

SERFF Tracking Number: PHXN-125700299 State: Arkansas
Filing Company: Hallmark Insurance Company State Tracking Number: #16620 \$50
Company Tracking Number: AR HC MC 0708 F
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: /

Filing at a Glance

Company: Hallmark Insurance Company

Product Name: Motorcycle

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Form

Effective Date Requested (New): 07/23/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: PHXN-125700299 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR HC MC 0708 F

Co Status:

Author: Tiery Thompkins

Date Submitted: 06/18/2008

State Tr Num: #16620 \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi

Disposition Date: 07/08/2008

Disposition Status: Approved

Effective Date (New): 07/23/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 07/08/2008

State Status Changed: 07/08/2008

Corresponding Filing Tracking Number:

Filing Description:

We are submitting for your approval, an additional ISO form.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Tiery Thompkins, Assistant Product Manager
14651 Dallas Parkway

TThompkins@phoenixautoins.com
(972) 866-5719 [Phone]

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Dallas, TX 75254 (972) 788-0520[FAX]

Filing Company Information

Hallmark Insurance Company CoCode: 34037 State of Domicile: Arizona
14651 Dallas Parkway Group Code: 3478 Company Type:
Suite 400
Dallas, TX 75254 Group Name: Hallmark Insurance State ID Number:
Group
(972) 934-2400 ext. [Phone] FEIN Number: 47-0718164

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07/08/2008	07/08/2008

Objection Letters and Response Letters

Objection Letters

Response Letters

Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	06/19/2008	06/19/2008	Tiery Thompkins	07/02/2008	07/02/2008
Industry Response						

SERFF Tracking Number: PHXN-125700299

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Disposition

Disposition Date: 07/08/2008

Effective Date (New): 07/23/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	Cover Letter	Approved	No
Form	Misc Type Vehicle Endorsment	Approved	No

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/19/2008

Submitted Date 06/19/2008

Respond By Date

Dear Tiery Thompkins,

This will acknowledge receipt of the captioned filing. The form filing fee of \$50.00 was not received with the filing. Please submit the fee and be sure to write the SERFF number on the check. Additionally, please respond to this letter when the check is sent.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/02/2008

Submitted Date 07/02/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Check 16620 has been mailed to the Arkansas Department of Insurance.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Sincerely,

Tiery Thompkins

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Misc Type Vehicle Endorsment	PP0323010		Endorsement/Amendment/Conditions			PP032310 - Misc Vehicle.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MISCELLANEOUS TYPE VEHICLE ENDORSEMENT

SCHEDULE

Description And Type Of Vehicle		Passenger Hazard Excluded				
1.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
3.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Coverage is provided where a premium and a limit of liability is shown for the coverage.						
				Premium		
Coverages		Limit Of Liability		Veh. 1	Veh. 2	Veh. 3
Liability	Bodily Injury	\$	Each Person	\$		
		\$	Each Accident			
		\$	Each Accident	\$		
	Property Damage	\$	Each Person		\$	
		\$	Each Accident			
		\$	Each Accident		\$	
		\$	Each Person			\$
		\$	Each Accident			
		\$	Each Accident			\$
Medical Payments		\$	Each Person	\$		
		\$	Each Person		\$	
		\$	Each Person			\$
Uninsured Motorists:	Bodily Injury	\$	Each Person	\$		
		\$	Each Accident			
		\$	Each Accident	\$		
	Property Damage	\$	Each Person		\$	
		\$	Each Accident			
		\$	Each Accident		\$	
		\$	Each Person			\$
		\$	Each Accident			
		\$	Each Accident			\$
Collision	\$	Less	\$	Ded.	\$	
	\$	Less	\$	Ded.		\$
	\$	Less	\$	Ded.		\$
Other Than Collision	\$	Less	\$	Ded.	\$	
	\$	Less	\$	Ded.		\$
	\$	Less	\$	Ded.		\$
Total Premium				\$		

NOTICE

For the Collision and Other Than Collision Coverages, the amount shown in the Schedule or in the Declarations is not necessarily the amount you will receive at the time of loss or damage for the described property. PLEASE refer to the Limit Of Liability Provision below.

With respect to the "miscellaneous type vehicles" and coverages described in the Schedule or in the Declarations, the provisions of the policy apply unless modified by this endorsement.

I. Definitions

The **Definitions** Section is amended as follows:

- A.** For the purpose of the coverage provided by this endorsement "miscellaneous type vehicle" means a motor home, motorcycle or other similar type vehicle, all-terrain vehicle, dune buggy or golf cart.
- B.** The definition of "your covered auto" is replaced by the following:
"Your covered auto" means:
1. Any "miscellaneous type vehicle" shown in the Schedule or in the Declarations.
 2. A "newly acquired auto".
 3. Any "trailer".
 4. Any "miscellaneous type vehicle" or auto you do not own while used as a temporary substitute for any other vehicle described in this definition which is out of normal use because of its:
 - a. Breakdown;
 - b. Repair;
 - c. Servicing;
 - d. Loss; or
 - e. Destruction.This Provision **(4.)** does not apply to Coverage for Damage to Your Auto.
- C.** Paragraph **1.** of the definition of "Newly acquired auto" is replaced by the following:
1. "Newly acquired auto" means any of the following types of vehicles you become the owner of during the policy period:
 - a. A private passenger auto;
 - b. A pickup or van, for which no other insurance policy provides coverage, that:
 - (1)** Has a Gross Vehicle Weight Rating of 10,000 lbs. or less; and
 - (2)** Is not used for the delivery or transportation of goods and materials unless such use is:
 - (a)** Incidental to your "business" of installing, maintaining or repairing furnishings or equipment; or
 - (b)** For farming or ranching; or
 - c. Any "miscellaneous type vehicle" of the same type shown in the Schedule or in the Declarations.

II. Part A – Liability Coverage

Part **A** is amended as follows:

- A.** The definition of "insured" is replaced by the following:

"Insured" means:

1. You or any "family member" for the ownership, maintenance or use of "your covered auto".
2. Any person using "your covered auto".
3. For "your covered auto", any person or organization but only with respect to legal responsibility for acts or omissions of a person for whom coverage is afforded under this Part.

- B.** The **Exclusions** Section is amended as follows:

1. Exclusion **B.1.** is replaced by the following:

We do not provide Liability Coverage for the ownership, maintenance or use of any vehicle which:

- a. Has fewer than four wheels; or
- b. Is designed mainly for use off public roads.

This Exclusion **(B.1.)** does not apply:

- a. While such vehicle is being used by an "insured" in a medical emergency; or
- b. To any "trailer"; or
- c. To a vehicle insured for Liability Coverage under this endorsement.

2. The following exclusion applies under Part **A** to any vehicle for which the Schedule or Declarations indicates that the passenger hazard is excluded:

We do not provide Liability Coverage for any "insured" for "bodily injury" to any person while "occupying" the described "miscellaneous type vehicle".

III. Part B – Medical Payments Coverage

Exclusion 1. of Part **B** is replaced by the following:

We do not provide Medical Payments Coverage for any "insured" for "bodily injury" sustained while "occupying" any motorized vehicle having fewer than four wheels. However, this Exclusion (1.) does not apply to a motorized vehicle having fewer than four wheels if it is insured for Medical Payments Coverage under this endorsement.

IV. Part D – Coverage For Damage To Your Auto

Part **D** is amended as follows:

- A.** The following is added to the Insuring Agreement:

We will pay for direct and accidental loss to facilities or equipment designed to be used with a "your covered auto" shown in the Schedule or in the Declarations which is a motor home, while such facilities or equipment is in or attached to the motor home. Facilities or equipment include but are not limited to:

1. Cooking, dining, plumbing, or refrigeration facilities;
2. Awnings or cabanas; or
3. Any other facilities or equipment designed to be used with a motor home.

- B.** The following is added to the definition of "non-owned auto":

3. Any motor home, motorcycle or other similar type vehicle, all-terrain vehicle, dune buggy or golf cart you do not own while used as a temporary substitute for "your covered auto" which is out of its normal use because of its:

- a. Breakdown;
- b. Repair;
- c. Servicing;
- d. Loss; or
- e. Destruction.

- C.** The **Exclusions** Section is amended as follows:

1. Exclusion 7. does not apply to:

- a. Any "miscellaneous type vehicle", shown in the Schedule or in the Declarations, which is a motor home; and
- b. Facilities or equipment designed to be used with the described motor home while in or attached to the motor home.

2. The following exclusions are added:

- a. We will not pay for loss to:

- (1) Clothing or luggage;
- (2) Business or office equipment; or
- (3) Articles which are sales samples or used in exhibitions.

- b. This coverage does not apply to furnishings or equipment that are excluded from coverage under Exclusions 4., 5., 9. or 10. of Part **D**.

- D.** With respect to the Coverage(s) shown as applicable to a vehicle described in the Schedule or in the Declarations, the **Limit Of Liability** Provision is replaced by the following:

LIMIT OF LIABILITY

- A.** Our limit of liability for loss will be the lesser of the:

1. Amount shown in the Schedule or in the Declarations;
2. Actual cash value of the stolen or damaged property; or
3. Amount necessary to repair or replace the property with other property of like kind and quality.

Our payment for loss will be reduced by any applicable deductible shown in the Schedule or in the Declarations. If loss to more than one "your covered auto" results from the same "collision" only the highest applicable deductible will apply.

- B.** An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total loss.

- C.** If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

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Sub-TOI: 19.0002 Motorcycle

Product Name: Motorcycle

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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Product Name: Motorcycle

Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

07/08/2008

Comments:

Attachment:

Transmittal Document- F.pdf

Satisfied -Name: Cover Letter

Review Status:

Approved

07/08/2008

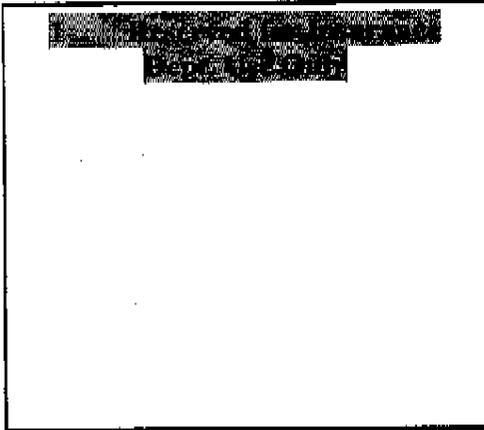
Comments:

Attachment:

Form Cover Letter 07_23_2008.pdf

Effective March 1, 2007

Property & Casualty Transmittal Document



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	

3. Group Name	Hallmark Insurance Group				Group NAIC #	3478
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Hallmark Insurance Company	AZ	34037	47-0718164			

5. Company Tracking Number	AR HC MC 0708 F
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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
Tiery Thompkins 14851 Dallas Parkway, Suite 400 Dallas, TX 75284	Asst. Product Manager	(800)486-5516 ext. 5719	(972) 788-0520	tthompkins@phoenixautoins.com

7. Signature of authorized filer

8. Please print name of authorized filer Tiery Thompkins

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

9. Type of Insurance (TOI)	19.0 Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	19.0002 Motorcycle
11. State Specific Product code(s)(if applicable)(See State Specific Requirements)	
12. Company Program Title (Marketing title)	Sweet 612
13. Filing Type	<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)
14. Effective Date(s) Requested	New: 07/23/2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	06/17/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # AR HC MC 0708 F

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

We are submitting for your approval an additonal ISO form for our Arkansas Motorcycle Program.



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 #:
Amount:

[Empty box for filing fee calculations]

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.)

Effective March 1, 2007

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 #		AR HC MC 0708 F			
2. This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		AR HC MC 0708 R			
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	Misc. Type Vehicle Endorsement	PP0323010	<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

HALLMARK INSURANCE COMPANY

June 17, 2008

Alexa Grissom,
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201

RE: Hallmark Insurance Company
Initial Motorcycle Program Filing – Sweet 612
New Business Effective Date 06/18/2008
Co Tr Num: AR HC MC 0708 F

Dear Alexa Grissom:

Hallmark Insurance Company is submitting for your approval, an additional ISO form for our initial Arkansas Motorcycle Program; we currently write no new or renewal business in the State of Arkansas.

This program will use the forms from our previously filed PPA program:

- SERFF Tr Num: USPH-6SWPV4262/00-00/00-00/00
- State Tr Num: AR-PC-06-021047

We wish to make this filing effective July 23, 2008 for new business. If you have any questions or if we can be of further assistance, please contact me by phone at (800) 486-5616 extension #5719 or by e-mail at tthompkins@phoenixautoins.com

Respectfully,

Tiery Thompkins,
Asst. Product Manager
Phoenix Indemnity Insurance Company

A Subsidiary of Hallmark Financial Services, Inc.

14651 Dallas Parkway, Suite 400 ♦ Dallas, Texas 75254 ♦ 800-486-5616 ♦ 972-876-6960 Fax