

SERFF Tracking Number: SMM-125705395 State: Arkansas  
 First Filing Company: State Auto Property and Casualty Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: SAC-CA-2008-507  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Division One - Commercial Automobile  
 Project Name/Number: Auto Fellow Employee Coverage/SAC-CA-2008-507

## Filing at a Glance

Companies: State Auto Property and Casualty Insurance Company, State Automobile Mutual Insurance Company

Product Name: Division One - Commercial Automobile SERFF Tr Num: SMM-125705395 State: Arkansas

Automobile

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: SAC-CA-2008-507

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Bev Griffin

Disposition Date: 06/25/2008

Date Submitted: 06/24/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal): 09/01/2008

State Filing Description:

## General Information

Project Name: Auto Fellow Employee Coverage

Status of Filing in Domicile:

Project Number: SAC-CA-2008-507

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/25/2008

State Status Changed: 06/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

SMM-125705395

STATE AUTO INSURANCE COS, OUR FILING ID # SAC-CA-2008-507

- State Automobile Mutual Insurance Co, NAIC #25135, FEIN #31-4316080

- State Auto Property & Casualty Ins Co. NAIC #25127, FEIN #57-6010814

SERFF Tracking Number: SMM-125705395 State: Arkansas  
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Division One - Commercial Automobile  
 New Endorsement CA 20 56 02 99

The State Auto Insurance Companies are members of the Insurance Services Office. Our Commercial Automobile rates, rules and forms are filed on an independent basis.

With this filing we wish to adopt form CA 20 56 02 99, FELLOW EMPLOYEE COVERAGE FOR DESIGNATED EMPLOYEES/POSITIONS

## Company and Contact

### Filing Contact Information

Beverly Griffin, State Regulatory Analyst II bev.griffin@stateauto.com  
 State Auto Insurance Companies (800) 695-9436 [Phone]  
 Columbus, OH 43215 (614) 719-0297[FAX]

### Filing Company Information

State Auto Property and Casualty Insurance Company	CoCode: 25127	State of Domicile: Iowa
1300 Woodland Avenue	Group Code: 175	Company Type: Property and Casualty

P. O. Box 66150	Group Name:	State ID Number:
West Des Moines, IA 50265-0150	FEIN Number: 57-6010814	
(614) 464-5000 ext. [Phone]	-----	

State Automobile Mutual Insurance Company	CoCode: 25135	State of Domicile: Ohio
518 East Broad Street	Group Code: 175	Company Type: Property and Casualty

P. O. Box 182822	Group Name:	State ID Number:
Columbus, OH 43215	FEIN Number: 31-4316080	
(614) 464-5000 ext. [Phone]	-----	



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/25/2008	06/25/2008

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## Disposition

Disposition Date: 06/25/2008  
Effective Date (New): 09/01/2008  
Effective Date (Renewal): 09/01/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	FELLOW EMPLOYEE COVERAGE FOR DESIGNATED EMPLOYEES/POSITIONS	CA 20 56	02 99	Endorsement/Amendment/Conditions New			CA 20 56 02 99.pdf

POLICY NUMBER:

COMMERCIAL AUTO  
CA 20 56 02 99

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# FELLOW EMPLOYEE COVERAGE FOR DESIGNATED EMPLOYEES/POSITIONS

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

## SCHEDULE

Name of Person(s), Job Title(s) or Position(s):
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The Fellow Employee Exclusion contained in Section II – Liability Coverage does not apply to the "employee(s)", job title(s) or position(s) named or listed in the Schedule.



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 06/25/2008

**Comments:**  
**Attachment:**  
pc transmittal.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
State Auto Insurance Companies	175

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Automobile Mutual Ins Co	OH	25135	31-4316080	
State Auto Property & Casualty Ins Co	IA	25127	57-6010814	

<b>5. Company Tracking Number</b>	SAC-CA-2008-507
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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
	Bev Griffin 518 East Broad Street Columbus, Ohio 43215	State Regulatory Analyst II	800-444-9950 (ext 5507)	614-719-0297	bev.griffin@stateauto.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Bev Griffin		

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

<b>9. Type of Insurance (TOI)</b>	20.0 Commercial Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	20.0001 Business Auto
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 09/01/2008      Renewal: 09/01/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	06/24/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SAC-CA-2008-507
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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SAMM-125705395

STATE AUTO INSURANCE COS, OUR FILING ID # SAC-CA-2008-507

- State Automobile Mutual Insurance Co, NAIC #25135, FEIN #31-4316080

- State Auto Property & Casualty Ins Co. NAIC #25127, FEIN #57-6010814

Division One - Commercial Automobile

New Endorsement CA 20 56 02 99

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<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]
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**Check #: N/A - EFT**

**Amount: \$50.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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## 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>	SAC-CA-2008-507
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A

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	FELLOW EMPLOYEE COVERAGE FOR DESIGNATED EMPLOYEES/POSITIONS	CA 20 56 02 99	<input checked="" 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		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1