

SERFF Tracking Number: SAFX-125514798 State: Arkansas
 First Filing Company: General Insurance Company of America, ... State Tracking Number: EFT \$50
 Company Tracking Number: CA AR07405CGF01
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01

Filing at a Glance

Companies: General Insurance Company of America, First National Insurance Company of America, Safeco Insurance Company of America, American States Insurance Company, American Economy Insurance Company

Product Name: Commercial Auto	SERFF Tr Num: SAFX-125514798	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: CA AR07405CGF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI SafecoInsuranceSPI	Disposition Date: 03/06/2008
	Date Submitted: 02/28/2008	Disposition Status: Approved
Effective Date Requested (New): 06/29/2008		Effective Date (New): 06/29/2008
Effective Date Requested (Renewal): 06/29/2008		Effective Date (Renewal): 06/29/2008

State Filing Description:

General Information

Project Name: CA -2008 V3.0 and ISO 2006 Changes
 Project Number: CA AR07405CGF01
 Reference Organization:
 Reference Title:
 Filing Status Changed: 03/06/2008
 State Status Changed: 03/06/2008
 Corresponding Filing Tracking Number: CA AR07405CGR01
 Filing Description:
 Adoption of ISO Forms
 Independent Form Revision
 Division One - Commercial Auto
 Proposed Effective Date: June 29, 2008
 Filing Number: CA AR07405CGF01

Status of Filing in Domicile:
 Domicile Status Comments:
 Reference Number:
 Advisory Org. Circular:
 Deemer Date:

SERFF Tracking Number: SAFX-125514798 State: Arkansas
First Filing Company: General Insurance Company of America, ... State Tracking Number: EFT \$50
Company Tracking Number: CA AR07405CGF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01

Submitting: CA-7242 (3-08) Safeco Optimum PackageTM

Replacing: CA-7242 (5-07) Safeco Optimum PackageTM

ISO Adoptions:

As members of the Insurance Services Office, we wish to advise the adoption of the following revisions filed by ISO on our behalf for the above captioned companies.

CA-2007-OCH1 Arkansas Changes Endorsement Revised ISO Eff Date: 10/01/07

CA-2005-OFR01 2006 Multistate Revision to Commercial Auto Coverage Forms and Endorsements ISO Eff Date:
04/01/06

Form Changes:

In addition to adopting the ISO 2006 multi-state form changes and state-specific form revision, we are revising Optimum Form, CA7242. We are removing glass coverage from Section 4. of Paragraph C. Limit of Insurance under Section III. Physical Damage Coverage. No policies have been issued with this coverage so no policyholders will be adversely affected by this change.

Company and Contact

Filing Contact Information

Devor Barton, Commercial Lines Filings Analyst devbar@safeco.com
Safeco Plaza (206) 473-5407 [Phone]
Seattle, WA 98185-0001 (206) 473-6723[FAX]

Filing Company Information

General Insurance Company of America CoCode: 24732 State of Domicile: Washington
Safeco Plaza Group Code: 163 Company Type:

SERFF Tracking Number: SAFX-125514798 State: Arkansas
First Filing Company: General Insurance Company of America, ... State Tracking Number: EFT \$50
Company Tracking Number: CA AR07405CGF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01

State Filings Suite 2800

Seattle , WA 98185-0001
(206) 545-5000 ext. [Phone]

Group Name: Safeco Group
FEIN Number: 91-0231910

State ID Number:

First National Insurance Company of America
Safeco Plaza
State Filings Suite 2800

Seattle, WA 98185-0001
(206) 545-5000 ext. [Phone]

CoCode: 24724
Group Code: 163

State of Domicile: Washington
Company Type:

Seattle, WA 98185-0001

Group Name: Safeco Group
FEIN Number: 91-0742144

State ID Number:

Safeco Insurance Company of America
Safeco Plaza
State Filings Suite 2800

Seattle, WA 98185-0001
(206) 545-5000 ext. [Phone]

CoCode: 24740
Group Code: 163

State of Domicile: Washington
Company Type:

Seattle, WA 98185-0001

Group Name: Safeco Group
FEIN Number: 91-0742148

State ID Number:

American States Insurance Company
Safeco Plaza
State Filings Suite 2800

Seattle, WA 98185-0001
(206) 545-5000 ext. [Phone]

CoCode: 19704
Group Code: 163

State of Domicile: Indiana
Company Type:

Seattle, WA 98185-0001

Group Name: Safeco Group
FEIN Number: 35-0145400

State ID Number:

American Economy Insurance Company
Safeco Plaza
State Filings Suite 2800

Seattle, WA 98185-0001
(206) 545-5000 ext. [Phone]

CoCode: 19690
Group Code: 163

State of Domicile: Indiana
Company Type:

Seattle, WA 98185-0001

Group Name: Safeco Group
FEIN Number: 35-1044900

State ID Number:

SERFF Tracking Number: SAFX-125514798 State: Arkansas
First Filing Company: General Insurance Company of America, ... State Tracking Number: EFT \$50
Company Tracking Number: CA AR07405CGF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Insurance Company of America	\$50.00	02/28/2008	18225031

SERFF Tracking Number: SAFX-125514798 State: Arkansas
First Filing Company: General Insurance Company of America, ... State Tracking Number: EFT \$50
Company Tracking Number: CA AR07405CGF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/06/2008	03/06/2008

SERFF Tracking Number: SAFX-125514798 State: Arkansas
First Filing Company: General Insurance Company of America, ... State Tracking Number: EFT \$50
Company Tracking Number: CA AR07405CGF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01

Disposition

Disposition Date: 03/06/2008
Effective Date (New): 06/29/2008
Effective Date (Renewal): 06/29/2008
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: SAFX-125514798 State: Arkansas
 First Filing Company: General Insurance Company of America, ... State Tracking Number: EFT \$50
 Company Tracking Number: CA AR07405CGF01
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Safeco Optimum PackageTM	Approved	Yes

SERFF Tracking Number: SAFX-125514798 State: Arkansas
 First Filing Company: General Insurance Company of America, ... State Tracking Number: EFT \$50
 Company Tracking Number: CA AR07405CGF01
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Safeco Optimum PackageTM	CA 72 42	03 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CA 72 42 Previous Filing #:		CA 72 42.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SAFECO OPTIMUM PACKAGE™

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement. This endorsement only applies to owned Autos with Comprehensive and Collision coverage.

DIMINISHING DEDUCTIBLE

Under paragraph **D** — DEDUCTIBLE of Section **III** — PHYSICAL DAMAGE COVERAGE the following is added:

We will waive a portion of the collision deductible shown in the declarations per the following table until such a time that you incur a paid claim under the collision coverage. After you incur an at fault collision "loss" in which we make payment for a "loss", the amount of deductible applied will reset to the deductible shown in the declaration. Any collision claim paid on a coverage where a deductible does not normally apply will not affect the percent of deductible we will waive. The schedule below applies to consecutive policy years during which this coverage form applies.

After your first claim free policy year — 20% of the Deductible is waived

After your second claim free policy year — 40% of the Deductible is waived

After your third claim free policy year — 60 % of the Deductible is waived

After your fourth claim free policy year — 80% of the Deductible is waived

After your fifth claim free policy year and subsequent claim free years — 100% of deductible is waived

WAIVER OF ADJUSTMENT FOR BETTERMENT

Under Paragraph **C** — LIMIT OF INSURANCE of Section **III** — PHYSICAL DAMAGE COVERAGE section **3** is deleted.

EMERGENCY EXPENSES

Section **III** — PHYSICAL DAMAGE COVERAGE paragraph **A.4.** is amended to include:

- c.** We will reimburse you up to \$200 for necessary expenses actually incurred by you or an "employee" if your covered "auto" is disabled to the degree that it may not be driven safely. Coverage begins at the place of disablement and ends when you or your "employee" arrives at:

 - (1)** Your place of business; or
 - (2)** Your place of residence or in the case of your "employee" that "employee's" residence; or
 - (3)** The nearest location your covered "auto" can be repaired or replaced.
- d.** If you or one of your "employees" are more than 25 miles from your place of business and your covered "auto" sustains a "loss" covered under the collision or comprehensive coverages of your policy and is inoperable we will pay up to \$1,000 in any one occurrence for reasonable and necessary expenses for:

 - (1)** Alternate transportation for you to continue to your destination, place of business or residence.
 - (2)** Meals, lodging and transportation expenses you incur when you or any other person you choose drives your covered "auto" from the place of repair to your place of business or your residence.

No deductible applies to this coverage.

ORIGINAL EQUIPMENT MANUFACTURED PARTS

Under Paragraph **C** — LIMIT OF INSURANCE of Section **III** — PHYSICAL DAMAGE COVERAGE section **4** is added as follows:

4. We will use new Original Equipment Manufactured parts for any owned "auto" when available.

This coverage does not apply to Glass.

ELECTRONIC LOCK AND KEY REPLACEMENT

If the electronic keys or electronic remote control pads to your covered "autos" are lost or stolen we will pay for replacement of electronic keys, electronic remote control pads and the locks or codes without application of a deductible.

SERFF Tracking Number: *SAFX-125514798* *State:* *Arkansas*
First Filing Company: *General Insurance Company of America, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CA AR07405CGF01*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Commercial Auto*
Project Name/Number: *CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SAFX-125514798 State: Arkansas
First Filing Company: General Insurance Company of America, ... State Tracking Number: EFT \$50
Company Tracking Number: CA AR07405CGF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: CA -2008 V3.0 and ISO 2006 Changes/CA AR07405CGF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 03/06/2008

Comments:

Attachment:

PCTD-FFS.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: 50%;">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 #
Safeco Group	163

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Economy Insurance Company	Indiana	19690	35-1044900	
American States Insurance Company	Indiana	19704	35-0145400	
First National Insurance Company of America	Washington	24724	91-0742144	
General Insurance Company of America	Washington	24732	91-0231910	
Safeco Insurance Company of America	Washington	24740	91-0742148	

5. Company Tracking Number	CA AR07405CGF01
-----------------------------------	------------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Devor Barton	Commercial Lines Filings Analyst	(206) 473-5407	(206) 473-6723	devbar@safeco.com
	SBI State Filings Safeco Plaza, Suite 2800 Seattle, WA, 98185				

7. Signature of authorized filer	
8. Please print name of authorized filer	Devor Barton

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

9. Type of Insurance (TOI)	20.0
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: June 29, 2008 Renewal: June 29, 2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	Insurance Services Office, Inc. (ISO)
17.	Reference Organization # & Title	CA-2005-OFR01, 2006 Multistate Revision to Commercial Auto Coverage Forms and Endorsements; CA-2007-OCH1, Arkansas Changes Endorsement Revised
18.	Company's Date of Filing	February 28, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	07-0405
------------	--	---------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	
------------	--	--

Adoption of ISO Forms
 Independent Form Revision
 Division One - Commercial Auto
 Proposed Effective Date: June 29, 2008
 Filing Number: CA AR07405CGF01

Submitting: CA-7242 (3-08) Safeco Optimum Package™
 Replacing: CA-7242 (5-07) Safeco Optimum Package™

ISO Adoptions:

As members of the Insurance Services Office, we wish to advise the adoption of the following revisions filed by ISO on our behalf for the above captioned companies.

CA-2007-OCH1 Arkansas Changes Endorsement Revised ISO Eff Date: 10/01/07
 CA-2005-OFR01 2006 Multistate Revision to Commercial Auto Coverage Forms and Endorsements ISO Eff Date:
 04/01/06

Form Changes:

In addition to adopting the ISO 2006 multi-state form changes and state-specific form revision, we are revising Optimum Form, CA7242. We are removing glass coverage from Section 4. of Paragraph C. Limit of Insurance under Section III. Physical Damage Coverage. No policies have been issued with this coverage so no policyholders will be adversely affected by this change.

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 #: N/A (EFT)
Amount: \$50.00
 \$50.00 per form filing.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to 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 #	CA AR07405CGF01			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	Safeco Optimum Package™	CA 7242 03 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA 7242 05 07	
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		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		