

SERFF Tracking Number: AOIC-125521436 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: #? \$?
Company Tracking Number: EUM-AR-99-03/04/2008-26919
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: Executive Umbrella
Project Name/Number: EUM/26919

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company
Product Name: Executive Umbrella SERFF Tr Num: AOIC-125521436 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #? \$?
Made/Occurrence
Sub-TOI: 17.0021 Personal Umbrella and Excess Co Tr Num: EUM-AR-99-03/04/2008-26919 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Disposition Date: 03/14/2008
Authors: Claudia Stewart, Sue Thomas
Date Submitted: 03/04/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: EUM Status of Filing in Domicile: Not Filed
Project Number: 26919 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/14/2008 Deemer Date:
State Status Changed: 03/14/2008
Corresponding Filing Tracking Number:
Filing Description:
This Form was previously filed with SERFF Tracking # AOIC 125492498. The incorrect form was uploaded with this filing in error.
We are resubmitting the filing to correct the form that was uploaded in error.
FORM FILING: 26919
Forms Attach To:

SERFF Tracking Number: AOIC-125521436 State: Arkansas
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Executive Umbrella Coverage Part

If you have any questions, please feel free to contact one of the following:

Manager:

DAN SILLS, CPCU, ARM, AIS, MANAGER
HOME OFFICE UMBRELLA UNDERWRITING
SILLS.DAN@AOINS.COM (emails without attachments)
perslinesund@aoins.net (emails with attachments)
517-886-1874 Ext. 1874

Underwriter:

SUE HAYES
HAYES.SUSAN@AOINS.COM
(517) 886-1913

Company and Contact

Filing Contact Information

Dan Sills, Manager sills.dan@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	

Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
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: 34-1172650	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Fee was sent with Filing AOIC 125492498
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$0.00	03/04/2008	
Owners Insurance Company	\$0.00	03/04/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/14/2008	03/14/2008

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Disposition

Disposition Date: 03/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Correction - no fees necessary.

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion - Owned Automobiles	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 - Owned Automobiles	26919	12-07	Endorsement/Amendment/Conditions		0.00	26919 (12-07).pdf

EXCLUSION - OWNED AUTOMOBILES
Executive Umbrella Policy

It is agreed:

Under **EXCLUSIONS**, (g) is deleted and replaced by the following:

(g) Personal Injury or property damage resulting from:

- (1) business pursuits or business property (other than farming or farms); or
- (2) rendering or failure to render a professional service.

We do cover such injury or damage:

(1) caused by private passenger automobiles:

- (a) not owned by;
- (b) not leased by;
- (c) not rented for more than 90 consecutive days by; or
- (d) furnished to

you or a relative that is not:

- (a) used for public livery;
- (b) under lease to others; or
- (c) used in an automobile sales or repair business of an insured;

(2) to the extent that insurance for such injury, or damage not caused by automobiles is provided by a policy listed in Schedule A; or

(3) resulting from any act or omission by an insured while acting within the scope of his or her duties as an officer or member of the board of directors of a non-profit corporation or organization.

All other policy terms and conditions apply.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 03/14/2008

Comments:

Form 26919 is being uploaded to correct filing #AOIC 125492498

Attachment:

naic trans.pdf

Property & Casualty Transmittal Document (Revised 1/1/08)

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; margin-bottom: 5px;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">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 #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

5. Company Tracking Number EUMAR20222200826919

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

6. Name and address	Telephone #s	FAX #	E-mail
Dan Sills, CPCU, ARM, AIS, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-886-1874 800-346-0346 Ext. 1874	517	SILLS.DAN@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Dan Sills, CPCU, ARM, AIS

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

9. Type of Insurance (TOI)	17.0000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0021 Umbrella and Excess (Personal)
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Executive Umbrella
13. Filing Type	FORM
14. Effective Dates(s) Requested	March 23, 2008
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	February 22, 2008
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #	EUMAR20222200826919
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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FORM FILING: See Attached List

Forms Attach To:
Executive Umbrella Coverage Part

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after March 23, 2008. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:
 DAN SILLS, CPCU, ARM, AIS, MANAGER
 HOME OFFICE UMBRELLA UNDERWRITING
 SILLS.DAN@AOINS.COM (emails without attachments)
 perslinesund@aoins.net (emails with attachments)
 517-886-1874 Ext. 1874

Underwriter:
 SUE HAYES
 HAYES.SUSAN@AOINS.COM
 (517) 886-1913

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount:

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

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 #	EUMAR20222200826919			
2.	This filing corresponds to rate/rule filing number				
3.	Component/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
1	Exclusion - Owned Automobiles	26919 (12-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	()	
2	Automobile Liability - Following Form	26609 (11-05)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		