

SERFF Tracking Number: SAFA-125659957 State: Arkansas  
Filing Company: Safeco Insurance Company of Illinois State Tracking Number: EFT \$50  
Company Tracking Number: 08-AR-200305-F  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Auto  
Project Name/Number: RAC & EAP/08-AR-200305-F

## Filing at a Glance

Company: Safeco Insurance Company of Illinois

Product Name: Personal Auto

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto  
(PPA)

Filing Type: Form

SERFF Tr Num: SAFA-125659957

SERFF Status: Closed

Co Tr Num: 08-AR-200305-F

Co Status:

Authors: Betty Osher, Wanda  
Varnell

Date Submitted: 05/21/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and  
received

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

Disposition Date: 05/22/2008

Disposition Status: Approved

Effective Date Requested (New): 09/18/2008

Effective Date Requested (Renewal): 10/23/2008

Effective Date (New): 09/18/2008

Effective Date (Renewal):  
10/23/2008

State Filing Description:

## General Information

Project Name: RAC & EAP

Project Number: 08-AR-200305-F

Reference Organization:

Reference Title:

Filing Status Changed: 05/22/2008

State Status Changed: 05/22/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: SAFA-125659957 State: Arkansas  
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Betty Osher, State Filings Analyst betosh@safeco.com  
Safeco Plaza (206) 473-5309 [Phone]  
Seattle, WA 98185 (206) 473-6722[FAX]

**Filing Company Information**

Safeco Insurance Company of Illinois CoCode: 39012 State of Domicile: Illinois  
2800 West Higgins Road Group Code: 163 Company Type: P&C  
Suite 1100  
Hoffman Estates, IL 60195-5205 Group Name: State ID Number:  
(800) 544-2614 ext. [Phone] FEIN Number: 91-1115311  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Safeco Insurance Company of Illinois	\$50.00	05/21/2008	20445966

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	05/22/2008	05/22/2008

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## **Disposition**

Disposition Date: 05/22/2008

Effective Date (New): 09/18/2008

Effective Date (Renewal): 10/23/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* SAFA-125659957      *State:* Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Form</b>	Roadside Assistance Coverage	Approved	Yes
<b>Form</b>	Emergency Assistance Package	Approved	Yes

SERFF Tracking Number: SAFA-125659957 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Roadside Assistance Coverage	SA-2736/EP	8/08	Policy/Coverage New Form			SA_2736EP_082008_f.pdf
Approved	Emergency Assistance Package	SA-2267/EP	8/08	Policy/Coverage Replaced Form	Replaced Form #: SA-2267/EP 12/06 Previous Filing #:		SA_2267EP_082008_f.pdf

**ROADSIDE ASSISTANCE COVERAGE**  
**CALL 1-877-ROAD 101 (1-877-762-3101)**

This coverage replaces the **Towing and Labor Costs Coverage** under your policy.

The following coverages apply to each vehicle for which this coverage is shown in the Policy Declarations:

1. Each time **your covered auto** or any **non-owned auto** is disabled due to mechanical or electrical breakdown we will pay reasonable and necessary expenses for the use of an **authorized service provider** for towing up to 10 miles or to the nearest qualified place where necessary repairs can be made during regular **business** hours.
2. Each time **your covered auto** or any **non-owned auto** is disabled requiring:
  - a. Towing to dislodge the vehicle from its place of disablement within 20 feet of a public street or highway; or
  - b. Labor, including change of tire, at the place of its breakdown; or
  - c. Delivery of fuel, oil, water or other fluids (we do not pay the costs of these items); or
  - d. Key lock-out services;we will cover up to one (1) hour of labor for the use of an **authorized service provider** for service at the place of disablement.
3. Coverage is limited to no more than two occurrences per vehicle subject to a total limit of 4 occurrences in a 6 month period for both coverages **1.** and **2.**, above.

**Authorized service provider** means a service provider contracted by us providing, at no charge to you, roadside assistance as described and limited above.

When service is provided by other than an **authorized service provider**, we will reimburse you only for reasonable charges as determined by us.

No deductible applies to this coverage.

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## EMERGENCY ASSISTANCE PACKAGE

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### INSURING AGREEMENT

If the Declarations indicates Emergency Assistance Package applies to **your covered auto**, the coverages listed below are included in your policy. These coverages are in excess of any other collectible insurance unless otherwise stated. No deductible applies to these coverages.

“**Your covered auto**” as used in this endorsement, means a motor vehicle or **recreational vehicle** owned by you and for which a specific premium is shown on the Declarations for this coverage.

“**Recreational vehicle**” means a motor home or travel trailer.

#### A. Transportation Expenses

1. We will reimburse you up to \$100 or \$200 if **your covered auto** is a **recreational vehicle** for necessary expenses actually incurred by you or a **family member** if **your covered auto** or **non-owned 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 any **family member** arrives at:
  - a. your residence; or
  - b. the nearest location **your covered auto** or **non-owned auto** can be repaired or replaced.
2. The Loss of Use under Additional Coverages in the policy, is replaced by the following. Subject to the Loss of Use limit shown in the Declarations, we will pay for:
  - a. Transportation expenses incurred by you in the event of a loss to **your covered auto** or **non-owned auto** covered under this endorsement.
  - b. Indirect loss expense for which you become legally responsible in the event of a loss to a **non-owned auto**.
  - c. Any deductible amount you are legally responsible for paying on a temporary substitute auto rented from a rental agency or garage.

This coverage applies only if:

- a. **Your covered auto** or the **non-owned auto** is withdrawn from use for more than 24 hours (except for disablement expenses); and
- b. The loss is caused by **collision** or is otherwise covered under Part **D** of this policy.

Our payment will be limited to that period of time reasonably required to repair or replace the vehicle.

#### B. Emergency Expenses

If you are more than 50 miles from your residence and **your covered auto** or any **non-owned auto** sustains a loss covered under the Comprehensive or Collision coverages of your policy and is inoperable or uninhabitable, we will pay up to \$500 , or \$300 per day or a maximum of \$1,500 if **your covered auto** is a **recreational vehicle**, in any one occurrence, for reasonable and necessary expenses for:

1. Alternative transportation for you to continue to your destination or residence.
2. Meals and lodging necessary when the loss to **your covered auto** or **non-owned auto** causes a delay in your travel. The expenses must be incurred between the time of the loss and your arrival at your destination or residence or by the end of the fifth day, whichever comes first.
3. Meals, lodging and transportation expenses you incur when you or any other person you choose, drives **your covered auto** or **non-owned auto** from the place of repair to your destination or residence.

The most we will pay in any one policy period is \$500 or \$1,500 if **your covered auto** is a **recreational vehicle**, regardless of the number of claims made under this coverage.

#### C. Roadside Assistance Coverage (does not include recreational vehicles). Recreational vehicles are covered under D. below.

The following coverages apply to each vehicle for which this coverage is shown in the Policy Declarations:

1. Each time **your covered auto** or any **non-owned auto** is disabled due to mechanical or electrical breakdown we will pay reasonable and necessary expenses for the use of an **authorized service provider** for towing up to 10 miles or to the nearest qualified place where necessary repairs can be made during regular **business** hours.
2. Each time **your covered auto** or any **non-owned auto** is disabled requiring:
  - a. Towing to dislodge the vehicle from its place of disablement within 20 feet of a public street or highway; or

- b. Labor, including change of tire, at the place of its breakdown; or
- c. Delivery of fuel, oil, water or other fluids (we do not pay the costs of these items); or
- d. Key lock-out services;

we will cover up to one (1) hour of labor for the use of an **authorized service provider** for service at the place of disablement.

- 3. Coverage is limited to no more than two occurrences per vehicle subject to a total limit of 4 occurrences in a 6 month period for both coverages 1. and 2., above.

**Authorized service provider** means a service provider contracted by us providing, at no charge to you, roadside assistance as described and limited above.

When service is provided by other than an **authorized service provider**, we will reimburse you only for reasonable charges as determined by us.

No deductible applies to this coverage.

#### D. Roadside Assistance Coverage for Recreational Vehicles

We will pay up to \$300 in reasonable and necessary expenses incurred each time **your covered auto** or a **non-owned auto** is disabled for:

- 1. Towing to the nearest qualified place where the necessary repairs can be made during regular business hours if it will not run;
- 2. Towing to dislodge the vehicle from its place of disablement within 50 feet of a public street or highway;
- 3. Mechanical labor up to one (1) hour at the place of its breakdown, including change of tire; or
- 4. Delivery of fuel, oil, water, other fluid.

We do not pay the cost of fuel, oil, water or other fluids, or replacement tires.

#### E. Key and Lock Coverage for Recreational Vehicles

We will pay up to \$200 in any one occurrence to:

- 1. Repair or replace a key used to operate **your covered auto** or **non-owned auto**. This coverage also applies to repair or replace door or window locks on **your covered auto** or **non-owned auto**, when

it is likely that the corresponding key has been stolen.

- 2. Coverage does not apply to:
  - a. keys pertaining to any residence premises where you reside or dwelling under construction or renovation.
  - b. lost keys entrusted to any person who is not insured under this policy.

The most we will pay for this coverage in any one policy period is \$200, regardless of the number of claims made under this coverage.

#### F. Personal Property Coverage

- 1. We will pay up to \$500 in any one occurrence for loss to personal property owned or used by you or any **family member**, while located in **your covered auto** or **non-owned auto** while away from your residence premises. This coverage does not apply to:

- a. Any animals, birds or fish;
- b. Motorized vehicles;
- c. Aircraft;
- d. Property carried or held as samples or for sale or delivery after sale;
- e. Property rented or held for rental to others.
- f. Money or currency, prepaid cards or passes, monetary value carried on an electronic chip or magnetic cards, securities, debit cards, checks, cashier checks, travelers checks, money orders and other negotiable instruments.
- g. Items described in 2. below.

If **your covered auto** or **non-owned auto** is stolen from your residence premises and Comprehensive Coverage applies we will pay up to \$250 for direct loss to clothes, luggage, camping gear and other sporting equipment. The property must be owned by you or any **family member** and be in **your covered auto** or **non-owned auto** at the time of loss.

- 2. In case of total theft of **your covered auto** or **non-owned auto**, we will pay the lesser of the following limits for direct loss due to theft of tapes, records, discs or other digital media:
  - a. \$50; or
  - b. the actual cash value of the stolen or damaged property.

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*Product Name:* Personal Auto  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 05/22/2008

**Comments:**

**Attachments:**

PCTD-1 2007.pdf

FFS-1 2007.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 05/22/2008

**Comments:**

**Attachment:**

AR Cover Letter.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Safeco Insurance Companies	163

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Safeco Insurance Company of Illinois	Washington	39012	91-1115311	

<b>5. Company Tracking Number</b>	<b>08-AR-200305-F</b>
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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
	Betty Osher 4333 Brooklyn Ave. NE Seattle, WA. 98105	Senior Forms Analyst	206.473.5309	206.473.6722	betosh@safeco.com

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

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

9.	Type of Insurance (TOI)	19.0 Personal Auto
10.	Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Personal Auto Program
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: September 18, 2008   Renewal: October 23, 2008

### Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	May 21, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-AR-200305-F
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<b>21.</b>	<b>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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Please see cover letter.

<b>22.</b>	<p><b>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]</p> <p><b>Check #:</b> N/A  <b>Amount:</b> \$50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>
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**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Effective March 1, 2007

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-AR-200305-F			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Roadside Assistance Coverage	SA-2736/EP 8/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NEW	
02	Emergency Assistance Package	SA-2267/EP 8/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SA-2267/EP 12/06	
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		



SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

Safeco Plaza
Seattle, WA 98185-0001

Phone: (206) 545-5000
www.safeco.com

May 21, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201

Safeco Insurance Company of Illinois 163-39012
Independent Automobile Form Filing
Personal Auto Program
Roadside Assistance Coverage, SA-2736/EP 8/08
Emergency Assistance Package, SA-2267/EP 8/08
Proposed Effective Date: September 18, 2008 - New Business
October 23, 2008 - Renewal Business
Filing Number: 08-AR-200305-F

The above captioned forms are submitted on behalf of the company listed.

The SA-2736/EP 8/08 is a new endorsement that will replace the Towing and Labor Costs Coverage listed under the Additional Coverages section of the policy. The differences between the two coverages are highlighted below. The new Roadside Assistance Coverage will be a benefit to our insureds as they will no longer have to pay tows or other labor performed at the place of disablement out of their pocket and then request reimbursement. We will pay for towing to the nearest repair that can perform the repairs or any repair they want to be towed to as long as it is within a 10 mile radius. So if they are stuck 200 miles from the nearest repair facility, we will pay to tow them 200 miles. We are limiting the coverage to no more than 2 occurrences per vehicle in a 6 month period, not to exceed a total limit of 4 occurrences in that 6 month term.

Table with 2 columns: ROADSIDE ASSISTANCE COVERAGE and TOWING AND LABOR COSTS COVERAGE. The table compares the two coverage types, detailing what is covered and what is excluded under each.

<p><u>of an authorized service provider</u> for service at the place of disablement.</p> <p>3. <u>Coverage is limited to no more than two occurrences per vehicle subject to a total limit of 4 occurrences in 6 month period for both coverages 1. and 2., above.</u></p> <p><u>Authorized service provider means a service provider contracted by us providing, at no charge to you, roadside assistance as described and limited above.</u></p> <p><u>When service is provided by other than an authorized service provider, we will reimburse you only for reasonable charges as determined by us.</u></p> <p>No deductible applies to this coverage.</p>	<p>No deductible applies to this coverage.</p>
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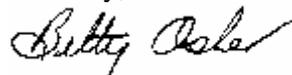
The SA-2267/EP 8/08 will replace the SA-2267/EP 12/06 currently on file. The SA-2267/EP was revised to replace the Towing and Labor Costs Coverage in the form with the new Roadside Assistance Coverage. In addition, we made the following changes to the form to enhance the coverage that we provide for Recreational Vehicles under the coverage. Recreational vehicles are defined as a motor home or travel trailer.

- \$200 for transportation expenses.
- \$300 per day up to a maximum of \$1,500 for emergency expenses in any one policy period. For other vehicles it is limited to a maximum of \$500 in any one policy period which is a new limit.
- Roadside Assistance for recreational vehicles is limited to \$300 per occurrence but there is no maximum limit on the number of occurrences in a policy period.
- Key and Lock coverage for recreational vehicles is provided at a \$200 limit per policy period which also covers replacement of door or window locks when its likely the key has been stolen

No related rate changes are being made with these changes at this time. The same rate that applies to our current Towing and Labor Costs Coverage and Emergency Assistance Package will apply to the new coverages.

We are requesting an effective date for this submission of September 18, 2008 for New Business and October 23, 2008 for Renewal Business.

Sincerely,



Betty Osher, CPCU  
Senior Forms Analyst  
Product Management  
(206) 473-5309 / FAX (206) 473-6722  
betosh@safeco.com