensed Recreational Vehicle</i>		
<i>Project Name/Number:</i>	<i>ULR/79402</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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TOI: 19.0 Personal Auto Sub-TOI: 19.0003 Recreational Vehicle  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 03/04/2008

**Comments:**

**Attachment:**

79402 transmittal.pdf

## Property & Casualty Transmittal Document (Revised 1/1/8)

<b>1. Reserved for Insurance Dept. Use Only</b>     	<b>2. Insurance Department Use Only</b> 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: 50%; border: none;">New Business</td> <td style="width: 50%; 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					

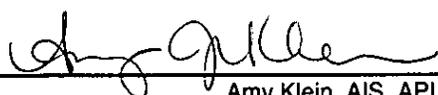
<b>3. Group Name</b> AUTO-OWNERS INSURANCE GROUP COMPANY	<b>Group NAIC #</b> 280
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4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280

<b>5. Company Tracking Number</b> <u>ULR-AR-01-03/03/2008-79402</u>
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**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

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Amy Klein, AIS, API

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

<b>9. Type of Insurance (TOI)</b>	19.0000 Personal Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	19.0003 Recreational Vehicle
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Personal Automobile (Recreational Vehicle)
<b>13. Filing Type</b>	FORM
<b>14. Effective Date(s) Requested</b>	April 02, 2008
<b>15. Reference Filing?</b>	No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization #</b>	
<b>18. Company's Date of Filing</b>	March 03, 2008
<b>19. Status of filing in domicile</b>	Michigan- Exempt

# 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**

<b>1. This filing transmittal is part of Company Tracking #</b>	11LR-AR-01-03/03/2008-79402
<b>2. This filing corresponds to rate/rule filing number</b>	

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	Automobile Medical Payments Coverage	79402 (07-94)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
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.)

# Property and Casualty Transmittal Document-

20. This filing transmittal is part of Company Tracking # ULR-AR-01-03/03/2008-79402

21. **Filing Description** [This area should be similar to the body of a cover letter and is free-form text]

**FORM FILING:** 79402 (07-94) - Automobile Medical Payments Coverage

Form Attaches To:  
Automobile Coverage Form

**Use:** This medical payments form attaches only to unlicensed recreational vehicles not designed for use on public roads, such as 4 wheelers and snowmobiles. These items automatically receive excess medical payments of \$500 when written on a Personal Auto polic

**Revisions to the form include:**  
Initial Filing

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after April 02, 2008. 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@aoin.net (emails with attachments)  
517-703-8981

**Underwriter:**

KRISTIN NARTKER  
NARTKER.KRISTIN@AOINS.COM  
(517) 323-8747

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.)