

SERFF Tracking Number: ARKS-125746712 State: Arkansas  
Filing Company: 10251 - AMERICAN UNDERWRITERS State Tracking Number: #11362 \$50  
INSURANCE COMPANY  
Company Tracking Number:  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: n/a  
Project Name/Number: /

## Filing at a Glance

Company: 10251 - AMERICAN UNDERWRITERS INSURANCE COMPANY

Product Name: n/a SERFF Tr Num: ARKS-125746712 State: Arkansas  
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: #11362 \$50  
Sub-TOI: 19.0001 Private Passenger Auto (PPA) Co Tr Num: State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding  
Author: Disposition Date: 07/28/2008  
Date Submitted: 07/24/2008 Disposition Status: Filed  
Effective Date Requested (New): Effective Date (New): 09/15/2008  
Effective Date Requested (Renewal): 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: 07/28/2008  
State Status Changed: 07/28/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

## Company and Contact

### Filing Contact Information

NA NA, NA@NA.com  
NA (123) 555-4567 [Phone]

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NA, AR 00000

**Filing Company Information**

10251 - AMERICAN UNDERWRITERS  
INSURANCE COMPANY

CoCode: 10251

State of Domicile: Arkansas

No Address

Group Code:

Company Type:

City, AR 99999

Group Name:

State ID Number:

(999) 999-9999 ext. [Phone]

FEIN Number: 99-9999999

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Product Name: n/a

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	07/28/2008	07/28/2008

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Product Name: n/a

Project Name/Number: /

## Disposition

Disposition Date: 07/28/2008

Effective Date (New): 09/15/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125746712

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	No
<b>Supporting Document</b>	ARKS-125746712		No

SERFF Tracking Number: ARKS-125746712

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Company Tracking Number:

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Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: n/a

Project Name/Number: /

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125746712

State: Arkansas

Filing Company: 10251 - AMERICAN UNDERWRITERS  
INSURANCE COMPANY

State Tracking Number: #11362 \$50

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: n/a

Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** ARKS-125746712

07/28/2008

### Comments:

### Attachments:

ARKS-125746712.pdf

ARKS-125746712-a.pdf

ARKS-125746712-b.pdf



ARKS-125746712

HQ

# 11362

50.00

July 24, 2008

Ms. Alexa Grissom  
Property and Casualty Division  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72001-1904

RE: American Underwriters Insurance Company #10251  
~~Personal Auto~~ Form Filing  
Effective September 15, 2008

Dear Ms. Grissom,

Please find enclosed a form filing request for American Underwriters Insurance Company, NAIC # 10251.

The form change is an updated underwriting guideline. Our last change to this guideline was January 15, 2003. A copy is provided with the updates in red.

If this filing meets your approval, we would like to make it effective September 15, 2008.

Respectfully Submitted,

*Mike Alderson*  
Mike Alderson, Vice President  
American Underwriters Insurance Company

Enc: Property and Casualty Transmittal Document  
Underwriting Guideline  
Self addressed stamped envelope  
Check in the amount of \$50

Cc: Steve Strange Sr., President

**FILED**  
JUL 24 2008  
PROPERTY AND CASUALTY  
ARKANSAS INSURANCE DEPT.

**RECEIVED**  
JUL 24 2008  
PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

*Thinking Ahead.*

**Property & Casualty Transmittal Document**

Reset Form

**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: **RECEIVED**  
 New Business  
 Renewal Business

f. State Filing #: **JUL 24 2008**

g. SERFF Filing #:

h. Subject Codes **PROPERTY AND CASUALTY DIVISION  
 ARKANSAS INSURANCE DEPARTMENT**

<b>3. Group Name</b>	First Mercury Group				<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
American Underwriters Insurance Company	Arkansas	10251	71-6052523		

**5. Company Tracking Number**

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

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Mike Alderson PO Box 2020, Conway, AR 72033	Vice President	501-450-6890	501-450-6914	mikea@amcins.com
<b>7. Signature of authorized filer</b>		<i>Mike Alderson</i>		
<b>8. Please print name of authorized filer</b>		Mike Alderson		

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

<b>9. Type of Insurance (TOI)</b>	19.0 Personal Auto			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	19.0001 Private Passenger Auto (PPA)			
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>	Custom and Standard Auto			
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New: September 15, 2008	Renewal: October 15, 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>	July 2, 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			

2

## Property & Casualty Transmittal Document—

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]

Please see cover letter.

[View Complete Filing Description](#)

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]

Check #: 071362

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.)

PC TD-1 pg 2 of 2

## 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> (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	Underwriting Guideline	01/15/03	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Underwriting Guideline 09/15/08	
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

4

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit 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 form filing number</b> (Company tracking number of form filing, if applicable)	
<input type="checkbox"/> Rate Increase <input checked="" type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>							
<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>							
	<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
	American Underwriters Ins.		-6%	\$450,000	5584	\$7 million	+3%	-25%
<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>							
	<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change</b>	<b>Minimum % Change</b>

<b>5. 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 indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<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 & Use, Flex Band, etc.)	

<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	

5

ARKANSAS INSURANCE DEPARTMENT

FORM A-1  
Rev. 4/98

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 homeowners rate/rule submission that do not alter the information contained herein need not include this form.

Company Name American Underwriters Insurance Company  
NAIC No. 10251 Group No. \_\_\_\_\_

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

2. Do you furnish a market for young drivers? Yes  
Over age 65 drivers? Yes

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

4. Do you insure driver with an international or foreign driver's license? Yes

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

a.	Driver Over 55	<u>5</u>	%
b.	Good Student Discount	<u>15</u>	%
c.	Multi-car Discount	<u>20</u>	%
d.	Accident Free Discount*	<u>0</u>	%
	*Please Specify Qualification for Discount _____		
e.	Anti-theft Discount	<u>0</u>	%
f.	Other (specify) Drivers Training	<u>10</u>	%
	<u>College/ Scholastic</u>	<u>5</u>	%
	<u>Homeowner Package</u>	<u>6</u>	%
	<u>Homeowner Discount</u>	<u>3</u>	%
	<u>Motor Vehicle Accident Prevention</u>	<u>10</u>	%

6. Do you have an installment payment plan for automobile insurance? Yes  
If so, what is the fee for installment payments? \$6

7. Does your company utilize a tiered rating plan? Yes If so, list the programs and percentage difference.  
Custom Auto 100%/ Standard Auto 70-85% State the current volume for each program.

<u>Custom Auto</u>	<u>\$5.2 million</u>
<u>Standard Auto</u>	<u>\$2.4 million</u>

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

Mik Alderson  
Signature  
Vice President  
Title  
501-450-6890  
Telephone Number

6

1000  
1000  
1000  
1000  
1000

# AMERICAN UNDERWRITERS INSURANCE COMPANY

## GENERAL AUTO UNDERWRITING RULES

1. A private passenger auto is a four-wheel motor vehicle, other than a truck type, owned or leased under contract for at least six months and not used as a public or livery conveyance for passengers, or rented to others.
2. A motor vehicle that is a pickup, panel truck, sports utility vehicle or van; not exceeding 1 ton load capacity, shall be considered a private passenger auto, if owned by an individual or by a husband and wife who are residents of the same household, and is not customarily used in the occupation, profession or business of the insured, other than farming or ranching.
3. Applicants must have an insurable interest in the vehicles on the policy. The insured must be the title-holder of the vehicles.
4. Comprehensive/collision may not be written without liability coverage and must be written in conjunction with each other. The vehicle must be inspected by the agent before comp/collision is added.
5. Non-owner liability coverage is available. The vehicle will be rated as owned with a minimum of 4 points added.
6. After policy inception there will be a 100% surcharge if an endorsement adds a vehicle or driver that does not meet our underwriting guidelines.
7. Every insured purchasing Uninsured Motorist Bodily Injury Coverage shall be provided an opportunity to include Underinsured Motorist Coverage in the same amounts. Underinsured Motorist Coverage may not be purchased unless Uninsured Motorists BI Coverage is first purchased.
8. UMBI/PD, UIM or PIP will be provided on all vehicles and a premium will be charged if not rejected on the application. If UMBI coverage is less than BI coverage then a rejection must be signed.
9. Named Driver Exclusion is available for the Custom Auto Program. This endorsement must be signed by the named insured and is required for any driver who is not to be considered for rating. Please use caution and emphasize to the policyholders that should an excluded operator drive the insured vehicle and a claim result, there is no coverage under the policy for such a claim. Named Driver Exclusion is not available in the Standard Auto Program, all eligible operators must be listed on the application.
10. Available deductibles:  
Comprehensive - \$100, \$200, \$250, \$500, \$1,000  
Collision - \$200, \$250, \$500, \$1,000
11. Any driver who has been previously rejected or excluded must be submitted to us for approval before agent binds coverage on the driver.
12. All binding authority for new business and endorsements is suspended in areas where the National Weather Service has issued a flood or tornado "warning". Normal procedures can resume after the "warning" is lifted. Please be cautious of adding any coverage during these periods.

09/15/08

1

General Auto Rules

7

**TAPS:** (THINKING AHEAD PROCESSING System)

**Log-in Screen:**

Access TAP through [www.amcinsurance.com/pos](http://www.amcinsurance.com/pos)

User ID and Password are required and will be supplied to you by AMC.

**Home:**

Field labels for auto/property/reports will be displayed. Click on the desired activity.

**Quick Quote:**

Provides a quick premium return with minimal required entries:

**Quote to Bind:**

Takes you through the required Underwriting and Applicant information needed to upload the application with the ability to make payment after binding the coverage.

The flow is designed for easy use and will guide you through the process with an address verification feature that requires a garaging address if PO Box is the mailing address \*.

\*PO must be entered in 'Street Name' field. PO will not be allowed in the first box.

**Policy Level Coverages:**

Pick the coverage the insured requests; these will be coverages that apply to all vehicles.

**Driver Information Screen:**

Enter driver information. If your driver is an excluded driver, you can click the 'Exclude' button before you start to enter the other information, and it will only require you to enter needed data. At the bottom of the page, there is a button to 'Add Another Driver' or 'Continue', which takes you to the Vehicle Information screen. Accidents/violations/discounts if applicable are accessed at the bottom of driver page.

**Vehicle Information Screen:**

Enter VIN; validation will take you to a screen that has a dropdown, which must be invoked in order to choose your vehicle.

If the vehicle does not validate, you can close the box and enter year make and model. If you have physical damage on the vehicle, you will need to call your underwriter for a symbol if you do not have access to ISO vehicle symbols. Lien holder information is added at the bottom of vehicle page. You may choose from our database or add your lien holder to the database if it does not exist.

After all vehicles are added, you can click your 'RATE' button, which will take you to the 'Quote Premium and Payment Plan'. Choose 'Payment Plan'.

09/15/08

2

General Auto Rules

8

**Quote Summary:**

Quote number is assigned, and this page can be used as a quote sheet. You can return to your quote to make adjustments or issue policy, which will transfer the policy to AMC and bind coverage.

**Make Payment:**

Your policy number will be assigned, and you will be presented with payment options. We will accept MasterCard and Visa for full payments from the insured. You can choose to draft payment from Agent's account for cash payments from the insured's, or we will draft directly from the insured's account. The proper forms must be signed for draft from insured's account.

**Forms Printing:**

Application must be printed for signatures of insured and agent. ID cards may be printed and given to insured. Auto inspection forms are available for needed vehicle damage documentation. Receipts may be printed for insured. Payment schedule is available for the insured's future reference. **YOU ARE REQUIRED TO KEEP SIGNED DOCUMENTS.**

**Make a payment on an existing policy:**

By choosing your policy type from the Home Page, you can look up the policy by name, policy number, phone number or drivers license number and you will be taken to a list of matching names/numbers. Click on the correct item and then click 'Continue'. Verify this is the correct insured and then click 'Make a Payment'. You will be presented with the payment screen as described in Make a payment above.

**Inquire/Modify Quotes & Policies:**

From the Auto screen, you can search for quotes/policies by name, policy number, quote number, phone number, or drivers license number. You can modify your quote or view your quote or policy. Clicking 'Return to your Quote' will open it back up and make it available for changes to the vehicles/drivers/address etc.

**Reprint Forms:**

To reprint application, auto ID cards, and inspection forms, search for your policy from search screen, choose it from the returned list, click 'Continue', click 'View' from policy summary screen, click 'Reprint Forms' from the panel at left of screen, click 'Desired Form' and print.

**Daily Transaction Report:**

From 'Home', click on 'Reports', and then click on 'Daily Transaction Reports'. Enter the date and click 'Run Report', and it will provide all your payments for that day.

09/15/08

3

General Auto Rules

9

**HARDWARE REQUIREMENTS:**

**1. Internet Explorer versions 6.0 or higher.** To verify that you have this version, open your Internet session and click on 'Help' at the top and pick the option that says 'About Internet Explorer'. Clicking on this will tell you the version of Explorer you have.

**2. Acrobat Reader.** To verify you have this click your 'Start' button and go to 'Programs'. There should be a program called Acrobat Reader. If you do not have this program, it can be easily downloaded free from the Internet at [www.adobe.com](http://www.adobe.com).

**FORMS HANDLING:**

**Custom Auto Application:**

Print the application and have it signed in all the appropriate areas by the insured and keep the original for AMC. We will need these from time-to-time as required for claims handling, insurance department complaints, etc.

**Preferred Auto Application:**

Print the application and have it signed by the insured in all the appropriate areas, answer questions on the back of the application. Keep the original for us. We will need these from time to time as required for claims handling, insurance department complaints etc.

**Change Request when endorsement is process by Point Of Sale:**

Print the change request and have it signed by the insured when applicable and keep for us.

**ACH Forms:**

Print the form and have insured sign it and keep for us.

**Automobile Inspection:**

Sign and file with application or change request when required with Comprehensive, Collision or UMPD.

**Receipt:**

Print one copy for Insured and Keep one in your file if desired.

# APPLICATION SUBMISSION

1. Coverage is bound as of the date and time shown on the application. The application must be postmarked within 72 hours of effective date, or the policy will be effective on the day received. Policies issued through our Point of Sale (POS) upload system are effective the date received.
2. The application must be completed in detail and signed by the applicant and agent. Uploaded applications and endorsements must be kept and maintained by the agent. It is the agent's responsibility to have all documents requiring the insured's signature in the insured's file. Insured's files must be maintained for a period of 7 years after the expiration of the last active policy period and made available upon company request.
3. Please show the applicant's name exactly as indicated on the driver's license and include the driver's license number for all drivers.
4. All applications and additional premium endorsements must include a sufficient payment for coverage to be effective.
5. Do not back date coverage. Please inspect all vehicles for pre-existing damage before binding coverage for comp/collision (and UMPD). This rule applies to new business and endorsements.
6. Photographs for older vehicles may be required.
7. A copy of the vehicle registration may be required for VIN verification.
8. A copy of Driver License may be required.

## Pay Plans, all Six Month Terms.

- 1) 100% paid in full.
- 2) 50% down/50% due in 75 days.
- 3) 25%down/4 equal payments due every 30 days beginning in 30 days.
- 4) 16.67% down/5 equal payments.

## Fees

\$6 installment fee.  
**\$10 Policy fee with application.**  
**\$10 NSF Fee**  
**All fees are fully earned.**

## Policy Term

All policies are written for 6 months terms.

Installment bills will be sent to the insured 15 days prior to the due date with a copy sent to the agent. If payment is not made, we will issue a cancellation notice to the insured (copy to agent) no later than ten days prior to the cancellation date. Payment must be postmarked by the cancellation date. Policy may be reinstated with a lapse in coverage up to 30 days from cancellation date with company approval. Pay plan #4 will be billed on a monthly basis; the amount due will be posted on the Billing/Cancellation notice. This is the only installment notice sent to the insured.

09/15/08

5

General Auto Rules

# CANCELLATION REASONS AND RETURN PREMIUM CALCULATIONS

Non pay	pro rata
Insured request	pro rata
Company request	pro rata
Non-sufficient check	flat cancellation
Waiver of Premium	

(The company will retain any return premiums of \$5 or less due to cancellations or expirations)

## RENEWALS

Renewal offers will be mailed 15 days prior to effective date based on the preceding pay plan.

## DISCOUNTS

1. Multiple Car Discount: This applies to 2 or more vehicles regardless of class and a 20% discount applies to BI, PD, comprehensive and collision.
2. Motor Vehicle Accident Prevention Course: A 10% discount applies to any driver age 55 and over who has successfully completed an approved Motor Vehicle Accident Prevention Course within the last 36 months.
3. Driver Training Credit: Applies to driver under age 25 and a 10% credit applies to BI, PD and collision. Certificate from school is required and this class must be a full semester course.
4. Good Student Credit: Applies to driver under age 25 and a 15% credit applies to BI, PD and collision with a cumulative scholastic record of "B" or higher, if letter grades are used, or at least a 3 point average on a 4 point scale. Copies of most recent grades must be provided.
5. College Graduate Discount-Scholastic Achievement Discount: A 5% discount applies on BI, PD, Medical, Comprehensive and Collision coverage for insureds under 25 years of age that have graduated from a college or university with a cumulative scholastic record of "B" or higher, if letter grades are used, or at least a 3 point average on a 4 point scale.
6. Homeowner Discount: A 3% discount will be applied to liability, comprehensive, and collision if the name insured owns a single family residence, condominium, or town home. The name insured must reside in the residence. A copy of the homeowner's insurance declaration page or the most recent tax assessment must accompany the application.
7. Homeowner Package Discount: A 6% discount will be applied to liability, comprehensive, and collision if the insured's primary residence is insured by AMC.
8. **Maximum discounts cannot exceed 45%.**
9. **A transfer into the Standard Auto Program is a discounted rate of the Custom Auto Product for customers that qualify.**

09/15/08

6

General Auto Rules

12

# Automobile Program Specifics

Our general underwriting rules apply to all product types. Following are the rules for each specific product.

## Custom Auto

The purpose of the Custom Auto program is to provide a product for customers that have had a difficult time maintaining coverage; request minimum liability limits; have no prior coverage; have had accidents and/or violations; or have a lack of a good credit history.

1. We will write applicants up to the age of 75 for new business.
2. Driver with more than 10 points must be referred to underwriter.
3. A renewal credit of 5% applies after each 6 months period of coverage if there have been no accidents, violations or lapse. Maximum discount is 10%. After 12 months, you may place customers in the Standard program if they qualify.

## STANDARD AUTO

The purpose of the Standard auto program is to provide a product that fits customers who are loss free and have maintained coverage without a lapse in the previous 12 months. The agent should know this customer and have an existing relationship with them in the agency. If moving from another agency, proof of prior coverage in a standard product must be obtained and kept in the insured's file for audit verification.

1. We will write applicants up to the age of 72 for new business.
2. We will write applicants with no more than 1 minor violation in the last 36 months and no major violations.
3. Applicants must have maintained continuous coverage without a lapse in previous 12 months.
4. Named insured must be minimum of 25 years of age if single, 21 years of age if married.
5. One (1) at fault accident in the last 36 months per household will be allowed.
6. Named driver exclusions are not available in this product. Please list all individuals in the household that are potential operators of the vehicles.

## SURCHARGE SCHEDULE FOR STANDARD AUTO

If any of the following criteria is applicable to this program, a 20% surcharge will be applied:

1. At fault accident
2. Convertible Vehicle or one ton
3. Less than 2 years of non-standard coverage

09/15/08

8

General Auto Rules

14

## SURCHARGE SCHEDULE

All violations and accidents are chargeable for 36 months before inception of the policy. If multiple charges occur from one incident, surcharge for only the violation providing the most points.

MINOR VIOLATIONS		
Violation of Traffic Sign/Signal	1	Charge 1 point for each of the first three violations.  Charge 2 points for the fourth.
Speeding	1	
Driving on Wrong Side/Way	1	
Turning/Backing Violation	1	
Failure to Maintain Vehicle Control	1	
Unsafe Vehicle Operation for Driving Conditions	1	
Unrestrained or Unprotected Child	1	
All Other Moving Violations	1	
MAJOR VIOLATIONS		
One alcohol/drug violation	6	No more than 10 points per driver.
Driving while revoked or suspended	2	
Careless, reckless or negligent driving	4	
Hit and run	6	
Felony involving motor vehicle	6	
Violation of license restriction	3	
Minimum for risk involving SR-22 filing	4	
AT FAULT ACCIDENTS		
Each accident	3	
ADDITIONAL SURCHARGES		
Restricted Autos	3	
Convertibles	3	
One Ton	3	

For each point, add 6% surcharge to Custom auto rates. Maximum of 10 points.

Surcharge application example:

5 points x 6% = 30% surcharge

Apply to all coverage's on the applicable vehicle.

100 x 30% = 130

15

09/15/08

9

General Auto Rules

## RATING CLASSIFICATIONS

SM1	Single male age 16-18	SF1	Single female age 16-18
SM2	Single male age 19-20	SF2	Single female age 19-20
SM3	Single male age 21-24	SF3	Single female age 21-24
SM4	Single male age 25-29	SF4	Single female age 25-29
SM5	Single male age 30-49	SF5	Single female age 30-49
SM6	Single male age 50-54	SF6	Single female age 50-54
SM7	Single male age 55-64	SF7	Single female age 55-64
SM8	Single male age 65-69	SF8	Single female age 65-69
SM9	Single male age 70+	SF9	Single female age 70+
MM1	Married male age 16-18	MF1	Married female age 16-80
MM2	Married male age 19-20	MF2	Married female age 19-20
MM3	Married male age 21-24	MF3	Married female age 21-24
MM4	Married male age 25-29	MF4	Married female age 25-29
MM5	Married male age 30-49	MF5	Married female age 30-49
MM6	Married male age 50-54	MF6	Married female age 50-54
MM7	Married male age 55-64	MF7	Married female age 55-64
MM8	Married male age 65-69	MF8	Married female age 65-69
MM9	Married male age 70+	MF9	Married female age 70+

16

## TERRITORY DEFINITIONS

Arkansas—001  
Ashley—003  
Baxter—005 Marion—089  
Benton—007  
Boone—009  
Bradley—011  
Calhoun—013  
Carroll—015  
Chicot—017  
Clark—019  
Clay—021  
Cleburne—023  
Cleveland—025  
Columbia—027  
Conway—029  
Craighead—031  
Crawford—033  
Crittenden—035  
Cross—037  
Dallas—039  
Desha—041  
Drew—043  
Faulkner—045  
Franklin—047  
Fulton—049  
Garland—051  
Grant—053  
Greene—055  
Hempstead—057  
Hot Springs—059  
Howard—061  
Independence—063  
Izard—065  
Jackson—067  
Jefferson—069  
Johnson—071  
Lafayette—073  
Lawrence—075  
Lee—077  
Lincoln—079  
Little River—081  
Logan—083  
Lonoke—085  
Madison—087

Miller—091  
Mississippi—093  
Monroe—095  
Montgomery—097  
Nevada—099  
Newton—101  
Ouachita—103  
Perry—105  
Phillips—107  
Pike—109  
Poinsett—111  
Polk—113  
Pope—115  
Prairie—117  
Pulaski—119  
Randolph—121  
St. Francis—123  
Saline—125  
Scott—127  
Searcy—129  
Sebastian—131  
Sevier—133  
Sharp—135  
Stone—137  
Union—139  
Van Buren--141  
Washington—143  
White—145  
Woodruff—147  
Yell—149

17

## RATING INSTRUCTIONS

Assign highest rated operators to highest rated vehicle. Second highest rated operator to second highest rated vehicle, etc. If there are more vehicles than drivers, use Class MF5 with no points for remaining vehicles.

Coverage for travel-trailers and portable camper bodies is available. Please contact underwriter if value exceeds \$4,000.

### TRAILERS

\$100 Deductible Comprehensive	\$1.00 per \$100
\$200 Deductible Comprehensive	\$ .85 per \$100
\$500 Deductible Comprehensive	\$ .70 per \$100
\$1,000 Deductible Comprehensive	\$ .60 per \$100

\$200 Deductible Collision	\$1.15 per \$100
\$500 Deductible Collision	\$ .90 per \$100
\$1,000 Deductible Collision	\$ .81 per \$100

\*Coverage for customized equipment is available for any van or pickup insured for physical damage. Please contact underwriter if value exceeds \$4,000.

### CUSTOMIZING EQUIPMENT COVERAGE

\$100 Deductible Comprehensive	\$2.90 per \$100
\$200 Deductible Comprehensive	\$2.50 per \$100
\$500 Deductible Comprehensive	\$2.00 per \$100
\$1,000 Deductible Comprehensive	\$1.75 per \$100

\$200 Deductible Collision	\$2.50 per \$100
\$500 Deductible Collision	\$2.00 per \$100
\$1,000 Deductible Collision	\$1.75 per \$100

### EXTENDED TRANSPORTATION EXPENSE COVERAGE

First \$20 per day coverage is included when comprehensive and collision is purchased. This coverage may be written only when comprehensive and collision coverage is afforded.

Rate: If additional \$15 per day is desired, charge \$5 semi-annual.

09/15/08

12

General Auto Rules

18

# AMERICAN UNDERWRITERS INSURANCE COMPANY

## PERSONNEL

Mike Alderson	Vice President	501-450-6890 <a href="mailto:mikea@amcins.com">mikea@amcins.com</a>
Sandy Williams	Underwriting Manager	501-450-6815 <a href="mailto:sandyw@amcins.com">sandyw@amcins.com</a>
Karen Trafford	Property Underwriter	501-450-6819 <a href="mailto:karent@amcins.com">karent@amcins.com</a>
Sharon Beck	Auto Underwriter	501-450-6821 <a href="mailto:sharonb@amcins.com">sharonb@amcins.com</a>
Gayla Gould	Auto Underwriter	501-450-6934 <a href="mailto:gaylag@amcins.com">gaylag@amcins.com</a>
Holly Norris	Underwriting Support & Supplies	501-450-6928 <a href="mailto:hollyn@amcins.com">hollyn@amcins.com</a>
John Rather	Marketing Representative	501-450-6979 <a href="mailto:johnr@amcins.com">johnr@amcins.com</a>

## PERSONAL LINES CLAIMS PERSONNEL

Rex Lynn	<u>AVP Claims</u> 501-450-6963	<a href="mailto:rexl@amcins.com">rexl@amcins.com</a>
<u>Adjusters</u>		
Amy Brazil	450-6964	<a href="mailto:amyb@amcins.com">amyb@amcins.com</a>
David Goss	450-6908	<a href="mailto:dgoss@amcins.com">dgoss@amcins.com</a>
Kathy Sharp	450-6939	<a href="mailto:kathys@amcins.com">kathys@amcins.com</a>
	<u>Claims Support</u>	
Barbara Windle	450-6822	<a href="mailto:barbaraw@amcins.com">barbaraw@amcins.com</a>

### Claims Procedure

We feel that prompt handling of losses and claims by an Insurance Company is not only their duty, but also a standard by which they should be judged. We have always attempted to give the best claim service in the field and with your continued cooperation, we will do the same in the future.

Every claim must be reported to the Home Office immediately upon the notice from the insured. A completed loss report should be sent to the Home Office. We will assign losses to independent adjusters. Call us on any serious claim, or one needing prompt attention.

Any request for the filing of an SR-21 form must be accompanied by a completed accident report form. Indicate whether or not the other party is covered by liability insurance and the name of his company. If your insured has received any correspondence from the Safety Responsibility Section, attach this also.

In the event of severe wind or hail, check the extent of damage and estimate the number of losses expected. Advise the Home Office at once. Do not make any assignments to adjusters until authorized.

09/15/08

13

General Auto Rules

19

## UNACCEPTABLE DRIVERS

1. Applicants who are not a resident of Arkansas or whose vehicle is not garaged in Arkansas.
2. Applicants who lease vehicles and require an additional insureds agreement.
3. Applicants driving in excess of 30,000 miles per year or more than 50 miles one way to work.
4. Applicants engaged in highly transient occupations such as entertainers, pro-athletes and seasonal workers.
5. If Applicant has an out of state license or is regaining their license through a financial responsibility filing, proof of a new Arkansas driver's license number must be obtained before expiration of the policy. An International driver's license is accepted.
6. Drivers moving out of state will be non-renewed and policy will be endorsed to charge the highest rated territory until expiration.

## UNACCEPTABLE VEHICLES

1. Physical damage coverage on vehicles older than 15 years of age must have underwriter approval.
2. Liability coverage for vehicles older than 30 years of age must have underwriter approval.
3. Vehicles used for deliveries or public conveyance, including but not limited to: taxis, liveries, vehicles used for racing, pizza delivery, paper deliveries, emergency vehicles and vehicles used to transport.
4. No pickups or vans exceeding 1 ton. One ton is acceptable for personal use only.
5. Vehicle not titled in the Applicant's name.
6. Business use vehicles and/or vehicles owned or leased by a corporation or business.
7. No antique or collector type autos, modified or kits editions, dune buggies, ATV's, motorcycles or motor homes.
8. Auto whose cost new exceeds \$50,000 must be referred to the underwriter. Underwriting must approve any high performance or high value Vehicle.

09/15/08

7

General Auto Rules

13