

SERFF Tracking Number: GECC-125548792 State: Arkansas
Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-131
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: 131-Cycle-Form
Project Name/Number: 131-Cycle-Form/2008-131

Filing at a Glance

Company: GEICO Indemnity Company

Product Name: 131-Cycle-Form

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Form

SERFF Tr Num: GECC-125548792 State: Arkansas

SERFF Status: Closed

Co Tr Num: 2008-131

Co Status:

Author: Ashlee Michell

Date Submitted: 03/18/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 03/18/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New): 03/18/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 131-Cycle-Form

Project Number: 2008-131

Reference Organization:

Reference Title:

Filing Status Changed: 03/18/2008

State Status Changed: 03/18/2008

Corresponding Filing Tracking Number:

Filing Description:

Specifically, we propose to place on file the following revised form:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

CRUE-18E (4-08) - Motorcycle Policy Endorsement Custom Parts or Equipment Endorsement

Additionally, we are withdrawing form: CRUE-18e (8-04).

A copy of the revised form is enclosed for your review.

SERFF Tracking Number: GECC-125548792 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-131
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 131-Cycle-Form
 Project Name/Number: 131-Cycle-Form/2008-131

Company and Contact

Filing Contact Information

Maria Papagjika, Analyst, State Filings mpapagjika@geico.com
 One GEICO Plaza (301) 986-3792 [Phone]
 Washington, DC 20076 (301) 986-3922[FAX]

Filing Company Information

GEICO Indemnity Company CoCode: 22055 State of Domicile: Maryland
 4608 Willard Avenue Group Code: 31 Company Type:
 Chevy Chase, MD 20815 Group Name: State ID Number:
 (800) 824-5404 ext. [Phone] FEIN Number: 52-0794134

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per filing x 1 filing = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
GEICO Indemnity Company	\$50.00	03/18/2008	18758665

SERFF Tracking Number: GECC-125548792
Filing Company: GEICO Indemnity Company
Company Tracking Number: 2008-131
TOI: 19.0 Personal Auto
Product Name: 131-Cycle-Form
Project Name/Number: 131-Cycle-Form/2008-131

State: Arkansas
State Tracking Number: EFT \$50
Sub-TOI: 19.0002 Motorcycle

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	03/18/2008	03/18/2008

SERFF Tracking Number: GECC-125548792

State: Arkansas

Filing Company: GEICO Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-131

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: 131-Cycle-Form

Project Name/Number: 131-Cycle-Form/2008-131

Disposition

Disposition Date: 03/18/2008

Effective Date (New): 03/18/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GECC-125548792 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-131
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 131-Cycle-Form
 Project Name/Number: 131-Cycle-Form/2008-131

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Change Sheet	Approved	Yes
Form	Motorcycle Policy Endorsement Custom Parts or Equipment Endorsement	Approved	Yes

SERFF Tracking Number: GECC-125548792 State: Arkansas
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 Company Tracking Number: 2008-131
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 131-Cycle-Form
 Project Name/Number: 131-Cycle-Form/2008-131

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Motorcycle Policy Endorsement Custom Parts or Equipment Endorsement	CRUE-18E	4-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CRUE-18e (8-04) Previous Filing #:		CRUE18E_4-08_.pdf



GEICO Indemnity Company

Policy Number: XXXXXXXXXXXXXXXXXXXX

Endorsement Effective Date:

Motorcycle Policy Endorsement Custom Parts or Equipment Endorsement

(The information above is required only when this endorsement is prepared after the policy is issued.)

We agree that:

- (a) in consideration of the payment of additional premium; and
- (b) subject to the deductibles and limits of liability shown in the Declarations for the coverages insured

this policy is extended to cover **custom parts or equipment** that are permanently added to or replace standard factory provided parts or equipment of **your motorcycle** in excess of \$2000. The maximum dollar amount payable for custom paint is \$500. There is no coverage for any wearing apparel or personal effects. **We** will cover a DOT approved helmet.

The coverage afforded by this endorsement shall apply only to the limit(s) stated in the Declarations. Any loss paid shall be based on the **actual cash value** at the time of the loss. **We** will not pay an amount greater than the limit shown in the Declarations.

Description of Motorcycle: XXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXXXXXX

All other terms and provisions of the policy remain unchanged.

This endorsement forms a part of the above captioned policy issued by the Company. It is effective as of 12:01 A.M. Standard Time on the effective date of the endorsement.

(SEE PAGE 2 FOR CUSTOM PARTS OR EQUIPMENT ENDORSEMENT EXPLANATION)

Dear Policyholder:

As it is with all of your insurance coverage, it is important for you to understand your Custom Parts or Equipment Endorsement. The following is a general explanation of our Custom Parts or Equipment Endorsement. It is offered solely as an aid to understanding. We hope that the explanation will help you and that you will follow the recommendations below.

The dollar amount listed in the Declarations is the maximum limit of coverage for Custom Parts or Equipment. This amount of coverage may be further limited, however, by the item's Actual Cash Value, its objective worth. We state on the endorsement that the limit of coverage is the maximum amount or the item's Actual Cash Value, whichever is less. This statement means that even if the requested maximum amount is more than the item is actually worth, the policyholder would never receive, in payment for a covered loss, more than the item is worth. On the other hand, if the requested maximum amount is less than an item's Actual Cash Value, the policyholder would never receive more than the requested maximum amount in the event of a loss.

You may very well ask why the coverage is written in this manner, and what you can do to see that you have the right maximum amount of coverage for your custom parts or equipment. If the coverage were not written in this manner, it could be open to abuse. Some people may attempt to insure an item for a maximum amount that is higher than its actual worth in order to collect an inflated value in a claim settlement. If that were allowed to occur, we would all suffer the consequences of higher insurance premiums.

Remember, determine the objective worth of your custom parts or equipment and don't request a greater amount of coverage than the items are really worth. Review the amount of coverage at least annually and revise it when necessary so that the maximum amounts are in line with the Actual Cash Value of the custom parts or equipment. Thank you.

Motorcycle Division

SERFF Tracking Number: *GECC-125548792*

State: *Arkansas*

Filing Company: *GEICO Indemnity Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *2008-131*

TOI: *19.0 Personal Auto*

Sub-TOI: *19.0002 Motorcycle*

Product Name: *131-Cycle-Form*

Project Name/Number: *131-Cycle-Form/2008-131*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GECC-125548792

State: Arkansas

Filing Company: GEICO Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-131

TOI: 19.0 Personal Auto

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

03/18/2008

Comments:

Attachment:

AR P&C Trans Doc.pdf

Satisfied -Name: Cover Letter

Review Status:

Approved

03/18/2008

Comments:

Attachment:

AR Cover Letter 131.pdf

Satisfied -Name: Change Sheet

Review Status:

Approved

03/18/2008

Comments:

Attachment:

AR change sheet.pdf

Property & Casualty Transmittal Document

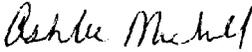
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Government Employees Companies	031

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
GEICO Indemnity Company	MD	22055	52-0794134	

5. Company Tracking Number	2008-131
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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
Ashlee Michell 4608 Willard Avenue Chevy Chase, MD 20815	Analyst, State Filings	800-824-5404, x3288	301-986-3922	amichell@geico.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Ashlee Michell			

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

9. Type of Insurance (TOI)	Private Passenger Motorcycle
10. Sub-Type of Insurance (Sub-TOI)	19.002
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Motorcycle Casualty Forms Manual
13. Filing Type	[] Rate/Loss Cost [] Rules [] Rates/Rules [X] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14. Effective Date(s) Requested	New: Upon approval Renewal: Upon approval
15. Reference Filing?	[] Yes [X] No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	March 20, 2008
19. Status of filing in domicile	[] Not Filed [X] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-131
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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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Specifically, we propose to place on file the following revised form:

CRUE-18E (4-08) - Motorcycle Policy Endorsement Custom Parts or Equipment Endorsement

Additionally, we are withdrawing form: CRUE-18e (8-04).

A copy of the revised form is enclosed for your review.

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 #: EFT
Amount: \$50

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, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	2008-131
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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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	Motorcycle Policy Endorsement Custom Parts or Equipment Endorsement	CRUE-18E (4-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CRUE-18e (8-04)	
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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

ONE GEICO PLAZA ■ Washington, D.C. 20076-0001

March 20, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: GEICO Indemnity Company
Motorcycle Casualty Forms Manual Revision
File No.: **2008-131**

NAIC# 031-22055

Dear Commissioner Bowman:

For your review and approval, the above-referenced company herewith submits a revision to their Motorcycle Casualty Forms Manual currently on file with your department.

Specifically, we propose to place on file the following revised form:

CRUE-18E (4-08) - Motorcycle Policy Endorsement Custom Parts or Equipment Endorsement

Additionally, we are withdrawing form: CRUE-18e (8-04).

A copy of the revised form is enclosed for your review.

Once you have had the opportunity to review the enclosed, please provide us with your stamped approval for our records.

Sincerely,

Ashlee Michell
Analyst, State Filings
(800) 824-5404 ext.3288
email: amichell@geico.com

Enclosures

**GEICO INDEMNITY COMPANY
MOTORCYCLE
ARKANSAS – CHANGE SHEET**

POLICY SECTION: The following revised form is to be placed on file.

Revised Form:

CRUE-18E(4-08) - Motorcycle Policy Endorsement Custom Parts or Equipment Endorsement

Withdrawn Form:

CRUE-18e(8-04)

File #: 2008-131

Effective : Upon Approval