

SERFF Tracking Number: CNNB-125596600 State: Arkansas  
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: A-08-7066-AR  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Auto - Replacement Cost  
Project Name/Number: /

## Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: Personal Auto - Replacement Cost SERFF Tr Num: CNNB-125596600 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Co Tr Num: A-08-7066-AR

State Status: Fees verified and received

Filing Type: Rule

Co Status:

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

Author: Matt Terrell

Disposition Date: 04/08/2008

Date Submitted: 04/07/2008

Disposition Status: Filed

Effective Date Requested (New): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/08/2008

State Status Changed: 04/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Revising Replacement Cost Coverage rule

## Company and Contact

### Filing Contact Information

Matt Terrell, Senior Filings Analyst

matt\_terrell@cinfin.com

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6200 S. Gilmore Road (513) 603-5264 [Phone]  
Fairfield, OH 45014 (513) 881-8885[FAX]

**Filing Company Information**

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio  
6200 S. Gilmore Rd. Group Code: 244 Company Type:  
Fairfield, OH 45014 Group Name: State ID Number:  
(513) 870-2000 ext. [Phone] FEIN Number: 31-0542366  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$25.00	04/07/2008	19329969

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	04/08/2008	04/08/2008

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## Disposition

Disposition Date: 04/08/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	A-1 Private Passenger Auto Abstract	Filed	Yes
<b>Supporting Document</b>	APCS-Auto Premium Comparison Survey	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Rate</b>	Manual Page	Filed	Yes

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## Rate Information

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Page	40	Replacement	AR PA 10-08 ED 2 D.pdf

# THE CINCINNATI INSURANCE COMPANY

## ARKANSAS PERSONAL AUTO

### 11. REPLACEMENT COST PLUS COVERAGE

#### A. Coverage Description

A policy providing Collision and Other Than Collision coverages on a new auto may be endorsed to provide:

1. Replacement cost coverage for a total loss; and
2. If the amount payable for replacement cost or other than replacement cost is less than an outstanding loan balance, "gap coverage" will pay the difference between the two amounts;

subject to the following rules and rates.

#### B. Underwriting Considerations

This coverage is:

1. Available only for owned (not leased) autos purchased new. It must be requested within 30 days of delivery of the new auto to the insured. The new auto must be in the current model or one model year prior. The auto may not have been titled under any motor vehicle laws of any state before the insured purchased it and it must be titled to the insured. The auto may not have more than 1,000 miles on its odometer before purchase.
2. To be maintained continuously. If this coverage is discontinued for any given auto, it may not be reinstated for that auto. This part **B.2.**, does not apply if the entire policy is cancelled and reinstated.
3. Available for a maximum term of three years. This coverage may only be renewed on any given auto two times.
4. Not available for motor homes, trailers, and any other miscellaneous type vehicles.
5. Not available for autos with a replacement cost at the time of purchase of over \$100,000.

#### C. Valuations

Replacement Cost coverage provided by this endorsement does not apply to loss caused by:

1. Fire;
2. Theft or larceny, or damage to the auto while it is stolen;
3. Malicious mischief or vandalism.

however, Gap Coverage would be provided for the above causes of loss.

#### D. Limitations

1. Do not add the Gap Coverage - Auto endorsement for any autos covered by this endorsement.
2. Coverage for this endorsement applies only where a premium on the Declarations is shown for that auto.
3. This coverage does not apply to any customization performed after the auto is purchased from a dealership.

#### E. Premium

The premium charge for this coverage is the total of 15% of the Other Than Collision premium plus 15% of the Collision premium.

#### F. Endorsement

Attach Form **CPA1417** - Replacement Cost Plus for Personal Auto

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	A-1 Private Passenger Auto Abstract	<b>Review Status:</b>	Filed	04/08/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	APCS-Auto Premium Comparison Survey	<b>Review Status:</b>	Filed	04/08/2008
<b>Bypass Reason:</b>	No rate change.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Filed	04/08/2008
<b>Bypass Reason:</b>	No rate change			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	Filed	04/08/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	Filed	04/08/2008
<b>Comments:</b>				
<b>Attachment:</b>	#P&CTransmittal.pdf			



<b>18. Company's Date of Filing</b>	4/7/08
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	A-08-7066-AR
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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40 Ed.2 (10/08)f      40(10/08)f  
Rule 12. REPLACEMENT COST PLUS  
COVERAGE replaces previous rule title.

1. New paragraph A. Coverage Description adds part 2. which contains explanatory text pertaining to the provision when gap coverage will apply with endorsement of this coverage form.
2. New paragraph B. Underwriting Considerations lists the requirements previously contained in the rule and updates the reference number (B.2.) in part 2.
3. New paragraph C. Valuations clarifies that Replacement Cost coverage does not apply to the listed causes of loss in parts 1. thru 3. In part 3., 'Malicious mischief' is transposed with 'vandalism'. An exception for Gap Coverage follows the indicated causes of loss where coverage would apply.
4. Paragraph D. Limitations part 1. instructs that the Gap Coverage - Auto endorsement is not to be added to autos covered under the Replacement Cost Plus endorsement. Word order in part 2. (formerly E.) is revised for clarity. Former paragraph F. is now part 3.
5. Paragraph E. Premium (formerly C.) is reworded for clarity.
6. Paragraph F. Endorsement (formerly G.) revises the title of the form.

<b>22. Filing Fees</b> (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:** 25.00

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

Effective March 1, 2007

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**