

SERFF Tracking Number: CLBA-125704055 State: Arkansas
Filing Company: Columbia Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: CMI-PAP-08-R01
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto - AU Program
Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Filing at a Glance

Company: Columbia Mutual Insurance Company

Product Name: Personal Auto - AU Program SERFF Tr Num: CLBA-125704055 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: CMI-PAP-08-R01 State Status: Fees verified and received (PPA)
Filing Type: Rate/Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi
Authors: Dennis McVay, Christina Walker, DeeDee Williams Disposition Date: 07/10/2008
Date Submitted: 06/25/2008 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: Roadside Assistance Coverage Status of Filing in Domicile: Pending
Project Number: CMI-PAP-08-R01 Domicile Status Comments:
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 08/19/2008
State Status Changed: 06/30/2008 Deemer Date:
Corresponding Filing Tracking Number: CMI-PAP-08-F01
Filing Description:

We are filing revised manual pages TC-2, GR-2, M-3/M-10, R-2/R-9, Supplemental M-1 and new manual page M-11, which we propose to use in our Personal Auto AU Policy Program. Please note that in addition to a few format changes, we have replaced our Towing and Labor Coverage with a much broader Roadside Assistance Coverage. These pages now merely reflect the Roadside Assistance in lieu of Towing and Labor. In addition to towing, our coverage will now include additional services such as, changing a tire, delivery of gasoline, oil, etc., jumpstarting a battery, as well as, unlocking an auto. We have highlighted these changes for your convenience.

SERFF Tracking Number: CLBA-125704055 State: Arkansas
 Filing Company: Columbia Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: CMI-PAP-08-R01
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Auto - AU Program
 Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	07/10/2008	08/19/2008
Filed	Alexa Grissom	06/30/2008	06/30/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Revised manual page	Rate	DeeDee Williams	07/10/2008	07/10/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to reopen filing	Note To Reviewer	DeeDee Williams	07/07/2008	07/07/2008

SERFF Tracking Number: CLBA-125704055 *State:* Arkansas
Filing Company: Columbia Mutual Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: CMI-PAP-08-R01
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto - AU Program
Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Disposition

Disposition Date: 07/10/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLBA-125704055 State: Arkansas
 Filing Company: Columbia Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: CMI-PAP-08-R01
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Auto - AU Program
 Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Revised table of contents	Filed	Yes
Rate	Revised manual page	Filed	Yes
Rate	Revised manual pages	Filed	Yes
Rate	New manual page	Filed	Yes
Rate	Revised manual pages	Filed	Yes
Rate	Revised manual page	Filed	Yes
Rate	Revised manual page	Filed	Yes

SERFF Tracking Number: CLBA-125704055 *State:* Arkansas
Filing Company: Columbia Mutual Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: CMI-PAP-08-R01
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto - AU Program
Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Disposition

Disposition Date: 06/30/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLBA-125704055 State: Arkansas
 Filing Company: Columbia Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: CMI-PAP-08-R01
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Auto - AU Program
 Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Revised table of contents	Filed	Yes
Rate	Revised manual page	Filed	Yes
Rate	Revised manual pages	Filed	Yes
Rate	New manual page	Filed	Yes
Rate	Revised manual pages	Filed	Yes
Rate	Revised manual page	Filed	Yes
Rate	Revised manual page	Filed	Yes

SERFF Tracking Number: CLBA-125704055 State: Arkansas
Filing Company: Columbia Mutual Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: CMI-PAP-08-R01
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto - AU Program
Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Amendment Letter

Amendment Date:
Submitted Date: 07/10/2008

Comments:

We are filing revised manual page M-2. Please note that we removed the Towing and Labor section from this page and replaced it with the new Roadside Assistance Coverage that is filed on revised manual page M-3. This manual page was inadvertently missed on the original filing.

Changed Items:

Rate/Rule Schedule Item Changes:

Exhibit Name:	Rule # or Page #:	Rate Action:	Previous State Filing Numbers:	Attach Document:
Revised manual page	M-2	Replacement		M-2.pdf

SERFF Tracking Number: CLBA-125704055 *State:* Arkansas
Filing Company: Columbia Mutual Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: CMI-PAP-08-R01
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto - AU Program
Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Note To Reviewer

Created By:

DeeDee Williams on 07/07/2008 11:16 AM

Subject:

Request to reopen filing

Comments:

We are requesting to have this filing reopened. We need to file manual page M-2 which we removed the Towing and Labor section from and replaced it with the new Roadside Assistance Coverage that is filed on revised manual page M-3. This manual page was inadvertently missed on the original filing.

SERFF Tracking Number: CLBA-125704055 *State:* Arkansas
Filing Company: Columbia Mutual Insurance Company *State Tracking Number:* EFT \$100
Company Tracking Number: CMI-PAP-08-R01
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto - AU Program
Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CLBA-125704055 State: Arkansas
 Filing Company: Columbia Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: CMI-PAP-08-R01
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Auto - AU Program
 Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Revised table of contents	TC-2	Replacement	TC-2.pdf
Filed	Revised manual page	GR-2	Replacement	GR-2.pdf
Filed	Revised manual pages	M-3 thru M-10	Replacement	M 3-10.pdf
Filed	New manual page	M-11	New	M-11.pdf
Filed	Revised manual pages	R-2 thru R-9	Replacement	R 2-9.pdf
Filed	Revised manual page	Supplemental M-1	Replacement	Supplemental M-1.pdf
Filed	Revised manual page	M-2	Replacement	M-2.pdf

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

	<u>Page</u>
Increased Liability Limits	RR-8
Four Door Vehicle.....	RR-8
Debits	
Senior Operator	RR-8
Annual Mileage	RR-8
Inexperience Operator	RR-9
One Ton Dually Pick-Up.....	RR-9
Prior Non-Payment Cancellation – Renewal Business Only	RR-9
Prior Policy Lapse – New Applicants Only	RR-9
Cancellation	RR-9
Whole Dollar Premium.....	RR-9
Waiver of Premium.....	RR-10
Experience Period.....	RR-10
State Exceptions – Exceptions to At-Fault Events	RR-10
 CLASSIFICATION AND RATING FACTOR DETERMINATION	
Classification Determination	RC-1
Primary Classifications	RC-2/R-6
Secondary Classifications	RC-7
 TERRITORY DEFINITIONS	
	T-1/T-2
 PRIVATE PASSENGER RATES	
	R-1/R-9
 MISCELLANEOUS COVERAGES AND OTHER RATING PROVISIONS	
Extended Non-Owned Liability Coverage	M-1
Named Non-Owner Coverage or Operator's Policy	M-1
Uninsured Motorists Coverage – Bodily Injury	M-1
Uninsured Motorists Coverage – Property Damage	M-2
Underinsured Motorists Coverage	M-2
Optional Limits Transportation Expenses Coverage	M-2
Roadside Assistance Coverage	M-3
Excess Electronic Equipment Coverage	M-4
Tapes, Records, Discs and Other Media Coverage	M-4
Trip Interruption	M-5
O.E.M. Physical Damage Coverage	M-5
Auto Loan/Lease Coverage	M-5
Arkansas Freedom of Choice No-Fault Coverages	M-6
Trailers & Camper Bodies	M-7/M-8
Motor Homes	M-9
Antique Autos	M-10
Classic Autos	M-11

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

BINDING AUTHORITY – UNDERWRITING APPROVAL REQUIRED

Prior approval from the Company is needed prior to binding and submitting the following:

1. Any operator who has not been continuously licensed for the last six (6) months. (Not applicable to newly licensed drivers if parents are being insured in this Company.)
2. Principal driver under age twenty-one (21) and single (male or female) unless parents are being insured in this Company.
3. Persons with a physical or mental impairment. Must be submitted with a detailed explanation and completed medical statement.
4. Vehicles with original retail cost in excess of \$60,000 or have an ISO symbol over 25.
5. Utility and pull type camping trailers with values in excess of \$35,000.
6. Persons over age seventy-seven (77).
7. Persons who operate emergency vehicles on a regular basis.
8. Any risk with an open claim still pending or any risk that has had an accident with a payment above \$10,000, or any risk with an accident caused by flagrant negligent acts of the operator, in the past thirty-six (36) months.
9. Any Jeep or similar type vehicle with other than a permanent factory installed steel top and passenger enclosure, including but not limited to CJ's, Scramblers, Wranglers, Suzuki Samurais and Geo Tracker.

ACCEPTABLE COVERAGES

Always write full coverage when possible. The following combinations are acceptable:

1. Liability may be written alone or with any other coverages.
2. Comprehensive and Collision should be written together and only with Liability. Comprehensive may, however, be written without Collision with a minimum of a \$250 deductible.
3. **Roadside Assistance coverage** only if both Comprehensive and Collision are provided.
4. Uninsured Motorists Bodily Injury and Underinsured Motorists only if Liability is written.
5. Uninsured Motorists Property Damage only if Uninsured Motorists Bodily Injury is written.
6. Medical Payments only if Liability is written.
7. Accidental Death only if Liability is written.
8. Work Loss Coverage only if Liability is written.

MULTIPLE VEHICLE POLICY

Multiple vehicles of the same type with conforming limits may be insured under the same policy.

INSPECTIONS AND PHOTOGRAPHS

Inspections

Vehicles that are being insured with Columbia Insurance Group are required to be inspected to ensure the vehicles are insurable for the coverages requested. A description of the existing damage(s) at the time coverage is bound should be shown under the "Remarks" section of the application. Any deductible requested for a vehicle with pre-existing damage should be adequate to prevent payment being made on this damage.

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

ROADSIDE ASSISTANCE COVERAGE

Roadside Assistance Coverage is available only for vehicles to which Collision and Other Than Collision coverages are afforded. This coverage pays the cost incurred for an emergency road service performed by an authorized repair service representative of Columbia Insurance Group or for a specified limit of emergency road service rendered by a provider other than an authorized repair service representative.

Roadside Assistance Coverage also provides map service, which allows you to request and receive specially prepared maps for travel. Map service is subject to two weeks advance notice by calling a toll-free number and providing your trip origin and destination.

Note that emergency road service is limited to one service per every 72 hours and no more than a total of five services during a 12-month consecutive period.

Emergency road service includes:

1. Any service requiring a minor adjustment, exclusive of parts, to enable the auto to proceed under its own power.
2. Changing an inflated spare tire from mount to wheel.
3. Towing costs subject to a maximum selected limit of 15 miles or 35 miles.
4. Labor for the delivery of an emergency supply of gasoline, oil, water, and other accessories. Cost of fluids, parts, or materials necessary for the operation of the auto are limited to the amount needed to get the car to the nearest service facility; and paid for by the policyholder.
5. Battery jump start due to a dead or weak battery; or
6. Keys locked inside the auto. The cost to replace lost, stolen or broken keys is not covered.

When the 15 mile towing limit is selected, the limit of emergency road service rendered by a provider other than an authorized repair service representative is \$50. This limit is \$100 when the 35 mile towing limit is selected.

Use endorsement PA 310 Roadside Assistance Coverage

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

EXCESS ELECTRONIC EQUIPMENT COVERAGE

Electronic equipment that reproduces, receives or transmits audio, visual or data signals which is permanently installed in the vehicle at the time of loss is automatically covered under the policy without additional premium charge. Such equipment includes, but is not limited to:

- a. radios and stereos;
- b. tape decks;
- c. compact disk systems;
- d. navigation systems;
- e. internet access systems;
- f. personal computers;
- g. video entertainment systems;
- h. telephones;
- i. televisions;
- j. two-way mobile radios;
- k. scanners; or
- l. citizens band radios.

However, electronic equipment that reproduces, receives or transmits audio, visual or data signals which is permanently installed in locations **not used by the vehicle manufacturer for installation of such equipment** is subject to a sublimit of \$1,000. This sublimit may be increased to any one of the limits shown below.

Rating

The provisions of the ISO Classifications and tiering do not apply for this coverage.

Premiums are as follows:

<u>Limits</u>	<u>Premium</u>
\$1,500	45
\$2,000	60
\$2,500	75
\$3,000	90
\$3,500	105
\$4,000	120
\$4,500	135
\$5,000	150

Use endorsement PP 03 13 Excess Electronic Equipment Coverage

TAPES, RECORDS, DISKS AND OTHER MEDIA COVERAGE

1. Additional coverage for \$200 worth of tapes, records, disks and other media applies at no additional charge when coverage is provided for increased limits for excess electronic equipment.
2. Tapes, Records, Disks and Other Media Only
When coverage is not provided for increased limits for excess electronic equipment, coverage for \$200 worth of tapes, records, disks and other media is available for an additional charge. The rate for this coverage is \$7.50 per auto, every six months.

Use endorsement PP 03 13 Excess Electronic Equipment Coverage

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

TRIP INTERRUPTION COVERAGE

This coverage is available only for vehicles to which Collision and Other Than Collision coverages are afforded. Trip Interruption Coverage provides:

- a. Transportation expenses incurred in the event of a mechanical or electrical breakdown of a specified auto.
- b. Expenses incurred for lodging and meals in the event of a covered physical damage loss or mechanical or electrical breakdown of a specified auto.

<u>Limit</u>	<u>Premium Per Auto</u>
\$600	\$14

Use endorsement PP 13 02 Trip Interruption Coverage

O.E.M. PHYSICAL DAMAGE COVERAGE

For an additional premium, Comprehensive and Collision coverages will be extended to repair or replace damaged property with new original equipment manufactured parts (if available). If O.E.M. parts are not available, we will pay the insured the difference between the cost of after market parts and O.E.M. parts.

Eligible vehicles:

- a. Must have Comprehensive and Collision coverage.
- b. Must be an auto, pickup or van.

NOTE: This coverage cannot be extended to vehicles rated as Antique/Classic Autos, Restored Autos or Trailers.

The charge for this coverage will be 10% of the Comprehensive and Collision premiums.

Use endorsement PA-308 O.E.M. Physical Damage Coverage

AUTO LOAN/LEASE COVERAGE

For an additional premium, coverage may be extended to provide coverage for the difference between the outstanding indebtedness on a loan/lease agreement on a vehicle, and the actual cash value of the vehicle, subject to the following:

- a. Auto Loan/Lease Coverage may be provided only to a vehicle that is a private passenger auto, pickup or van with both Collision and Other Than Collision coverages; and
- b. The insured must request the auto loan/lease coverage within 30 days of leasing or financing a vehicle.

The charge for this coverage will be 5% of the Collision and Other Than Collision premiums.

Use endorsement PP 03 35 Auto Loan/Lease Coverage

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

ARKANSAS FREEDOM OF CHOICE NO-FAULT COVERAGES

Arkansas law requires that the supplemental coverages of Medical Payments, Work Loss, and Accidental Death be offered, in the minimum limits shown, on all insurance policies issued or delivered in this state which provide Liability coverage for private passenger motor vehicles, as defined below. These supplemental coverages apply only to the named insured and members of his family residing in the same household, injured in a motor vehicle accident, to passengers injured while occupying the insured motor vehicle and to persons (other than those occupying another motor vehicle) struck by the insured motor vehicle without regard to fault.

The named insured has the right to reject one or more of such coverages in writing and must reject the Statutory Limit of Medical Payments in writing if lower or higher limits are requested. If an applicant for insurance chooses to reject any of these coverages, the rejection form must be completed in duplicate at the time an application for insurance is written. The original should be forwarded to the Home Office and the duplicate should be given to the applicant.

After the named insured rejects one or more of such coverages, the insurer shall not be required to notify any insured in any renewal, reinstatement, substitute, amended, or replacement policy as to the availability of such coverage.

For the purposes of this rule a private passenger motor vehicle is a vehicle of the private passenger, station wagon, or pick-up type designed for use upon public roads, including trailers designed for use with such vehicles. Motorcycles, motor bikes, and motorscooters are included. Truck classes are not included.

- a. Automobile Medical Payments Coverage is defined as all reasonable and necessary expenses, up to an aggregate of \$5,000 per person, incurred within two years from the date of the accident for medical, hospital, x-ray, professional nursing, dental, surgical, ambulance, funeral expenses and prosthetic services and for any nonmedical remedial care and treatment rendered in accordance with a recognized religious method of healing. Expenses for hospital room charges are limited to semiprivate accommodations, unless more intensive care is medically required.
- b. Work Loss Coverage is defined as seventy (70%) percent of the loss of income from work during a period commencing eight (8) days after the date of the accident, and not to exceed fifty-two (52) weeks, but subject to a maximum of \$140 per week. In the case of a non-income earner, such benefits shall consist of expenses not to exceed \$70 per week, or any fractional part thereof, which are reasonably incurred for essential services in lieu of those the injured person would have performed without income during a period commencing eight (8) days after the date of the accident, and not to exceed fifty-two (52) weeks.
- c. Accidental Death Benefit is the sum of \$5,000 to be paid to the personal representative of the insured, should injury, sickness or disease resulting from an automobile accident cause death within one (1) year from the date of the accident.

The named insured has the right to reject one or more of the above mentioned coverages in writing and must reject the Statutory Limit of Medical Payments in writing if lower or higher limits are requested.

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

TRAILERS & CAMPER BODIES

Trailers and Camper Bodies Designed for Use With Private Passenger Autos and Pickups. Credits and Debits do not apply.

LIABILITY

A Personal Auto Policy affording liability and Personal Injury Protection coverage covers trailers designed for use with a private passenger auto, pickup or van, and camper bodies designed for use with a pickup, without additional premium charge and without specific description of the trailer or camper body.

Exceptions: Coverage is not provided for a trailer or camper body:

- (1) Used for business purposes with other than a private passenger auto or owned pickup or van,
or
- (2) When no auto is owned by the insured.

MEDICAL PAYMENTS

A Personal Auto Policy affording medical payments coverage covers trailers designed for use with a private passenger auto, pickup or van, and camper bodies designed for use with a pickup, without additional premium charge and without specific description of the trailer or camper body.

Exceptions: Coverage is not provided for a trailer or camper body:

- (1) Used for business purposes with other than a private passenger auto or owned pickup or van,
- (2) When no auto is owned by the insured, or
- (3) Located for use as a residence or premises.

LIABILITY AND MEDICAL PAYMENTS

Liability and Medical Payments Coverage is afforded without additional premium charge for farm wagons and farm implements when attached to a private passenger auto, pickup or van.

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

TRAILERS & CAMPER BODIES - Cont'd

PHYSICAL DAMAGE

Trailers and camper bodies are to be insured as separate items with separate premiums shown for each unit. The deductible applies separately to each unit. Attach the trailer/camper body coverage (stated amount maximum limit of liability) endorsement.

1. Recreational Trailers and Camper Bodies

- a. A recreational trailer is a non-self-propelled recreational unit equipped as living quarters, including cooking, dining, sleeping, plumbing or refrigeration facilities.
- b. A camper body is a non-self-propelled unit designed to be transported by a pickup, with or without cooking, dining, sleeping, plumbing or refrigeration facilities.

To be eligible for coverage, the insured must maintain a separate and permanent residence other than the recreational trailer or camper body.

Comprehensive and Collision – See rate table below

Rate table for Recreational Trailers & Camper Bodies
Semi-Annual Rate - All Territories
Per \$100 Coverage Rate

<u>Deductible</u>	<u>Comprehensive</u>	<u>Collision</u>
\$100	.70	-
250	.60	.70
500	.49	.61
1,000	.39	.48
2,500	.32	.42

2. All Other Trailers – See rate table below

Rate table for All Other Trailers
Semi-Annual Rate - All Territories
Per \$100 Coverage Rate

<u>Deductible</u>	<u>Comprehensive</u>	<u>Collision</u>
\$100	.70	-
250	.60	.70
500	.49	.61
1,000	.39	.48
2,500	.32	.42

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

MOTOR HOMES
(Class Code 943700)

A motor home is a self-propelled motor vehicle with a living area that is an integral part of the vehicle chassis. The living area typically consists of cooking, dining, sleeping, plumbing, and refrigeration facilities. Credits and Debits do not apply.

Attach the miscellaneous type vehicle and the miscellaneous type vehicle amendment (motor homes) endorsements to this policy.

**LIABILITY, MEDICAL PAYMENTS/NO-FAULT, UNINSURED AND UNDERINSURED
MOTORISTS COVERAGES**

1. Motor Homes used in driving to or from work or used in business -- Classify and rate as private passenger autos.
2. Pleasure Use Motor Homes -- Charge 50% of the otherwise applicable All Other Class/Pleasure Use premiums for private passenger autos.

PHYSICAL DAMAGE

Determine the stated amount value, including the value of any additional facilities or equipment. Additional facilities or equipment may include cooking, dining, sleeping, plumbing or refrigeration facilities, rooftop air conditioners, awnings, cabanas, or other equipment designed to be used with the motor home.

- a. Assign a symbol based on the stated amount using the tables on pages 1 and 2 of the Symbol and Identification Section corresponding to the model year of the motor home. Refer to the State Rate Pages to determine base premiums for the appropriate symbol and model year of the motor home and its facilities and equipment.
- b. To determine premiums for symbols not displayed on rate pages, determine premiums in accordance with the relativity factor tables filed by the company, depending on the model year of the motor home.

Exception: For 1989 and Prior Model Year motor homes with stated value of \$65,001 and over, increase the symbol 20 base premium as follows:

- (i) Comprehensive: 1.7% for each \$1,000 or part of \$1,000 in excess of \$65,000.
 - (ii) Collision: 1.4% for each \$1,000 or part of \$1,000 in excess of \$65,000. (Statistical Code - Use the code for Symbol 21(A))
- c. Motor Homes used in driving to or from work or used in business - Classify and rate as private passenger autos, using the base premiums calculated in a. and b.
 - d. Pleasure Use Motor Homes - charge 35% of the base premiums calculated in a. and b.
 - e. For custom built Motor Homes, the model year of the chassis determines the model year of the motor home.

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

ANTIQUUE AUTOS
(Class Code 962000)

An antique auto is a motor vehicle of the private passenger type which is 25 or more years old and is maintained primarily for use in exhibitions, club activities, parades and other functions of public interest, and occasionally used for other purposes. Credits and debits do not apply.

LIABILITY: Charge 40% of private passenger premiums. The minimum premium for bodily injury and property damage liability is \$20 at \$25,000/50,000/25,000 limits.

MEDICAL PAYMENTS, UNINSURED MOTORISTS, UNDERINSURED MOTORISTS AND ACCIDENTAL DEATH: Charge private passenger base premiums.

PHYSICAL DAMAGE: Written only on "Stated Amount" basis. Attach the "Coverage for Damage to Your Auto - Stated Amount Insurance" endorsement.

<u>Coverage</u>	<u>Deductible</u>	<u>Rate per \$100</u>
Comprehensive	Nil	\$1.88
	\$ 50	1.25
	100	1.13
	250	.88
	500	.75
Collision	\$ 50	\$2.25
	100	1.50
	200	1.35
	250	1.13
	500	.90
	1000	.75

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

CLASSIC AUTOS

A classic auto is a motor vehicle of the private passenger type which is 10 or more years old and may be used on a regular basis. Its value is significantly higher than the average value of other autos of the same make and model year. Apply Credits and Debits where applicable.

LIABILITY, MEDICAL PAYMENTS, UNINSURED AND UNDERINSURED MOTORISTS, NO-FAULT

Classify and rate as a private passenger auto.

PHYSICAL DAMAGE

Attach the coverage for damage to your auto (stated amount maximum limit of liability) endorsement.

1. Determine the stated amount of coverage applicable to the vehicle.
2. Assign a symbol based on the stated amount, from the table for 1990 and subsequent model years on Page 1 of the Symbol and Identification Section.
3. Classify and rate as a private passenger auto using the base rate for the current model year.

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

Territory 1

Semi-Annual Base Premium

BI & PD Liability				Uninsured Motorists			Uninsured Motorists			Underinsured Motorists				
BI		PD		BI	Single	Multi-Car	PD	Single	Multi-Car	BI	Single	Multi-Car		
25/50	\$124	25	\$114	25/50	\$12	\$10				25/50	\$9	\$7		
50/100	\$154	50	\$117	50/100	\$15	\$12	25	\$11	\$9	50/100	\$11	\$9		
100/200	\$179	100	\$123	100/200	\$19	\$15	50	\$12	\$10	100/200	\$17	\$14		
100/300	\$180	250	\$132	100/300	\$21	\$17	100	\$13	\$10	100/300	\$18	\$14		
250/500	\$202			250/500	\$24	\$19				250/500	\$22	\$18		
Medical Payments				Work Loss Coverage			Roadside Assistance			Rental Reimbursement				
Limit Each Person		Premium		Premium			Miles/Max Reimb	Premium		Limit	Premium			
\$1,000		\$19		\$5					\$20/600	included				
\$2,000		\$30		Accidental Death			15/\$50	\$7		\$30/900	\$27			
\$5,000		\$46					35/\$100	\$11		\$40/1200	\$32			
\$10,000		\$60		Limit					\$50/1500	\$37				
\$25,000		\$79		Premium										
Model Year 2009			Model Year 2008			Model Year 2007			Model Year 2006			Model Year 2005		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
149	6	346	141	6	328	135	6	313	128	6	298	122	6	280
163	7	365	154	7	346	147	7	330	140	7	315	133	7	296
177	8	384	168	8	364	161	8	347	153	8	331	145	8	311
194	10	403	184	10	382	176	10	365	167	10	347	159	10	326
212	11	422	201	11	400	192	11	382	183	11	363	174	11	342
233	12	443	221	12	420	211	12	401	201	12	382	191	12	359
253	13	465	240	13	441	229	13	421	218	13	401	207	13	377
277	14	492	262	14	466	250	14	445	239	14	424	227	14	399
305	15	524	290	15	497	276	15	475	263	15	452	250	15	425
332	16	554	315	16	525	301	16	502	287	16	478	272	16	449
358	17	584	340	17	554	324	17	528	309	17	503	294	17	473
Model Year 2004			Model Year 2003			Model Year 2002			Model Year 2001			Model Year 2000		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
115	6	262	110	6	248	104	6	227	99	6	209	95	6	197
126	7	277	121	7	261	114	7	239	108	7	220	104	7	208
138	8	291	132	8	275	124	8	251	118	8	232	113	8	218
151	10	306	144	10	288	135	10	264	129	10	243	124	10	229
165	11	320	157	11	302	148	11	276	141	11	254	135	11	240
181	12	336	173	12	317	163	12	290	155	12	267	149	12	252
196	13	353	188	13	333	177	13	305	168	13	281	162	13	265
215	14	373	205	14	352	193	14	322	184	14	297	176	14	280
237	15	398	226	15	375	213	15	344	203	15	316	195	15	298
258	16	420	246	16	396	232	16	363	221	16	334	212	16	315
278	17	443	266	17	418	250	17	382	238	17	352	229	17	332
Model Year 1999			Model Year 1998			Model Year 1997			1996-1990			1989 & Prior		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
90	6	185	85	6	173	81	6	164	77	6	152	20	1-4	72
98	7	195	93	7	182	88	7	173	84	7	160	24	5	89
107	8	205	101	8	192	96	8	182	92	8	169	36	6	106
117	10	215	110	10	201	105	10	191	100	10	177	47	7	120
128	11	225	121	11	211	115	11	200	110	11	185	60	8	135
141	12	237	133	12	222	127	12	210	121	12	195	76	10	150
153	13	248	144	13	232	137	13	220	131	13	204	91	11	165
167	14	263	157	14	246	150	14	233	143	14	216	108	12	182
184	15	280	174	15	262	166	15	249	158	15	231	130	13	201
201	16	296	189	16	277	180	16	263	172	16	244	156	14	225
216	17	312	204	17	292	195	17	277	185	17	257	185	15	252

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

Territory 3

Semi-Annual Base Premium

BI & PD Liability			Uninsured Motorists			Uninsured Motorists			Underinsured Motorists					
BI		PD	BI	Single	Multi-Car	PD	Single	Multi-Car	BI	Single	Multi-Car			
25/50	\$82	25	\$88	25/50	\$12	\$10			25/50	\$9	\$7			
50/100	\$102	50	\$91	50/100	\$15	\$12	25	\$11	\$9	50/100	\$11	\$9		
100/200	\$118	100	\$95	100/200	\$19	\$15	50	\$12	\$10	100/200	\$17	\$14		
100/300	\$119	250	\$102	100/300	\$21	\$17	100	\$13	\$10	100/300	\$18	\$14		
250/500	\$134			250/500	\$24	\$19				250/500	\$22	\$18		
Medical Payments			Work Loss Coverage			Roadside Assistance			Rental Reimbursement					
Limit Each Person		Premium	Premium			Miles/Max Reimb	Premium		Limit	Premium				
\$1,000		\$19	\$5					\$20/600	included					
\$2,000		\$30	Accidental Death			15/\$50	\$7		\$30/900	\$27				
\$5,000		\$46	Limit			35/\$100	\$11		\$40/1200	\$32				
\$10,000		\$60	Premium					\$50/1500	\$37					
\$25,000		\$79	\$5,000			\$5								
Model Year 2009			Model Year 2008			Model Year 2007			Model Year 2006			Model Year 2005		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
159	6	273	150	6	259	144	6	247	137	6	236	130	6	221
174	7	288	165	7	273	157	7	261	150	7	248	142	7	233
189	8	303	180	8	287	171	8	274	163	8	261	155	8	246
207	10	318	196	10	302	187	10	288	178	10	274	169	10	258
226	11	333	215	11	316	205	11	301	195	11	287	185	11	270
249	12	350	236	12	332	225	12	317	214	12	302	204	12	284
270	13	367	256	13	348	244	13	332	233	13	316	221	13	297
295	14	388	280	14	368	267	14	352	254	14	335	242	14	315
326	15	414	309	15	393	295	15	375	281	15	357	267	15	336
354	16	438	336	16	415	321	16	396	306	16	377	290	16	355
382	17	461	363	17	437	346	17	417	330	17	397	313	17	374
Model Year 2004			Model Year 2003			Model Year 2002			Model Year 2001			Model Year 2000		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
123	6	207	118	6	195	111	6	179	105	6	165	101	6	155
135	7	219	129	7	206	121	7	189	115	7	174	111	7	164
147	8	230	140	8	217	132	8	199	126	8	183	121	8	172
161	10	241	153	10	228	145	10	208	137	10	192	132	10	181
176	11	253	168	11	238	158	11	218	150	11	201	144	11	189
193	12	266	184	12	250	174	12	229	165	12	211	159	12	199
210	13	279	200	13	263	189	13	241	179	13	222	172	13	209
229	14	295	219	14	278	206	14	255	196	14	234	188	14	221
253	15	314	241	15	296	227	15	271	216	15	250	208	15	236
275	16	332	263	16	313	248	16	287	235	16	264	226	16	249
297	17	350	283	17	330	267	17	302	254	17	278	244	17	262
Model Year 1999			Model Year 1998			Model Year 1997			1996-1990			1989 & Prior		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
96	6	146	90	6	137	86	6	130	82	6	120	21	1-4	57
105	7	154	99	7	144	94	7	137	90	7	127	26	5	70
114	8	162	108	8	152	103	8	144	98	8	133	39	6	83
125	10	170	118	10	159	112	10	151	107	10	140	50	7	95
137	11	178	129	11	166	123	11	158	117	11	146	64	8	107
150	12	187	142	12	175	135	12	166	129	12	154	81	10	118
163	13	196	154	13	184	147	13	174	140	13	161	97	11	131
178	14	208	168	14	194	160	14	184	153	14	171	115	12	144
197	15	221	185	15	207	177	15	196	168	15	182	139	13	159
214	16	234	202	16	219	193	16	207	183	16	192	166	14	178
231	17	246	218	17	231	208	17	219	198	17	203	197	15	199

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

Territory 5

Semi-Annual Base Premium

BI & PD Liability			Uninsured Motorists			Uninsured Motorists			Underinsured Motorists					
BI		PD	BI	Single	Multi-Car	PD	Single	Multi-Car	BI	Single	Multi-Car			
25/50	\$93	25 \$95	25/50	\$12	\$10				25/50	\$9	\$7			
50/100	\$115	50 \$98	50/100	\$15	\$12	25	\$11	\$9	50/100	\$11	\$9			
100/200	\$134	100 \$103	100/200	\$19	\$15	50	\$12	\$10	100/200	\$17	\$14			
100/300	\$135	250 \$110	100/300	\$21	\$17	100	\$13	\$10	100/300	\$18	\$14			
250/500	\$152		250/500	\$24	\$19				250/500	\$22	\$18			
Medical Payments			Work Loss Coverage			Roadside Assistance			Rental Reimbursement					
Limit Each Person		Premium	Premium			Miles/Max Reimb	Premium		Limit	Premium				
\$1,000		\$19	\$5					\$20/600	included					
\$2,000		\$30	Accidental Death			15/\$50		\$7	\$30/900		\$27			
\$5,000		\$46				35/\$100		\$11	\$40/1200		\$32			
\$10,000		\$60	Limit	Premium				\$50/1500		\$37				
\$25,000		\$79	\$5,000		\$5									
Model Year 2009			Model Year 2008			Model Year 2007			Model Year 2006			Model Year 2005		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
220	6	313	209	6	297	199	6	284	190	6	270	180	6	254
241	7	330	228	7	313	218	7	299	208	7	285	197	7	268
263	8	348	249	8	330	238	8	315	226	8	300	215	8	282
287	10	365	272	10	346	260	10	330	248	10	314	235	10	296
314	11	382	298	11	362	284	11	346	271	11	329	257	11	309
345	12	401	327	12	381	312	12	363	297	12	346	283	12	325
375	13	421	355	13	399	339	13	381	323	13	363	307	13	341
409	14	445	388	14	422	371	14	403	353	14	384	335	14	361
452	15	475	429	15	450	409	15	430	390	15	409	370	15	385
492	16	502	466	16	476	445	16	454	424	16	433	403	16	407
530	17	529	503	17	501	480	17	479	457	17	456	434	17	428
Model Year 2004			Model Year 2003			Model Year 2002			Model Year 2001			Model Year 2000		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
171	6	238	163	6	224	154	6	205	146	6	189	140	6	178
187	7	251	179	7	236	168	7	216	160	7	199	154	7	188
204	8	264	195	8	249	183	8	228	174	8	210	168	8	198
223	10	277	213	10	261	200	10	239	191	10	220	183	10	207
244	11	290	233	11	273	219	11	250	209	11	230	200	11	217
268	12	305	256	12	287	241	12	263	229	12	242	220	12	228
291	13	319	278	13	301	262	13	276	249	13	254	239	13	240
318	14	338	304	14	319	286	14	292	272	14	269	261	14	253
351	15	360	335	15	340	316	15	311	300	15	287	288	15	270
382	16	381	365	16	359	343	16	329	326	16	303	314	16	285
412	17	401	393	17	378	370	17	346	352	17	319	338	17	301
Model Year 1999			Model Year 1998			Model Year 1997			1996-1990			1989 & Prior		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
133	6	167	125	6	157	120	6	149	114	6	138	29	1-4	65
145	7	177	137	7	165	131	7	157	125	7	145	36	5	80
159	8	186	149	8	174	143	8	165	136	8	153	54	6	96
173	10	195	163	10	182	156	10	173	149	10	160	69	7	109
190	11	204	179	11	191	171	11	181	163	11	168	89	8	123
208	12	215	196	12	201	187	12	190	178	12	176	112	10	136
226	13	225	213	13	210	203	13	200	194	13	185	134	11	150
247	14	238	233	14	223	222	14	211	212	14	196	160	12	165
273	15	254	257	15	237	245	15	225	234	15	209	193	13	182
297	16	268	280	16	251	267	16	238	254	16	221	231	14	204
320	17	283	302	17	264	288	17	251	274	17	232	274	15	228

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

Territory 6

Semi-Annual Base Premium

BI & PD Liability			Uninsured Motorists			Uninsured Motorists			Underinsured Motorists					
BI		PD	BI	Single	Multi-Car	PD	Single	Multi-Car	BI	Single	Multi-Car			
25/50	\$94	25	\$101	25/50	\$12	\$10			25/50	\$9	\$7			
50/100	\$117	50	\$104	50/100	\$15	\$12	25	\$11	\$9	50/100	\$11	\$9		
100/200	\$135	100	\$109	100/200	\$19	\$15	50	\$12	\$10	100/200	\$17	\$14		
100/300	\$136	250	\$117	100/300	\$21	\$17	100	\$13	\$10	100/300	\$18	\$14		
250/500	\$153			250/500	\$24	\$19				250/500	\$22	\$18		
Medical Payments			Work Loss Coverage			Roadside Assistance			Rental Reimbursement					
Limit Each Person		Premium	Premium			Miles/Max Reimb	Premium		Limit	Premium				
\$1,000		\$19	\$5					\$20/600	included					
\$2,000		\$30	Accidental Death			15/\$50		\$7	\$30/900		\$27			
\$5,000		\$46				35/\$100		\$11	\$40/1200		\$32			
\$10,000		\$60	Limit	Premium				\$50/1500		\$37				
\$25,000		\$79	\$5,000		\$5									
Model Year 2009			Model Year 2008			Model Year 2007			Model Year 2006			Model Year 2005		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
147	6	284	139	6	269	133	6	257	127	6	244	120	6	230
161	7	299	152	7	284	145	7	271	138	7	258	131	7	242
175	8	315	166	8	298	159	8	285	151	8	271	143	8	255
191	10	330	182	10	313	173	10	299	165	10	285	157	10	268
209	11	346	199	11	328	190	11	313	181	11	298	172	11	280
230	12	363	218	12	345	208	12	329	198	12	313	188	12	294
250	13	381	237	13	361	226	13	345	215	13	329	205	13	309
273	14	403	259	14	382	247	14	365	235	14	348	224	14	327
301	15	430	286	15	408	273	15	389	260	15	371	247	15	348
328	16	454	311	16	431	297	16	411	283	16	392	269	16	368
354	17	479	335	17	454	320	17	433	305	17	413	290	17	388
Model Year 2004			Model Year 2003			Model Year 2002			Model Year 2001			Model Year 2000		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
114	6	215	109	6	203	102	6	186	97	6	171	94	6	161
125	7	227	119	7	214	112	7	196	107	7	180	102	7	170
136	8	239	130	8	225	122	8	206	116	8	190	112	8	179
149	10	250	142	10	236	134	10	216	127	10	199	122	10	188
163	11	262	155	11	247	146	11	226	139	11	209	134	11	197
178	12	276	171	12	260	161	12	238	153	12	219	147	12	207
194	13	289	185	13	273	174	13	250	166	13	230	159	13	217
212	14	306	202	14	289	191	14	264	181	14	243	174	14	229
234	15	326	223	15	308	210	15	282	200	15	259	192	15	245
254	16	345	243	16	325	229	16	298	218	16	274	209	16	258
274	17	363	262	17	342	247	17	314	235	17	289	226	17	272
Model Year 1999			Model Year 1998			Model Year 1997			1996-1990			1989 & Prior		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
89	6	152	84	6	142	80	6	134	76	6	125	19	1-4	59
97	7	160	91	7	150	87	7	142	83	7	132	24	5	73
106	8	168	100	8	157	95	8	149	91	8	138	36	6	86
116	10	176	109	10	165	104	10	157	99	10	145	46	7	98
126	11	185	119	11	173	114	11	164	108	11	152	60	8	111
139	12	194	131	12	182	125	12	172	119	12	160	75	10	123
151	13	204	142	13	191	136	13	181	129	13	168	89	11	136
165	14	216	155	14	202	148	14	191	141	14	177	106	12	149
182	15	230	171	15	215	164	15	204	156	15	189	128	13	165
198	16	243	187	16	227	178	16	215	170	16	200	154	14	185
213	17	256	201	17	239	192	17	227	183	17	210	183	15	206

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

Territory 8

Semi-Annual Base Premium

BI & PD Liability				Uninsured Motorists			Uninsured Motorists			Underinsured Motorists				
BI		PD		BI	Single	Multi-Car	PD	Single	Multi-Car	BI	Single	Multi-Car		
25/50	\$83	25	\$82	25/50	\$12	\$10				25/50	\$9	\$7		
50/100	\$103	50	\$84	50/100	\$15	\$12	25	\$11	\$9	50/100	\$11	\$9		
100/200	\$120	100	\$89	100/200	\$19	\$15	50	\$12	\$10	100/200	\$17	\$14		
100/300	\$120	250	\$95	100/300	\$21	\$17	100	\$13	\$10	100/300	\$18	\$14		
250/500	\$135			250/500	\$24	\$19				250/500	\$22	\$18		
Medical Payments				Work Loss Coverage			Roadside Assistance			Rental Reimbursement				
Limit Each Person		Premium		Premium			Miles/Max Reimb	Premium		Limit	Premium			
\$1,000		\$19		\$5					\$20/600	included				
\$2,000		\$30		Accidental Death			15/\$50	\$7		\$30/900	\$27			
\$5,000		\$46		Limit			35/\$100	\$11		\$40/1200	\$32			
\$10,000		\$60		Premium					\$50/1500	\$37				
\$25,000		\$79		\$5,000			\$5							
Model Year 2009			Model Year 2008			Model Year 2007			Model Year 2006			Model Year 2005		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
200	6	306	190	6	290	181	6	277	173	6	264	164	6	248
219	7	323	208	7	306	198	7	292	189	7	278	179	7	261
239	8	339	227	8	322	216	8	307	206	8	293	196	8	275
261	10	356	248	10	338	236	10	322	225	10	307	214	10	289
286	11	373	271	11	353	259	11	337	246	11	321	234	11	302
314	12	392	298	12	372	284	12	355	271	12	338	257	12	318
341	13	411	323	13	390	309	13	372	294	13	354	279	13	333
373	14	435	353	14	412	337	14	394	321	14	375	305	14	352
411	15	464	390	15	440	372	15	420	355	15	400	337	15	376
448	16	490	424	16	465	405	16	443	386	16	422	367	16	397
483	17	516	458	17	489	437	17	467	416	17	445	395	17	418
Model Year 2004			Model Year 2003			Model Year 2002			Model Year 2001			Model Year 2000		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
155	6	232	149	6	219	140	6	200	133	6	185	128	6	174
170	7	245	162	7	231	153	7	211	145	7	195	140	7	184
185	8	257	177	8	243	167	8	222	159	8	205	152	8	193
203	10	270	194	10	255	182	10	233	173	10	215	167	10	203
222	11	283	212	11	267	200	11	244	190	11	225	182	11	212
244	12	297	233	12	280	219	12	257	208	12	236	200	12	223
265	13	312	253	13	294	238	13	269	226	13	248	217	13	234
289	14	330	276	14	311	260	14	285	247	14	262	238	14	247
319	15	352	305	15	332	287	15	304	273	15	280	262	15	264
347	16	372	332	16	351	313	16	321	297	16	296	286	16	279
375	17	392	358	17	369	337	17	338	320	17	311	308	17	294
Model Year 1999			Model Year 1998			Model Year 1997			1996-1990			1989 & Prior		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
121	6	163	114	6	153	109	6	145	104	6	134	26	1-4	64
132	7	172	125	7	161	119	7	153	113	7	142	33	5	78
144	8	181	136	8	170	130	8	161	124	8	149	49	6	93
158	10	190	149	10	178	142	10	169	135	10	157	63	7	106
173	11	199	163	11	186	155	11	177	148	11	164	81	8	120
189	12	209	179	12	196	171	12	186	162	12	172	102	10	133
206	13	220	194	13	206	185	13	195	176	13	181	122	11	146
225	14	232	212	14	217	202	14	206	193	14	191	145	12	161
248	15	248	234	15	232	223	15	220	213	15	204	175	13	178
270	16	262	255	16	245	243	16	232	231	16	215	210	14	199
291	17	276	275	17	258	262	17	245	250	17	227	249	15	223

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

Territory 9

Semi-Annual Base Premium

BI & PD Liability			Uninsured Motorists			Uninsured Motorists			Underinsured Motorists					
BI		PD	BI	Single	Multi-Car	PD	Single	Multi-Car	BI	Single	Multi-Car			
25/50	\$81	25	\$81	25/50	\$12	\$10			25/50	\$9	\$7			
50/100	\$100	50	\$83	50/100	\$15	\$12	25	\$11	\$9	50/100	\$11	\$9		
100/200	\$117	100	\$87	100/200	\$19	\$15	50	\$12	\$10	100/200	\$17	\$14		
100/300	\$117	250	\$94	100/300	\$21	\$17	100	\$13	\$10	100/300	\$18	\$14		
250/500	\$132			250/500	\$24	\$19				250/500	\$22	\$18		
Medical Payments			Work Loss Coverage			Roadside Assistance			Rental Reimbursement					
Limit Each Person		Premium	Premium			Miles/Max Reimb	Premium		Limit	Premium				
\$1,000		\$19	\$5					\$20/600	included					
\$2,000		\$30	Accidental Death			15/\$50	\$7		\$30/900	\$27				
\$5,000		\$46	Limit			35/\$100	\$11		\$40/1200	\$32				
\$10,000		\$60	Premium					\$50/1500	\$37					
\$25,000		\$79	\$5,000			\$5								
Model Year 2009			Model Year 2008			Model Year 2007			Model Year 2006			Model Year 2005		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
198	6	310	188	6	294	180	6	281	171	6	268	162	6	251
217	7	327	206	7	310	196	7	296	187	7	282	178	7	265
237	8	344	224	8	326	214	8	312	204	8	297	194	8	279
259	10	361	245	10	343	234	10	327	223	10	311	212	10	293
283	11	378	268	11	359	256	11	342	244	11	326	232	11	306
311	12	398	295	12	377	281	12	360	268	12	343	255	12	322
338	13	417	320	13	395	306	13	377	291	13	359	276	13	338
369	14	441	350	14	418	334	14	399	318	14	380	302	14	358
407	15	470	386	15	446	369	15	426	351	15	405	333	15	381
443	16	497	420	16	471	401	16	450	382	16	428	363	16	403
478	17	524	453	17	497	433	17	474	412	17	451	391	17	424
Model Year 2004			Model Year 2003			Model Year 2002			Model Year 2001			Model Year 2000		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
154	6	235	147	6	222	139	6	203	132	6	187	127	6	177
168	7	248	161	7	234	151	7	214	144	7	198	138	7	186
184	8	261	175	8	246	165	8	226	157	8	208	151	8	196
201	10	274	192	10	258	181	10	237	172	10	218	165	10	206
220	11	287	210	11	271	198	11	248	188	11	228	181	11	215
241	12	302	230	12	284	217	12	260	206	12	240	198	12	226
262	13	316	250	13	298	236	13	273	224	13	252	215	13	237
286	14	335	273	14	316	258	14	289	245	14	266	235	14	251
316	15	357	302	15	337	284	15	308	270	15	284	260	15	268
344	16	377	329	16	356	309	16	326	294	16	300	283	16	283
371	17	397	354	17	375	334	17	343	317	17	316	305	17	298
Model Year 1999			Model Year 1998			Model Year 1997			1996-1990			1989 & Prior		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
120	6	166	113	6	155	108	6	147	103	6	136	26	1-4	65
131	7	175	123	7	164	118	7	155	112	7	144	32	5	80
143	8	184	135	8	172	129	8	163	122	8	151	48	6	95
156	10	193	147	10	181	140	10	171	134	10	159	62	7	108
171	11	202	161	11	189	154	11	179	146	11	166	81	8	122
188	12	213	177	12	199	169	12	189	161	12	175	101	10	134
204	13	223	192	13	208	183	13	198	175	13	183	121	11	148
223	14	236	210	14	221	200	14	209	191	14	194	144	12	163
246	15	251	232	15	235	221	15	223	211	15	207	174	13	181
267	16	266	252	16	249	241	16	236	229	16	219	208	14	202
288	17	280	272	17	262	260	17	248	247	17	230	247	15	226

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

Territory 10

Semi-Annual Base Premium

BI & PD Liability			Uninsured Motorists			Uninsured Motorists			Underinsured Motorists					
BI		PD	BI	Single	Multi-Car	PD	Single	Multi-Car	BI	Single	Multi-Car			
25/50	\$82	25	\$86	25/50	\$12	\$10			25/50	\$9	\$7			
50/100	\$102	50	\$89	50/100	\$15	\$12	25	\$11	\$9	50/100	\$11	\$9		
100/200	\$118	100	\$93	100/200	\$19	\$15	50	\$12	\$10	100/200	\$17	\$14		
100/300	\$119	250	\$100	100/300	\$21	\$17	100	\$13	\$10	100/300	\$18	\$14		
250/500	\$134			250/500	\$24	\$19				250/500	\$22	\$18		
Medical Payments			Work Loss Coverage			Roadside Assistance			Rental Reimbursement					
Limit Each Person		Premium	Premium			Miles/Max Reimb	Premium		Limit	Premium				
\$1,000		\$19	\$5					\$20/600	included					
\$2,000		\$30	Accidental Death			15/\$50		\$7	\$30/900		\$27			
\$5,000		\$46				35/\$100		\$11	\$40/1200		\$32			
\$10,000		\$60	Limit	Premium				\$50/1500		\$37				
\$25,000		\$79	\$5,000		\$5									
Model Year 2009			Model Year 2008			Model Year 2007			Model Year 2006			Model Year 2005		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
123	6	266	117	6	252	111	6	241	106	6	229	101	6	215
134	7	280	128	7	266	122	7	254	116	7	242	110	7	227
147	8	295	139	8	280	133	8	267	126	8	254	120	8	239
160	10	309	152	10	293	145	10	280	138	10	267	131	10	251
175	11	324	166	11	307	159	11	293	151	11	279	144	11	262
193	12	341	183	12	323	174	12	308	166	12	294	158	12	276
209	13	357	198	13	339	189	13	323	180	13	308	171	13	289
229	14	378	217	14	358	207	14	342	197	14	326	187	14	306
252	15	403	239	15	382	229	15	365	218	15	347	207	15	326
275	16	426	261	16	404	249	16	385	237	16	367	225	16	345
296	17	449	281	17	425	268	17	406	255	17	387	243	17	363
Model Year 2004			Model Year 2003			Model Year 2002			Model Year 2001			Model Year 2000		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
95	6	202	91	6	190	86	6	174	82	6	160	78	6	151
104	7	213	100	7	201	94	7	184	89	7	169	86	7	159
114	8	224	109	8	211	102	8	193	97	8	178	94	8	168
124	10	235	119	10	221	112	10	203	106	10	187	102	10	176
136	11	246	130	11	232	123	11	212	116	11	195	112	11	184
150	12	258	143	12	244	135	12	223	128	12	205	123	12	194
162	13	271	155	13	256	146	13	234	139	13	216	134	13	203
177	14	287	170	14	270	160	14	248	152	14	228	146	14	215
196	15	306	187	15	288	176	15	264	168	15	243	161	15	229
213	16	323	204	16	305	192	16	279	182	16	257	175	16	242
230	17	340	220	17	321	207	17	294	197	17	271	189	17	255
Model Year 1999			Model Year 1998			Model Year 1997			1996-1990			1989 & Prior		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
74	6	142	70	6	133	67	6	126	64	6	117	16	1-4	55
81	7	150	77	7	140	73	7	133	70	7	123	20	5	68
89	8	158	83	8	147	80	8	140	76	8	130	30	6	81
97	10	165	91	10	155	87	10	147	83	10	136	38	7	92
106	11	173	100	11	162	95	11	154	91	11	142	50	8	104
116	12	182	110	12	170	105	12	161	100	12	150	63	10	115
126	13	191	119	13	179	114	13	169	108	13	157	75	11	127
138	14	202	130	14	189	124	14	179	118	14	166	89	12	140
152	15	215	144	15	201	137	15	191	131	15	177	108	13	155
166	16	228	156	16	213	149	16	202	142	16	187	129	14	173
179	17	240	169	17	224	161	17	213	153	17	197	153	15	193

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

Territory 11

Semi-Annual Base Premium

BI & PD Liability			Uninsured Motorists			Uninsured Motorists			Underinsured Motorists					
BI		PD	BI	Single	Multi-Car	PD	Single	Multi-Car	BI	Single	Multi-Car			
25/50	\$77	25	\$73	25/50	\$12	\$10			25/50	\$9	\$7			
50/100	\$95	50	\$75	50/100	\$15	\$12	25	\$11	\$9	50/100	\$11	\$9		
100/200	\$111	100	\$79	100/200	\$19	\$15	50	\$12	\$10	100/200	\$17	\$14		
100/300	\$112	250	\$85	100/300	\$21	\$17	100	\$13	\$10	100/300	\$18	\$14		
250/500	\$126			250/500	\$24	\$19				250/500	\$22	\$18		
Medical Payments			Work Loss Coverage			Roadside Assistance			Rental Reimbursement					
Limit Each Person		Premium	Premium			Miles/Max Reimb	Premium		Limit	Premium				
\$1,000		\$19	\$5					\$20/600	included					
\$2,000		\$30	Accidental Death			15/\$50	\$7		\$30/900	\$27				
\$5,000		\$46	Limit			35/\$100	\$11		\$40/1200	\$32				
\$10,000		\$60	Premium					\$50/1500	\$37					
\$25,000		\$79	\$5,000			\$5								
Model Year 2009			Model Year 2008			Model Year 2007			Model Year 2006			Model Year 2005		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
171	6	293	162	6	277	154	6	265	147	6	252	140	6	237
187	7	309	177	7	293	169	7	279	161	7	266	153	7	250
204	8	324	193	8	308	184	8	294	175	8	280	167	8	263
222	10	340	211	10	323	201	10	308	192	10	294	182	10	276
243	11	356	231	11	338	220	11	323	210	11	307	199	11	289
267	12	375	254	12	355	242	12	339	230	12	323	219	12	304
290	13	393	275	13	373	263	13	356	250	13	339	238	13	319
317	14	416	301	14	394	287	14	376	273	14	359	260	14	337
350	15	443	332	15	420	317	15	401	302	15	382	287	15	359
381	16	468	361	16	444	345	16	424	329	16	404	312	16	380
411	17	494	390	17	468	372	17	447	354	17	426	337	17	400
Model Year 2004			Model Year 2003			Model Year 2002			Model Year 2001			Model Year 2000		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
132	6	222	126	6	209	119	6	192	113	6	177	109	6	166
145	7	234	138	7	221	130	7	202	124	7	186	119	7	176
158	8	246	151	8	232	142	8	213	135	8	196	130	8	185
173	10	258	165	10	244	155	10	223	148	10	205	142	10	194
189	11	270	180	11	255	170	11	234	162	11	215	155	11	203
207	12	284	198	12	268	187	12	246	177	12	226	171	12	213
225	13	298	215	13	281	203	13	258	193	13	237	185	13	224
246	14	316	235	14	298	222	14	272	211	14	251	202	14	237
272	15	336	260	15	317	245	15	290	232	15	268	223	15	252
296	16	355	283	16	335	266	16	307	253	16	283	243	16	267
319	17	374	305	17	353	287	17	323	273	17	298	262	17	281
Model Year 1999			Model Year 1998			Model Year 1997			1996-1990			1989 & Prior		
\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll	\$100 Comp	Cost Sym	\$250 Coll
103	6	156	97	6	146	93	6	139	88	6	129	22	1-4	61
113	7	165	106	7	154	101	7	146	96	7	136	28	5	75
123	8	173	116	8	162	111	8	154	105	8	143	42	6	89
134	10	182	127	10	170	121	10	161	115	10	150	53	7	101
147	11	191	138	11	178	132	11	169	126	11	157	69	8	115
161	12	200	152	12	187	145	12	178	138	12	165	87	10	127
175	13	210	165	13	197	158	13	186	150	13	173	104	11	140
191	14	222	180	14	208	172	14	197	164	14	183	124	12	154
211	15	237	199	15	222	190	15	210	181	15	195	149	13	170
230	16	250	217	16	234	207	16	222	197	16	206	179	14	191
248	17	264	234	17	247	223	17	234	213	17	217	212	15	213

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

OPTIONAL TRAILER DEDUCTIBLES

Rate table for Trailers
Semi-Annual Rate - All Territories
Per \$100 Coverage Rate

<u>Deductible</u>	<u>Comprehensive</u>	<u>Collision</u>
\$ 50	.77	.91
100	-	.78

ROADSIDE ASSISTANCE COVERAGE

The following additional limit is available for motor homes only:

<u>Miles</u>	<u>Non-Authorized Service Reimbursement</u>	<u>Premium</u>
35	\$200	\$20

Use endorsement PA 310 Roadside Assistance Coverage

PROPERTY DAMAGE LIABILITY INCREASED LIMITS

<u>Limit</u>	<u>Factor</u>
\$500,000	1.20

PERSONAL LINES MANUAL
PERSONAL AUTOMOBILE POLICY PROGRAM

UNINSURED MOTORISTS COVERAGE - PROPERTY DAMAGE

If Bodily Injury Uninsured Motorists Coverage is purchased, the named insured must be offered Property Damage Uninsured Motorists Coverage, subject to a \$200 deductible.

EXCEPTIONS:

- a. Property Damage Uninsured Motorists limits shall be made available up to the policy's property damage liability limits.
- b. The named insured has the right to reject Property Damage Uninsured Motorists Coverage in writing.
- c. After the named insured has rejected such coverage, it need not again be made available in any continuation, renewal, reinstatement, or replacement policy issued by the same insurer unless the insured requests such coverage in writing.
- d. Whenever a new application is submitted in connection with any renewal, reinstatement, or replacement policy, the provisions of this rule shall apply in the same manner as if a new policy is being issued.

UNDERINSURED MOTORISTS COVERAGE

Underinsured Motorists Coverage must be offered for all new policies and renewals. This form of auto insurance shall be offered in limits at least equal to the Financial Responsibility law limits under every automobile liability insurance policy covering liability arising out of the ownership, maintenance or use of any motor vehicle in Arkansas.

EXCEPTIONS:

- a. If the named insured does not elect Underinsured Motorists Coverage, the coverage must be rejected in writing.
- b. This coverage shall not be provided and must be rejected in writing if the named insured has rejected Bodily Injury Uninsured Motorists Coverage.
- c. After a named insured rejects such coverage, the insurer shall not be required to notify any insured in any renewal, reinstatement, substitute, amended, or replacement policy as to the availability of such coverage.

OPTIONAL LIMITS TRANSPORTATION EXPENSES COVERAGE

Rental Reimbursement coverage applies to loss caused by collision or covered under Part D of the policy, except when there is a total theft of the auto, if the auto is withdrawn from use for more than 24 hours. Transportation Expenses coverage applies to the total theft of the covered auto beginning 48 hours after the theft. For an additional premium, the base coverage of \$20 per day with a maximum of \$600 can be increased to \$30 per day up to a maximum of \$900, \$40 per day up to a maximum of \$1200 or \$50 per day up to a maximum of \$1500 for expenses incurred, subject to all other terms of the endorsement.

Use endorsement PP 03 02 Optional Limits Transportation Expenses Coverage

SERFF Tracking Number: CLBA-125704055 State: Arkansas
 Filing Company: Columbia Mutual Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: CMI-PAP-08-R01
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Personal Auto - AU Program
 Project Name/Number: Roadside Assistance Coverage/CMI-PAP-08-R01

Supporting Document Schedules

Satisfied -Name: A-1 Private Passenger Auto
 Abstract **Review Status:** Filed 06/30/2008

Comments:

Attachment:

A-1.pdf

Satisfied -Name: APCS-Auto Premium Comparison
 Survey **Review Status:** Filed 06/30/2008

Comments:

Attachments:

APCS - AU.xls
 APCS - AU.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Filed 06/30/2008

Comments:

Attachment:

RF-1.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
 for OTHER than Workers' Comp **Review Status:** Filed 06/30/2008

Bypass Reason: Not applicable. This is not a loss cost filing.

Comments:

Bypassed -Name: Uniform Transmittal Document-
 Property & Casualty **Review Status:** Filed 06/30/2008

Bypass Reason: Please see Filing Description.

Comments:

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Columbia Mutual Insurance Company
 NAIC # (including group #) 807-40371

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance? Yes No

If yes, list the areas: _____

2. Do you furnish a market for young drivers? Yes No

3. Do you require collateral business to support a youthful driver? Yes No

4. Do you insure drivers with an international or foreign driver's license? Yes No

5. Specify the percentage you allow in credit or discounts for the following:

- | | |
|----------------------------|--------------|
| a. Driver over 55 | <u>10</u> % |
| b. Good Student Discount | <u>ISO</u> % |
| c. Multi-car Discount | <u>ISO</u> % |
| d. Accident Free Discount* | <u>10</u> % |

Please Specify Qualification for Discount:

3 year without an accident = 10%

6 years = 15%

- | | |
|--|---------------------|
| e. Anti-Theft Discount | <u>5 - 15</u> % |
| f. Other (specify) <u>Insurance Score Factor</u> | <u>-25 to +20</u> % |

6. Do you have an installment payment plan for automobile insurance? Yes No
 If so, what is the fee for installment payments? \$5.00 per payment

7. Does your company utilize a tiered rating plan? Yes No

If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
Peferred		\$7,839,545
Standard		\$3,942,818
AU		\$1,707,512

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 Signature
 DeeDee Williams

 Printed Name
 Asst. Analyst

 Title
 800-877-3579 ext. 1261

 Telephone Number
 dwilliams@colinsgrp.com

 Email Address

Private Passenger Auto Premium Comparison Survey Form

FORM APCS - last modified August 2005

NAIC Number: 40371
Company Name: Columbia Mutual Insurance Company
Contact Person: DeeDee Williams
Telephone No.: 573-474-6193 x1261
Email Address: dwilliams@colinsgrp.com
Effective Date: 10/1/2008

Assumptions to Use:

- 1 **Liability** -Minimum \$25,000 per person
- 2 **Bodily Injury** \$50,000 per accident
\$25,000 per accident
- 3 **Property Damage** \$100 deductible per accident
- 4 **Comprehensive & Collision** \$250 deductible per accident
- 5 **The insured has elected to accept:**
 Uninsured motorist property and bodily injury equal to liability coverage
 Underinsured bodily injury equal to liability coverage
- 6 **Personal Injury Protection** of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
- 7 **If male and female rates are different, use the highest of the two**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:
 PASSIVE RESTRAINT/AIRBAG 20-30 %
 AUTO/HOMEOWNERS 10 %
 GOOD STUDENT 7.7-16 %
 ANTI-THEFT DEVICE 5-15 %
 Over 55 Defensive Driver Discount 10 %
 \$250/\$500 Deductible Comp./Coll. 9 %

		Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff					
		Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66		
Vehicle	Coverages	Gender	Age																				
1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability			\$597	\$747	\$235	\$215	\$543	\$677	\$217	\$197	\$781	\$981	\$300	\$272	\$543	\$677	\$217	\$197	\$665	\$833	\$259	\$236
	Minimum Liability with Comprehensive and Collision			\$1,265	\$1,598	\$466	\$424	\$1,265	\$1,594	\$466	\$421	\$1,540	\$1,947	\$563	\$509	\$1,265	\$1,594	\$466	\$421	\$1,327	\$1,674	\$487	\$443
	100/300/50 Liability with Comprehensive and Collision			\$1,345	\$1,692	\$505	\$458	\$1,338	\$1,684	\$504	\$456	\$1,661	\$2,091	\$613	\$556	\$1,338	\$1,684	\$504	\$456	\$1,419	\$1,782	\$529	\$482
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability			\$580	\$726	\$230	\$210	\$528	\$657	\$212	\$192	\$759	\$952	\$292	\$265	\$528	\$657	\$212	\$192	\$646	\$809	\$252	\$230
	Minimum Liability with Comprehensive and Collision			\$1,425	\$1,800	\$519	\$472	\$1,439	\$1,818	\$525	\$474	\$1,733	\$2,190	\$627	\$568	\$1,439	\$1,818	\$525	\$474	\$1,489	\$1,880	\$541	\$492
	100/300/50 Liability with Comprehensive and Collision			\$1,477	\$1,864	\$537	\$488	\$1,484	\$1,873	\$541	\$489	\$1,821	\$2,300	\$656	\$594	\$1,484	\$1,873	\$541	\$489	\$1,551	\$1,958	\$562	\$510
2003 Honda Odyssey "EX"	Minimum Liability			\$580	\$726	\$230	\$210	\$528	\$657	\$212	\$192	\$759	\$952	\$292	\$265	\$528	\$657	\$212	\$192	\$646	\$920	\$288	\$230
	Minimum Liability with Comprehensive and Collision			\$1,481	\$1,870	\$537	\$489	\$1,502	\$1,896	\$546	\$494	\$1,793	\$2,266	\$647	\$585	\$1,502	\$1,896	\$546	\$494	\$1,548	\$2,218	\$561	\$509
	100/300/50 Liability with Comprehensive and Collision			\$1,549	\$1,949	\$573	\$523	\$1,562	\$1,968	\$579	\$526	\$1,897	\$2,392	\$694	\$629	\$1,562	\$1,968	\$579	\$526	\$1,844	\$2,323	\$599	\$544
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability			\$568	\$714	\$218	\$198	\$516	\$645	\$200	\$180	\$747	\$940	\$280	\$253	\$516	\$645	\$200	\$180	\$637	\$797	\$240	\$218
	Minimum Liability with Comprehensive and Collision			\$1,894	\$2,397	\$674	\$611	\$1,942	\$2,457	\$690	\$624	\$2,253	\$2,853	\$799	\$723	\$1,942	\$2,457	\$690	\$624	\$1,949	\$2,466	\$693	\$628
	100/300/50 Liability with Comprehensive and Collision			\$1,947	\$2,458	\$705	\$638	\$1,986	\$2,508	\$718	\$650	\$2,341	\$2,959	\$840	\$760	\$1,986	\$2,508	\$718	\$650	\$2,012	\$2,542	\$726	\$658
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability			\$568	\$714	\$218	\$198	\$516	\$645	\$200	\$180	\$747	\$940	\$280	\$253	\$516	\$645	\$200	\$180	\$634	\$797	\$240	\$218
	Minimum Liability with Comprehensive and Collision			\$1,936	\$2,450	\$689	\$622	\$1,988	\$2,519	\$707	\$639	\$2,291	\$2,904	\$815	\$734	\$1,988	\$2,519	\$707	\$639	\$1,990	\$2,517	\$707	\$641
	100/300/50 Liability with Comprehensive and Collision			\$1,988	\$2,509	\$719	\$650	\$2,032	\$2,568	\$734	\$665	\$2,379	\$3,007	\$854	\$771	\$2,032	\$2,568	\$734	\$665	\$2,051	\$2,591	\$740	\$670
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability			\$585	\$735	\$223	\$203	\$531	\$665	\$205	\$185	\$769	\$969	\$288	\$260	\$531	\$665	\$205	\$185	\$653	\$821	\$247	\$224
	Minimum Liability with Comprehensive and Collision			\$1,349	\$1,707	\$487	\$441	\$1,356	\$1,712	\$489	\$442	\$1,633	\$2,066	\$587	\$530	\$1,356	\$1,712	\$489	\$442	\$1,409	\$1,785	\$509	\$462
	100/300/50 Liability with Comprehensive and Collision			\$1,425	\$1,797	\$525	\$475	\$1,424	\$1,796	\$524	\$474	\$1,750	\$2,206	\$634	\$575	\$1,424	\$1,796	\$524	\$474	\$1,496	\$1,889	\$549	\$499

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	CMI-PAP-08-R01
-----------	---	----------------

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/Item Filing Number	N/A
-----------	--	-----

3.		A.	Company Name	B.	Company NAIC Number
			Columbia Mutual Insurance Company		40371

4.		A.	Product Coding Matrix Line of Business (i.e., Type of Insurance)	B.	Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
			19.0 Personal Auto		19.0001 Private Passenger Auto (PPA)

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Personal Automobile - AU Program	0	0	0	0	0	0	0
TOTAL OVERALL EFFECT	0	0					

6. 5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2003	0	0%		0	0	0%	0%
2004	0	0%		0	0	0%	0%
2005	0	0%		0	0	0%	0%
2006	0	0%		0	0	0%	0%
2007	2129	0%		819	617	75%	96%

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	0
B. General Expense	0
C. Taxes, Licenses & Fees	0
D. Underwriting Profit & Contingencies	0
E. Other (explain)	0
F. TOTAL	0

- 8.** N/A Apply Loss Cost Factors to Future filings? (Y or N)
- 9.** N/A Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____
- 10.** N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____