

SERFF Tracking Number: INMX-125646832 State: Arkansas  
Filing Company: InsureMax Insurance Company State Tracking Number: #8595 \$100  
Company Tracking Number: 15AR0508  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Accidental Death Rate/Rule  
Project Name/Number: /

## Filing at a Glance

Company: InsureMax Insurance Company

Product Name: AR Accidental Death Rate/Rule SERFF Tr Num: INMX-125646832 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: #8595 \$100

Sub-TOI: 19.0001 Private Passenger Auto  
(PPA)

Co Tr Num: 15AR0508

State Status: Fees verified and  
received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Alexa Grissom, Betty  
Montesi

Author: Jennifer Capozziello

Disposition Date: 06/16/2008

Date Submitted: 06/06/2008

Disposition Status: Filed

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:

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 rate/rule 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](mailto:jcapozziello@insuremax.net).

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Product Name: AR Accidental Death Rate/Rule  
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:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

SERFF Tracking Number: INMX-125646832

State: Arkansas

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State Tracking Number: #8595 \$100

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TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Accidental Death Rate/Rule

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	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

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Project Name/Number: /

## Disposition

Disposition Date: 06/16/2008

Effective Date (New): 07/14/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: INMX-125646832 State: Arkansas  
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 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
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 Project Name/Number: /

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 (revised)	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate (revised)	AD Rates	Filed	Yes
Rate	AD Rates	Filed	Yes
Rate	Underwriting Guidelines	Filed	Yes

SERFF Tracking Number: INMX-125646832 State: Arkansas  
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Product Name: AR Accidental Death Rate/Rule  
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. Per Ark. Code Ann. 23-62-105(15)(b), accidental death coverage may not be written as a stand-alone policy by a Property and Casualty Company.

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 see our amended rates and transmittal document. We have taken out the rates for the stand-alone contract.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

SERFF Tracking Number: INMX-125646832

State: Arkansas

Filing Company: InsureMax Insurance Company

State Tracking Number: #8595 \$100

Company Tracking Number: 15AR0508

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: AR Accidental Death Rate/Rule

Project Name/Number: /

<b>Exhibit Name</b>	<b>Rule # or Page #</b>	<b>Rate Action</b>	<b>Previous State Filing #</b>
AD Rates		New	
<b>Previous Version</b>			
AD Rates		New	

Sincerely,  
Jennifer Capozziello

SERFF Tracking Number: INMX-125646832 State: Arkansas  
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## Rate Information

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	AD Rates		New	AD Rates amended 061108.pdf
Filed	Underwriting Guidelines	pg. 4	Replacement	08AR0108 AR UWG 0608 pg. 4.pdf

**Accidental Death Coverage Rates**  
Arkansas

Endorsement		
6-month policy	\$	15

## COVERAGES

### **BODILY INJURY (BI) / PROPERTY DAMAGE (PD)**

- All policies must have liability coverage.
- Available limits are:
  - Bodily Injury: 25/50
  - Property Damage: 25

### **UNINSURED MOTORIST BODILY INJURY (UM)**

- This coverage will be added to each policy unless the insured rejects it. If coverage is not desired, the insured must sign the rejection statement on the application.
- Available limits are: 25/50
- Limits must be the same for all vehicles.

### **UNDERINSURED MOTORIST BODILY INJURY (UIM)**

- Every liability policy which includes UM, must include UIM unless the insured rejects it. If coverage is not desired, the insured must sign the rejection statement on the application.
- UIM cannot be purchased without UM coverage.
- Available limits are: 25/50
- Limits must be the same for all vehicles.

### **UNINSURED MOTORIST PROPERTY DAMAGE (UMPD)**

- This coverage will be added to each policy that includes UM coverage unless the insured rejects it. If coverage is not desired, the insured must sign the rejection statement on the application.
- UMPD cannot be purchased without UM coverage.
- Available limits are: \$25,000 with \$200 deductible
- Limits must be the same for all vehicles.

### **PERSONAL INJURY PROTECTION**

- These coverages will be added to each policy unless the insured rejects it. If coverage is not desired, the insured must sign the rejection statement on the application.
- Medical & Hospital- \$5,000
- Income Disability- Statutory Limits
  1. Seventy percent (70%) of the loss of income beginning 8 days after the date of the accident and not to exceed 52 weeks
  2. Maximum of \$140 per week for income earner, maximum of \$70 per week for non-income earner
- Accidental Death- \$5,000
- Limits must be the same for all vehicles.

### **PHYSICAL DAMAGE (Comp/Coll)**

- Deductible options: \$250 \$500 \$1,000
- Separate deductibles may be selected for comprehensive and collision coverage.
- Physical damage only policies are prohibited.
- Comprehensive and collision coverages cannot be written separately.

### **LIEN HOLDER DEDUCTIBLE**

In the event of repossession by the lien holder, we will honor a \$250 collision and \$250 comprehensive deductible. All other losses will be subject to the deductibles as shown in the declaration page.

### **TOWING AND LABOR REIMBURSEMENT**

- Available limits are: \$50 \$75 (per occurrence)
- Limits must be the same for all vehicles.

### **RENTAL REIMBURSEMENT**

- Available limits are: \$20 \$30 (per day); up to a maximum of 30 days per disablement.
- Physical damage coverage is required.
- Limits must be the same for all vehicles.

### **ACCIDENTAL DEATH**

- Available limits are: \$2,000
- Benefit payable for death of the named insured as a result of accidental bodily injuries occurring within ninety (90) days from operating, driving, or riding in an owned automobile.
- Documented proof of loss must be submitted to InsureMax within ninety (90) days of death.
- Failure to provide proof within the time required will invalidate any claim.

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 Product Name: AR Accidental Death Rate/Rule  
 Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** A-1 Private Passenger Auto  
 Abstract  
**Review Status:** Filed 06/16/2008

**Comments:**

**Attachment:**  
 Form A-1.pdf

**Satisfied -Name:** APCS-Auto Premium Comparison  
 Survey  
**Review Status:** Filed 06/16/2008

**Comments:**

**Attachment:**  
 10922IDInsureMaxInsCo08Survey 07-14-08.pdf

**Satisfied -Name:** NAIC loss cost data entry document  
**Review Status:** Filed 06/16/2008

**Comments:**

**Attachment:**  
 FORM RF-1 Rate Filing Abstract 0508.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
 for OTHER than Workers' Comp  
**Review Status:** Filed 06/16/2008

**Bypass Reason:** N/A

**Comments:**

**Satisfied -Name:** Uniform Transmittal Document-  
 Property & Casualty  
**Review Status:** Filed 06/16/2008

**Comments:**

**Attachment:**  
 Transmittal Document 0508 Rate-Rule.pdf

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 InsureMax Insurance Co.  
 NAIC # (including group #) 10922

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	0 %
b. Good Student Discount	0 %
c. Multi-car Discount	25 %
d. Accident Free Discount*	5 %

Please Specify Qualification for Discount:  
*This is a Renewal Discount that requires the policy to be claim free (only applicable to those not receiving a discount for prior insurance coverage).*

---

e. Anti-Theft Discount	0 %
f. Other (specify)	%
<i>Defensive Driver (age 55 and older and having completed a DD course)</i>	5 %
<i>College Graduate (Insured must be single, under the age of 25 with a GPA &gt;=3.0)</i>	5 %
<i>Homeowner (Requires Declaration Sheet from Homeowners Policy)</i>	5 %
<i>Paid In Full (Requires Full Policy Term be paid in full at policy inception or renewal)</i>	10 %
<i>Prior Insurance</i>	5 %
6. Do you have an installment payment plan for automobile insurance?  Yes  No  
 If so, what is the fee for installment payments? **\$8 for Direct Bill, \$5 for AutoPay plans**

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

_____ Signature
_____ Jennifer Capozziello
_____ Printed Name
_____ Product Analyst
_____ Title
_____ 877-858-4100 ext. 277
_____ Telephone Number
_____ jcapozziello@insuremax.net
_____ Email address



### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1.</b>	This filing transmittal is part of Company Tracking #	<b>15AR0508</b>
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<b>2.</b>	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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	Company Name		Company NAIC Number
<b>3.</b>	<b>A.</b>	<b>InsureMax Insurance Company</b>	<b>B.</b> <b>10922</b>

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

<b>5.</b>			FOR LOSS COSTS ONLY					
	(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
	<b>BI</b>							
	<b>PD</b>							
	<b>COMP</b>							
	<b>COLL</b>							
	<b>MP</b>							
	<b>UM</b>							
	<b>UMPD</b>							
	TOTAL OVERALL EFFECT		<b>0%</b>					

<b>6.</b>	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
	<b>2007</b>	<b>1,064</b>	<b>-.7%</b>	<b>6/18/07</b>	<b>255,393</b>	<b>138,778</b>	<b>78.26%</b>	<b>74.16%</b>
	<b>2008</b>	<b>1,023</b>	<b>4.15</b>	<b>1/22/08</b>	<b>527,316</b>	<b>348,505</b>	<b>66.10%</b>	<b>69.31%</b>
	<b>2008</b>	<b>1,111</b>	<b>1.45</b>	<b>2/26/08</b>	<b>340,585</b>	<b>150,592</b>	<b>69.02%</b>	<b>57.26%</b>

<b>7.</b>	Expense Constants	Selected Provisions
	A. Total Production Expense	
	B. General Expense	
	C. Taxes, License & Fees	
	D. Underwriting Profit & Contingencies	
	E. Other (explain)	
	F. TOTAL	

- 8.**  Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
- 10.** 0% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_

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

**1. Reserved for Insurance Dept. Use Only**

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

<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
-----------------------------------	--

**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---

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

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

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			[ ] 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		





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

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## 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	Rate and Rule	AD Rates	05/14/2008	AD Rates.pdf
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	05/14/2008	Transmittal Document 0508 Rate-Rule.pdf

**Accidental Death Coverage Rates**  
Arkansas

<b>Stand-alone policy</b>		
6-month policy	\$	13
12 month policy	\$	26

<b>Endorsement</b>		
6-month policy	\$	15

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

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

<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

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

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---

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

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

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

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 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			[ ] 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		





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