

SERFF Tracking Number: INMX-125646831 State: Arkansas
Filing Company: InsureMax Insurance Company State Tracking Number: #8596 \$50
Company Tracking Number: 14AR0508
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR Accidental Death Forms
Project Name/Number: /

Filing at a Glance

Company: InsureMax Insurance Company
Product Name: AR Accidental Death Forms SERFF Tr Num: INMX-125646831 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: #8596 \$50
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: 14AR0508 State Status: Fees verified and received (PPA)
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi
Author: Jennifer Capozziello Disposition Date: 06/16/2008
Date Submitted: 06/06/2008 Disposition Status: Approved
Effective Date Requested (New): 07/14/2008 Effective Date (New): 07/14/2008
Effective Date Requested (Renewal): 07/14/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/16/2008
State Status Changed: 06/10/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Enclosed please find a forms filing for InsureMax Insurance Company's Accidental Death coverage. This will be sold as a stand-alone contract, as well as with our private passenger auto program. We cordially request an effective date of July 14, 2008 for new business.

If I can assist in answering any questions or providing any additional information regarding this filing, please contact me by telephone at (877) 858-4100 x277 or by email at jcapozziello@insuremax.net.

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Product Name: AR Accidental Death Forms
Project Name/Number: /

Sincerely,

Jennifer Capozziello

Company and Contact

Filing Contact Information

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

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

Filing Company Information

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

CoCode: 10922
Group Code:

State of Domicile: Indiana
Company Type:

Group Name:
FEIN Number: 35-2042563

State ID Number:

Filing Fees

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

SERFF Tracking Number: INMX-125646831

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8596 \$50

Company Tracking Number: 14AR0508

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Accidental Death Forms

Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Alexa Grissom | 06/16/2008 | 06/16/2008 |

Objection Letters and Response Letters

Objection Letters

| Status | Created By | Created On | Date Submitted |
|---------------------------|---------------|------------|----------------|
| Pending Industry Response | Alexa Grissom | 06/10/2008 | 06/10/2008 |

Response Letters

| Responded By | Created On | Date Submitted |
|----------------------|------------|----------------|
| Jennifer Capozziello | 06/16/2008 | 06/16/2008 |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|--|---------------------|----------------------|------------|----------------|
| Uniform Transmittal Document-Property & Casualty | Supporting Document | Jennifer Capozziello | 06/16/2008 | 06/16/2008 |

SERFF Tracking Number: INMX-125646831 State: Arkansas
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Company Tracking Number: 14AR0508
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR Accidental Death Forms
Project Name/Number: /

Disposition

Disposition Date: 06/16/2008

Effective Date (New): 07/14/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: INMX-125646831 State: Arkansas
 Filing Company: InsureMax Insurance Company State Tracking Number: #8596 \$50
 Company Tracking Number: 14AR0508
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: AR Accidental Death Forms
 Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|-------------------------------|--|-------------|---------------|
| Supporting Document (revised) | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Form | AD & D Contract | Withdrawn | No |
| Form | AD & D Endorsement | Approved | Yes |

SERFF Tracking Number: INMX-125646831 State: Arkansas
Filing Company: InsureMax Insurance Company State Tracking Number: #8596 \$50
Company Tracking Number: 14AR0508
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR Accidental Death Forms
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/10/2008
Submitted Date 06/10/2008
Respond By Date

Dear Jennifer Capozziello,

This will acknowledge receipt of the captioned filing. Please refer to Ark. Code Ann. 23-66-105(15)(b) regarding the stand-alone accidental death form. If you wish to sell such coverage in Arkansas, it should be filed with the Life and Health Division. To qualify as a Property & Casualty product, it must attach to a casualty form.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/16/2008
Submitted Date 06/16/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Please disregard the AD & D Contract, we will remove this from the filing. I have attached a revised Transmittal Document for the AD Endorsement.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

No Form Schedule items changed.

SERFF Tracking Number: INMX-125646831

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8596 \$50

Company Tracking Number: 14AR0508

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Accidental Death Forms

Project Name/Number: /

No Rate/Rule Schedule items changed.

Sincerely,
Jennifer Capozziello

SERFF Tracking Number: INMX-125646831 State: Arkansas
Filing Company: InsureMax Insurance Company State Tracking Number: #8596 \$50
Company Tracking Number: 14AR0508
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: AR Accidental Death Forms
Project Name/Number: /

Amendment Letter

Amendment Date:
Submitted Date: 06/16/2008

Comments:

Corrected Transmittal Document 06/16/08

In response to your objections, the wrong transmittal document was uploaded. I have attached the corrected transmittal document deleting any reference to the stand-alone AD contract.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

Transmittal Document 0508 Forms.pdf

SERFF Tracking Number: INMX-125646831 State: Arkansas
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 Company Tracking Number: 14AR0508
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: AR Accidental Death Forms
 Project Name/Number: /

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--------------------|---------|--------------|--------------------------------------|----------------------|-------------|------------------------------|
| Approved | AD & D Endorsement | ADD0408 | 0408 | Endorsement/New/Amendment/Conditions | | | ADD0408 AD&D Endorsement.pdf |

THE FOLLOWING ENDORSEMENT APPLIES ONLY IF ENDORSEMENT NUMBER ADD0408 APPEARS ON THE DECLARATIONS PAGE.

AUTOMOBILE ACCIDENTAL DEATH BENEFIT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

ARKANSAS PERSONAL CAR POLICY

This endorsement provides indemnity for loss of life resulting from **bodily injury** caused solely by an automobile accident, to the extent herein limited and provided, and in consideration of **your** payment of the premium, in reliance upon **your** statements in any application forms relevant hereto (all of which are incorporated herein), and subject to all limits, exclusions, conditions, and other terms of this endorsement, **we** do hereby agree to insure **you** against death occurring within ninety (90) days of **bodily injury** and resulting from **bodily injury** sustained by **you** during the policy period applicable hereto, in the amount of \$2,000.00 for the policy period applicable hereto, to the extent herein limited and provided. The maximum benefit payable under this coverage is \$2,000.00 during the policy period stated in the Declarations of the policy to which this endorsement is attached or the policy period applicable hereto if this coverage is added after the inception date of said policy regardless of the number of covered autos or the number of persons insured hereunder.

Additional Definitions Used in this Part Only

- (1) “**You**” and “**your**” wherever used in this endorsement means the named insured as listed on the declarations page while **occupying your insured car**.
- (2) “**Bodily Injury**” wherever used in this endorsement means accidental bodily injuries sustained by **you** which are the direct cause of **loss**, independent of disease, sustained as a result of operating, driving, or riding in **your insured car**, or as a result of the burning or exploding of **your insured car** while this endorsement is in force.

The coverage provided by this endorsement shall be effective during the policy period set forth in the Declarations of the policy to which this endorsement is attached or if this coverage is added after the inception date of said policy, coverage shall be effective as of the effective date of the amended Declarations adding this coverage. All periods of insurance begin and end at 12:01 a.m. Standard Time, at **your** place of residence. No misstatements, except fraudulent misstatements, made by **you** in the application for this endorsement shall be used to void the endorsement or to deny a claim.

EXCLUSIONS

This policy does not apply to death: (1) due to suicide committed while sane or insane; (2) due to any act of war (declared or undeclared), insurrection, rebellion, or revolution, or the discharge of a nuclear weapon (even if by accident); (3) sustained while **occupying** a motorcycle, moped, motorized bicycle, or similar two-wheeled vehicle or all terrain motorized vehicle having two, three, or four wheels; (4) sustained while **occupying your insured car** when it is being used to carry persons or property for a fee, this exclusion does not apply to a shared expense carpool; (5) sustained from any nuclear reaction, radiation, or radioactive contamination, all whether controlled, uncontrolled, or however caused, or any consequence of any of these; (6) sustained while the motor vehicle is used for **racing**; (7) sustained where the **accident** occurs and arises out of the use of a motor vehicle while the **insured** is in commission of a **crime**; (8) sustained while under the influence of alcohol, any illicit drugs or narcotics not administered by a physician; (9) sustained while **occupying** any vehicle with more or less than four wheels.

UNIFORM PROVISIONS

Entire Contract: This endorsement, including any further endorsements and the attached papers, if any, constitutes the entire contract of insurance with respect to the coverage provided hereunder. No change to this endorsement shall be valid until approved by an executive officer of the Company and reflected by amended Declarations issued by **us**. No agent has authority to change this endorsement or waive any of its provisions.

Proof of Loss: Written proof of loss must be given to **us** within ninety (90) days of **your** death. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the case of legal incapacity, later than one year from the time proof is otherwise required. **We** shall have the right, within (30) days of receipt of the written proof of loss, to request additional documentation to support the claim.

Time of Payment of Claims: **We** shall pay claims payable under this endorsement within thirty (30) days of receipt of due written proof of loss.

Payment of Claims: Claims payable under this policy shall be made to **your** spouse, if a resident of the same household at the time of the **Bodily Injury**. Otherwise, payment shall be made to **your** estate.

Physical Examination and Autopsy: **We**, at **our** expense, shall have the right and opportunity to make an autopsy where it is not forbidden by law.

Assignment: **We** will not assume responsibility for determining the validity of an assignment of **your** benefits to a provider of services. No such assignment of benefits will be recognized until **we** have received notice of it at **our** offices.

Legal Actions: No action at law or in equity shall be brought to recover on this endorsement prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this endorsement. No such action shall be brought after the expiration of three years after the time proof of loss is required to be furnished.

Reimbursement Provision: For **Bodily Injury** that occurred due to the negligence of a third party, A) **we** have the right to reimbursement for all benefits **we** paid from any and all damages collected from the third party for those same expenses whether by action at law, settlement, or compromise, by **you**, **your** parents, if **you** are a minor, or **your** legal representative as a result of that **Bodily Injury**; and B) **we** are assigned the right to recover from the third party, or his or her insurer, to the extent of the benefits **we** paid for that **Bodily Injury**. **We** shall have the right to reimbursement out of all funds **you**, **your** parents, if **you** are a minor, or **your** legal representative, are or were able to obtain for the same expenses **we** have paid as a result of that **Bodily Injury**. **Your** estate is required to furnish any information or assistance or provide any documents that **we** may reasonably require in order to obtain **our** rights under this provision. This provision applies whether or not the third party admits liability.

SERFF Tracking Number: INMX-125646831

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8596 \$50

Company Tracking Number: 14AR0508

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Accidental Death Forms

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: INMX-125646831

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8596 \$50

Company Tracking Number: 14AR0508

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Accidental Death Forms

Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

06/16/2008

Comments:

Attachment:

Transmittal Document 0508 Forms.pdf

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

1. Reserved for Insurance Dept. Use Only

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|---|--|
| 2. Insurance Department Use only | |
| a. Date the filing is received: | |
| b. Analyst: | |
| c. Disposition: | |
| d. Date of disposition of the filing: | |
| e. Effective date of filing: | |
| New Business | |
| Renewal Business | |
| f. State Filing #: | |
| g. SERFF Filing #: | |
| h. Subject Codes | |

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|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
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| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|--------------------|----------|--------|--------|
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| 5. Company Tracking Number | |
|-----------------------------------|--|

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

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------|-------|--------------|-------|--------|
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| 7. Signature of authorized filer | |
| 8. Please print name of authorized filer | |

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

| | |
|--|---|
| 9. Type of Insurance (TOI) | |
| 10. Sub-Type of Insurance (Sub-TOI) | |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____ |
| 14. Effective Date(s) Requested | New: _____ Renewal: _____ |

Property & Casualty Transmittal Document---

| | | |
|------------|--|--|
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | |
| 17. | Reference Organization # & Title | |
| 18. | Company's Date of Filing | |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |
| 20. | This filing transmittal is part of Company Tracking # | |

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

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|------------|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| | <p>Check #:</p> <p>Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> |
| | <p>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</p> |

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|--|--|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | | | | |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | | | [] New [] Replacement [] Withdrawn | | |
| 02 | | | [] New [] Replacement [] Withdrawn | | |
| 03 | | | [] New [] Replacement [] Withdrawn | | |
| 04 | | | [] New [] Replacement [] Withdrawn | | |
| 05 | | | [] New [] Replacement [] Withdrawn | | |
| 06 | | | [] New [] Replacement [] Withdrawn | | |
| 07 | | | [] New [] Replacement [] Withdrawn | | |
| 08 | | | [] New [] Replacement [] Withdrawn | | |
| 09 | | | [] New [] Replacement [] Withdrawn | | |
| 10 | | | [] New [] Replacement [] Withdrawn | | |

| Overall Rate Information (Complete for Multiple Company Filings only) | | | |
|--|---|--|---|
| | | COMPANY USE | STATE USE |
| 5a. | Overall percentage rate impact for this filing | | |
| 5b. | Effect of Rate Filing – Written premium change for this program | | |
| 5c. | Effect of Rate Filing – Number of policyholders affected | | |
| 6. | Overall percentage of last rate revision | | |
| 7. | Effective Date of last rate revision | | |
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | | |
| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
| 01 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 02 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 03 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 04 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 05 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |

SERFF Tracking Number: INMX-125646831 State: Arkansas
 Filing Company: InsureMax Insurance Company State Tracking Number: #8596 \$50
 Company Tracking Number: 14AR0508
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: AR Accidental Death Forms
 Project Name/Number: /

Superseded Attachments

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

| Original Date: | Schedule | Document Name | Replaced Date | Attach Document |
|------------------|---------------------|--|---------------|-------------------------------------|
| No original date | Supporting Document | Uniform Transmittal Document-Property & Casualty | 06/16/2008 | Transmittal Document 0608 Forms.pdf |
| No original date | Supporting Document | Uniform Transmittal Document-Property & Casualty | 05/14/2008 | Transmittal Document 0508 Forms.pdf |

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

1. Reserved for Insurance Dept. Use Only

| | |
|---|--|
| 2. Insurance Department Use only | |
| a. Date the filing is received: | |
| b. Analyst: | |
| c. Disposition: | |
| d. Date of disposition of the filing: | |
| e. Effective date of filing: | |
| New Business | |
| Renewal Business | |
| f. State Filing #: | |
| g. SERFF Filing #: | |
| h. Subject Codes | |

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|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| | |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|--------------------|----------|--------|--------|
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|-----------------------------------|--|
| 5. Company Tracking Number | |
|-----------------------------------|--|

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

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------|-------|--------------|-------|--------|
| | | | | | |
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|--|--|
| 7. Signature of authorized filer | |
| 8. Please print name of authorized filer | |

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

| | |
|--|---|
| 9. Type of Insurance (TOI) | |
| 10. Sub-Type of Insurance (Sub-TOI) | |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____ |
| 14. Effective Date(s) Requested | New: _____ Renewal: _____ |

Property & Casualty Transmittal Document---

| | | |
|------------|--|--|
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | |
| 17. | Reference Organization # & Title | |
| 18. | Company's Date of Filing | |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |
| 20. | This filing transmittal is part of Company Tracking # | |

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

| | |
|------------|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| | <p>Check #:</p> <p>Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> |
| | <p>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</p> |

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | | | [] New [] Replacement [] Withdrawn | | |
| 02 | | | [] New [] Replacement [] Withdrawn | | |
| 03 | | | [] New [] Replacement [] Withdrawn | | |
| 04 | | | [] New [] Replacement [] Withdrawn | | |
| 05 | | | [] New [] Replacement [] Withdrawn | | |
| 06 | | | [] New [] Replacement [] Withdrawn | | |
| 07 | | | [] New [] Replacement [] Withdrawn | | |
| 08 | | | [] New [] Replacement [] Withdrawn | | |
| 09 | | | [] New [] Replacement [] Withdrawn | | |
| 10 | | | [] New [] Replacement [] Withdrawn | | |

| Overall Rate Information (Complete for Multiple Company Filings only) | | | |
|--|---|--|---|
| | | COMPANY USE | STATE USE |
| 5a. | Overall percentage rate impact for this filing | | |
| 5b. | Effect of Rate Filing – Written premium change for this program | | |
| 5c. | Effect of Rate Filing – Number of policyholders affected | | |
| 6. | Overall percentage of last rate revision | | |
| 7. | Effective Date of last rate revision | | |
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | | |
| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
| 01 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 02 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 03 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 04 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 05 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |

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

1. Reserved for Insurance Dept. Use Only

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|---|--|
| 2. Insurance Department Use only | |
| a. Date the filing is received: | |
| b. Analyst: | |
| c. Disposition: | |
| d. Date of disposition of the filing: | |
| e. Effective date of filing: | |
| New Business | |
| Renewal Business | |
| f. State Filing #: | |
| g. SERFF Filing #: | |
| h. Subject Codes | |

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|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| | |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|--------------------|----------|--------|--------|
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|-----------------------------------|--|
| 5. Company Tracking Number | |
|-----------------------------------|--|

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

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

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

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

| | |
|--|---|
| 9. Type of Insurance (TOI) | |
| 10. Sub-Type of Insurance (Sub-TOI) | |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____ |
| 14. Effective Date(s) Requested | New: _____ Renewal: _____ |

Property & Casualty Transmittal Document---

| | | |
|------------|--|--|
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | |
| 17. | Reference Organization # & Title | |
| 18. | Company's Date of Filing | |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |
| 20. | This filing transmittal is part of Company Tracking # | |

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

| | |
|------------|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| | <p>Check #:</p> <p>Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> |
| | <p>***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</p> |

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|------------------------------------|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | | | [] New [] Replacement [] Withdrawn | | |
| 02 | | | [] New [] Replacement [] Withdrawn | | |
| 03 | | | [] New [] Replacement [] Withdrawn | | |
| 04 | | | [] New [] Replacement [] Withdrawn | | |
| 05 | | | [] New [] Replacement [] Withdrawn | | |
| 06 | | | [] New [] Replacement [] Withdrawn | | |
| 07 | | | [] New [] Replacement [] Withdrawn | | |
| 08 | | | [] New [] Replacement [] Withdrawn | | |
| 09 | | | [] New [] Replacement [] Withdrawn | | |
| 10 | | | [] New [] Replacement [] Withdrawn | | |

| Overall Rate Information (Complete for Multiple Company Filings only) | | | |
|--|---|--|---|
| | | COMPANY USE | STATE USE |
| 5a. | Overall percentage rate impact for this filing | | |
| 5b. | Effect of Rate Filing – Written premium change for this program | | |
| 5c. | Effect of Rate Filing – Number of policyholders affected | | |
| 6. | Overall percentage of last rate revision | | |
| 7. | Effective Date of last rate revision | | |
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | | |
| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
| 01 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 02 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 03 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 04 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 05 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |