

SERFF Tracking Number: INMX-125626884 State: Arkansas
Filing Company: InsureMax Insurance Company State Tracking Number: #8472 \$50
Company Tracking Number: 13AR0508
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR Form 0508
Project Name/Number: /

Filing at a Glance

Company: InsureMax Insurance Company

Product Name: AR Form 0508

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Form

SERFF Tr Num: INMX-125626884

SERFF Status: Closed

Co Tr Num: 13AR0508

Co Status:

Author: Jennifer Capozziello

Date Submitted: 05/02/2008

State: Arkansas

State Tr Num: #8472 \$50

State Status: Fees verified and received

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

Disposition Date: 05/08/2008

Disposition Status: Approved

Effective Date (New): 05/26/2008

Effective Date (Renewal):

05/26/2008

Effective Date Requested (New): 06/03/2008

Effective Date Requested (Renewal): 07/03/2008

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 05/08/2008

State Status Changed: 05/08/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are filing a revision to our Arkansas Private Passenger Automobile Program. Attached is our re-formatted Arkansas Application. We reduced the number of pages and revised the Applicant's Statement section, deleting the requirement for the insured to initial each question since we will be capturing the answers to the Applicant's Questions on our website.

We cordially request an effective date of June 3, 2008 for new business and July 3, 2008 for renewal business.

Please contact me directly at (877) 858-4100 ext. 277 with any questions regarding this filing.

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Product Name: AR Form 0508
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Sincerely,

Jennifer Capozziello
Product Analyst

Company and Contact

Filing Contact Information

Jennifer Capozziello, Product Analyst
4976 SR 261
Newburgh, IN 47630

jcapoziello@insuremax.net
(812) 858-4100 [Phone]
(812) 858-4124[FAX]

Filing Company Information

InsureMax Insurance Company
4976 SR 261
PO Box 607
Newburgh, IN 47630
(812) 858-4100 ext. 277[Phone]

CoCode: 10922
Group Code:

State of Domicile: Indiana
Company Type:

Group Name:
FEIN Number: 35-2042563

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Forms \$50
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
8472	\$50.00	04/29/2008

SERFF Tracking Number: INMX-125626884

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8472 \$50

Company Tracking Number: 13AR0508

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Product Name: AR Form 0508

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	05/08/2008	05/08/2008

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	05/06/2008	05/06/2008
Pending Industry Response	Alexa Grissom	05/06/2008	05/06/2008
Pending Industry Response	Alexa Grissom	05/05/2008	05/05/2008

Response Letters

Responded By	Created On	Date Submitted
Jennifer Capozziello	05/07/2008	05/07/2008
Jennifer Capozziello	05/06/2008	05/06/2008
Jennifer Capozziello	05/05/2008	05/05/2008

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Disposition

Disposition Date: 05/08/2008

Effective Date (New): 05/26/2008

Effective Date (Renewal): 05/26/2008

- Effective Date (New) changed from 06/03/2008 to 05/26/2008 and Effective Date (Renewal) changed from 07/03/2008 to 05/26/2008 by Grissom, Alexa on 05/22/2008.

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: INMX-125626884 State: Arkansas
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 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form (revised)	Application	Approved	Yes
Form	Application	Approved	Yes
Form	Application pg. 3	Approved	Yes

SERFF Tracking Number: INMX-125626884 State: Arkansas
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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/06/2008
Submitted Date 05/06/2008
Respond By Date

Dear Jennifer Capozziello,

This will acknowledge receipt of the captioned filing. The frequent operator exclusion on the application is of concern. Please advise how it relates to a permissive driver and how such is defined in the policy. Additionally, please advise when coverage would be denied for a frequent operator.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/07/2008
Submitted Date 05/07/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: After having an opportunity to review your concerns with the frequent operator exclusion, we will agree to remove the language in question from our application. Please find attached the revised language for your approval.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific	Readability Score	Attach Document
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SERFF Tracking Number: INMX-125626884 State: Arkansas
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Product Name: AR Form 0508
Project Name/Number: /

Data

Application pg. 3 FM- 0408 Application/Binder/Enroll New FM-
ARA0408 ment ment ARA0408
_pg3.pdf

SERFF Tracking Number: INMX-125626884

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8472 \$50

Company Tracking Number: 13AR0508

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Form 0508

Project Name/Number: /

No Rate/Rule Schedule items changed.

Sincerely,
Jennifer Capozziello

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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR Form 0508
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/06/2008
Submitted Date 05/06/2008
Respond By Date

Dear Jennifer Capozziello,

This will acknowledge receipt of the captioned filing. The form is not attached to the filing. We did receive the fee and will review the form when it arrives!

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/06/2008
Submitted Date 05/06/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Please see the attached form. Sorry for the inconvenience!

Jennifer Capozziello

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific	Readability Score	Attach Document
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Project Name/Number: /

Data

Application FM- 0408 Application/Binder/Enroll Replaced 09AR0108 FM-
ARA0408 ment Arkansas
Application.pdf

Previous Version

Application FM- 0408 Application/Binder/Enroll Replaced 09AR0108
ARA0408 ment

SERFF Tracking Number: INMX-125626884

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8472 \$50

Company Tracking Number: 13AR0508

TOI: 19.0 Personal Auto

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Product Name: AR Form 0508

Project Name/Number: /

No Rate/Rule Schedule items changed.

Sincerely,
Jennifer Capozziello

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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR Form 0508
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/05/2008

Submitted Date 05/05/2008

Respond By Date

Dear Jennifer Capozziello,

This will acknowledge receipt of the captioned filing. Please submit the filing fee of \$50.00 to the Department accompanied by a response to this problem report. Upon receipt of the fee, the filing will be reviewed.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 05/05/2008

Submitted Date 05/05/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Our records show the filing fee was delivered to the AR DOI at 9:28 a.m. and signed for by K. Lowe. Thank you,

Jennifer Capozziello

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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State: Arkansas

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No Rate/Rule Schedule items changed.

Sincerely,
Jennifer Capozziello

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application	FM-ARA0408	0408	Application/ Replaced Binder/Enrollment	Replaced Form #: FM-ARA0108 Previous Filing #: 09AR0108		FM-ARA0408 Arkansas Application.pdf
Approved	Application pg. 3	FM-ARA0408	0408	Application/ New Binder/Enrollment			FM-ARA0408_pg3.pdf



ARKANSAS PERSONAL AUTO APPLICATION

INSUREMAX INSURANCE COMPANY
4976 STATE ROAD 261, NEWBURGH, IN 47630
P.O. BOX 607, NEWBURGH, IN 47629-0607
PHONE: 1-877-858-4100 FAX: 1-877-409-4860
www.insuremax.net

Please review and sign where indicated.

31009 INSURANCE AGENCY, INC.
254 S UNIVERSITY AVE
LITTLE ROCK, AR 72205

POLICY AND PREMIUM INFORMATION FOR POLICY NUMBER: AR-NS123456

Table with 2 columns: Field Name and Value. Fields include Named Insured, Policy Term, Policy Period, Effective Date and Time, Total Policy Premium, Down Payment Required, Down Payment Received, and Payment Plan.

DRIVERS AND HOUSEHOLD RESIDENTS

The applicant, spouse, and all household residents 15 years of age or older, all regular operators of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below.

Table with 8 columns: Driver, Name, Date of Birth, Class, Status, Driver's License, SSN, Filing. Lists Joe Customer and John Customer.

DISCOUNTS

Home Owner, Multi-Car, Prior Insurance

PRIOR INSURANCE AND UNDERWRITING QUESTIONS

GEICO INS CO Bodily Injury Limits: \$25,000/\$50,000 Comp Claims: 0 Not At-Fault Accidents: 0 Length of Lapse: 0 Days (No Lapse)

DRIVER VIOLATION LISTING

Table with 6 columns: Driver, Occurrence Date, Violation Description. Lists a violation for backing improperly and an accident at fault.

VEHICLE INFORMATION

Table with 9 columns: Vehicle, Vehicle Description, VIN, Symbol, Veh Usage, Lien Holder, Addl Interest, Garaging Zip Code. Lists 2005 Hyundai Tiburon and 1978 Ford F-150.

COVERAGES AND LIMITS

The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Table with 15 columns: Liability, UM, UIM, Personal Injury Protection, Tow & Labor, Rental Reimb, AD, Comprehensive Deductible, Collision Deductible, TOTAL. Includes a summary row for Policy Fee and Total Premium.

LIEN HOLDER OR ADDITIONAL INTEREST

Vehicle	LH/AI	Name	Street Address	City	State	Zip Code
1	LH	ARKANSAS NATIONAL	3942 ELM SPRINGS ROAD	SPRINGDALE	AR	72762

REJECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE (Please read carefully.)

The State of Arkansas requires Uninsured or Underinsured Motorists Coverage be afforded me under my motor vehicle liability policy in amounts not less than the minimum statutory limits, unless I specifically reject such coverage. Every insured purchasing Uninsured Motorist Bodily Injury/ Underinsured Motorist coverage shall be provided the opportunity to include Uninsured Motorist Property Damage Coverage in amounts up to the automobile liability limits shown on the policy. Every insured is permitted to reject the Uninsured and Underinsured Motorists Coverages in their entirety or to reject either or both the Underinsured Motorists Coverage and/or the Uninsured Motorists Property Damage Coverage.

Uninsured and Underinsured Motorists Coverage provides insurance protection to an insured person for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured or underinsured motor vehicle because of bodily injury caused by an automobile accident and for property damage to the insured vehicle for losses in excess of two hundred dollars (\$200). Only the policy provides a complete description of the coverage and its limitations.

Check all that apply:

- I reject Uninsured and Underinsured Motorists Coverage in their entirety.
- I reject Underinsured Motorists Bodily Injury Coverage in its entirety (Underinsured Motorists Bodily Injury cannot be purchased without Uninsured Motorists Bodily Injury).
- I reject Uninsured Motorists Property Damage coverage (Uninsured Motorist Property Damage cannot be purchased without Uninsured Motorists Bodily Injury).

I also understand that my policy will not contain these rejected coverages when issued or renewed, but I may request to add the above coverage to my policy at any future date.

X _____ **Date** _____
Named Insured's Signature

REJECTION OF INCREASED UNINSURED LIMITS (Please read carefully.)

Under Arkansas laws, if you choose not to reject Uninsured Motorists Coverage, you, the named insured in the policy, have the right to purchase Uninsured Motorists Coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

My policy will be issued with Uninsured Motorists Bodily Injury coverages with limits equal to my Bodily Injury limits unless I reject or reduce them.

- I reject increased Uninsured Motorists Bodily Injury limits that match my increased Bodily Injury limits. My policy will be issued with Uninsured Motorists Bodily Injury limits as indicated on this application.

X _____ **Date** _____
Named Insured's Signature

REJECTION OF PERSONAL INJURY PROTECTION COVERAGE (Please read carefully.)

The State of Arkansas requires Personal Injury Protection Coverage to be included with policies containing liability coverage unless rejected in writing by the named insured. Medical and Hospital Benefits Coverage provides coverage for reasonable and necessary expenses because of bodily injury sustained by an insured person and incurred within two (2) years from the date of an accident. Medical and Hospital Benefits Coverage includes coverage for medical, hospital, nursing, dental, surgical, ambulance, funeral expense and prosthetic services. Income Disability provides coverage for work loss because of bodily injury sustained by an insured person caused by an accident arising out of the ownership, maintenance or use of a motor vehicle. Accidental Death Benefits Coverage provides coverage from the date of an accident because of bodily injury caused by the accident and arising out of the ownership, maintenance or use of motor vehicle. Only the policy provides a complete description of the above coverages and their limitations.

I fully understand that my policy when issued or renewed will NOT provide: (check all that apply)

- \$5,000 Medical and Hospital Benefits
- \$5,000 Accidental Death Benefits
- Income Disability Benefits as described in the Personal Auto Policy Part II Limit of Liability

I also understand that, upon written request, I may request to add any of the above coverages to my policy at any future date.

X _____ **Date** _____
Named Insured's Signature

EXCLUSION OF UNLISTED HOUSEHOLD MEMBERS OR FREQUENT OPERATORS (Please read carefully.)

It is agreed that all coverages afforded by this policy shall not apply to any loss or damage arising from any accident which occurs while the automobile is being driven, operated, manipulated, maintained, received or used in any other manner by an unlisted driver who resides in the same household as the name insured or is a regular or frequent operator of any vehicle insured under this policy. This exclusion shall apply whether or not the named insured is occupying the vehicle at the time the unlisted driver is using it in any manner whatsoever. Nothing contained in this endorsement shall vary, waive, alter or extend any other term or condition of the policy. This endorsement shall supersede any policy provisions to the contrary and shall take effect simultaneous with such policy.

X _____ **Date** _____
Named Insured's Signature

POLICY ENDORSEMENT EXCLUDING SPECIFIED OPERATORS (Please read carefully.)

Residents in your household of driving age who are not rated on this policy must be excluded in consideration of the premium charged for the policy to which this endorsement applies. In consideration of the premium charged for this policy, it is agreed that ALL coverages under this policy are excluded and no coverage will be provided for any claim arising from an accident or loss that occurs while your covered auto or non-owned auto is operated by an individual listed as a named excluded driver below and on your Declarations Page.

Name	Date of Birth	Relation to Applicant	Ever Licensed?	Household Member?	Driver's License	SSN
JOHN CUSTOMER	Dec 3, 1988	Child	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		319-56-****

X _____ **Date** _____
Named Insured's Signature

APPLICANT'S STATEMENT

- 1. Have all the household residents 15 years of age or older, all regular operators of the vehicles, and all children who live away from home who drive these vehicles, even occasionally, been disclosed in the "Drivers and Household Residents" section?
If no, please explain:
_____ Yes No
- 2. Do you currently have or are you currently pursuing a valid state driver's license? Yes No
- 3. Are any of your vehicles used to pick up or deliver persons or property for compensation or a fee, including, but not limited to, delivery of magazines, newspapers, mail, food (including pizza), or any other products?
If yes, please describe the business use:
_____ Yes No
- 4. Do any of the vehicles listed on this policy have existing damage?
If yes, please give a description of existing damage:

InsureMax Insurance Company will not be held liable for repair or replacement of existing damage. Yes No
- 5. Are there other vehicles in your household not listed on this application?
If yes, please give Driver, Vehicle, and Vehicle Insurer:
_____ Yes No
- 6. Do you understand that we do not cover losses if your vehicle is being operated by an undisclosed or excluded driver in your household? Yes No
- 7. Does any driver have any physical or mental impairment and/or receiving disability payments from any source?
If yes, please describe:
_____ Yes No
- 8. Do you reside in the state of Arkansas for a minimum of ten (10) months a year? Yes No

APPLICATION AGREEMENT

I hereby apply to InsureMax Insurance Company for a policy of insurance as set forth in this application, based on my statements, representations and promises contained herein. I declare that these statements, representations and promises are true to the best of my knowledge. I agree that such policy shall be null and void at inception if I provide information that is false or misleading or if I omit information that would materially affect acceptance of the risk by InsureMax Insurance Company. I agree that an inquiry may be made which will provide applicable information as to the character, reputation, personal characteristics, and mode of living. I authorize InsureMax Insurance Company to obtain such reports for this policy, renewals, or for any claim. I agree to pay any additional premium that is charged based upon information disclosed by these reports. I understand that Physical Damage (if afforded) is based on the actual cash value of the factory standard motor vehicle and that no coverage exists for customizing, add-on equipment or accessories that are not factory standard.

I understand that a service charge will be assessed to the balance due on my policy if any check offered in payment of an installment is not honored by its bank. Imposition of such charge shall not deem the Company to have accepted the check unconditionally. I understand that if the down payment check for this new business policy is not honored by the bank or financial institution, the policy will be rescinded and no coverage will be afforded. I agree to pay a late fee during the policy term and each renewal policy for any payment that is not postmarked in full by the scheduled due date. The amount of this fee may change upon renewal. If the company reinstates my policy for any reason, I understand that I may be charged a reinstatement fee. The amount of this fee may change upon policy renewal. I understand that a nonrefundable cancellation fee will be applied if the policy is cancelled for Insured's Request including nonpayment of premium. I agree to pay the service fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. I also understand that the amount of these fees may change if my premium is increased due to inaccurate or incomplete information in this application.

I hereby apply for a policy of insurance as set forth in this application on the basis of the statements contained herein. I agree that such policy shall be null and void if such information is false, misleading, or would materially affect the acceptance of this application by InsureMax Insurance Company. I certify that all drivers of the insured vehicles and all residents of my household 15 years of age or older have been disclosed on this application. I understand and agree that my premium down payment for this application may be used to reduce any previous balance I owe the Company.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant's Signature

X _____ **Date** _____ **Time** _____

AGENT'S STATEMENT

I, the undersigned, hereby certify that to the best of my knowledge: all information contained herein is correct, the statements herein are those of the applicant who has signed this application in my presence, and that I shall retain a duplicate signed copy hereof.

Agent's Signature

X _____ **Date** _____ **Time** _____

EXCLUSION OF UNLISTED HOUSEHOLD MEMBERS (Please read carefully.)

It is agreed that all coverages afforded by this policy shall not apply to any loss or damage arising from any accident which occurs while the automobile is being driven, operated, manipulated, maintained, received or used in any other manner by an unlisted driver who resides in the same household as the named insured. This exclusion shall apply whether or not the named insured is occupying the vehicle at the time the unlisted household driver is using it in any manner whatsoever. Nothing contained in this endorsement shall vary, waive, alter or extend any other term or condition of the policy. This endorsement shall supersede any policy provisions to the contrary and shall take effect simultaneous with such policy.

X _____ **Date** _____
Named Insured's Signature

POLICY ENDORSEMENT EXCLUDING SPECIFIED OPERATORS (Please read carefully.)

Residents in your household of driving age who are not rated on this policy must be excluded in consideration of the premium charged for the policy to which this endorsement applies. In consideration of the premium charged for this policy, it is agreed that ALL coverages under this policy are excluded and no coverage will be provided for any claim arising from an accident or loss that occurs while your covered auto or non-owned auto is operated by an individual listed as a named excluded driver below and on your Declarations Page.

Name	Date of Birth	Relation to Applicant	Ever Licensed?	Household Member?	Driver's License	SSN
JOHN CUSTOMER	Dec 3, 1988	Child	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		319-56-****

X _____ **Date** _____
Named Insured's Signature

SERFF Tracking Number: INMX-125626884

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8472 \$50

Company Tracking Number: 13AR0508

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Form 0508

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: INMX-125626884

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

05/08/2008

Comments:

Attachment:

Transmittal Document 0408 Forms.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #

5. Company Tracking Number	
-----------------------------------	--

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail

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

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

9. Type of Insurance (TOI)	
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 type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
14. Effective Date(s) Requested	New: _____ Renewal: _____

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 #				
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing		
5b.	Effect of Rate Filing – Written premium change for this program		
5c.	Effect of Rate Filing – Number of policyholders affected		
6.	Overall percentage of last rate revision		
7.	Effective Date of last rate revision		
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		
9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	

SERFF Tracking Number: INMX-125626884 State: Arkansas
 Filing Company: InsureMax Insurance Company State Tracking Number: #8472 \$50
 Company Tracking Number: 13AR0508
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: AR Form 0508
 Project Name/Number: /

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Application	05/01/2008	