

SERFF Tracking Number: SAFA-125726934 State: Arkansas  
Filing Company: Safeco Insurance Company of Illinois State Tracking Number: EFT \$50  
Company Tracking Number: PL-200811-MC-AR-F  
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle  
Product Name: Motorcycle  
Project Name/Number: Motorcycle/PL-200811-MC-AR-F

## Filing at a Glance

Company: Safeco Insurance Company of Illinois

Product Name: Motorcycle

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Form

Effective Date Requested (New): 11/06/2008

Effective Date Requested (Renewal): 12/11/2008

State Filing Description:

SERFF Tr Num: SAFA-125726934

SERFF Status: Closed

Co Tr Num: PL-200811-MC-AR-F

Co Status:

Authors: Layne Chinen, Judy Maddox

Date Submitted: 07/22/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Disposition Date: 07/28/2008

Disposition Status: Approved

Effective Date (New): 11/06/2008

Effective Date (Renewal): 12/11/2008

## General Information

Project Name: Motorcycle

Project Number: PL-200811-MC-AR-F

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 07/28/2008

State Status Changed: 07/28/2008

Corresponding Filing Tracking Number:

Filing Description:

Motorcycle - Form Filing - Roadside Assistance Coverage

The SA-2755/EP 8/08 is a new endorsement that will replace the Roadside Assistance Coverage listed under the Additional Coverages section of the policy.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

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## Company and Contact

### Filing Contact Information

Judy Maddox, Product Management Specialist judmad@safeco.com  
 14123 Denver West Parkway (720) 497-9518 [Phone]  
 Golden, CO 80401 (720) 497-9495[FAX]

### Filing Company Information

Safeco Insurance Company of Illinois CoCode: 39012 State of Domicile: Illinois  
 2800 West Higgins Road Group Code: 163 Company Type: P&C  
 Suite 1100  
 Hoffman Estates, IL 60195-5205 Group Name: State ID Number:  
 (800) 544-2614 ext. [Phone] FEIN Number: 91-1115311  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form submission  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Safeco Insurance Company of Illinois	\$50.00	07/22/2008	21535494

SERFF Tracking Number: SAFA-125726934 State: Arkansas  
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## Correspondence Summary

### Dispositions

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

*SERFF Tracking Number:* SAFA-125726934      *State:* Arkansas  
*Filing Company:* Safeco Insurance Company of Illinois      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* PL-200811-MC-AR-F  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0002 Motorcycle  
*Product Name:* Motorcycle  
*Project Name/Number:* Motorcycle/PL-200811-MC-AR-F

## **Disposition**

Disposition Date: 07/28/2008

Effective Date (New): 11/06/2008

Effective Date (Renewal): 12/11/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SAFA-125726934 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	ROADSIDE ASSISTANCE COVERAGE - MOTORCYCLE	Approved	Yes

SERFF Tracking Number: SAFA-125726934 State: Arkansas  
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 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle  
 Product Name: Motorcycle  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ROADSIDE ASSISTANCE COVERAGE - MOTORCYCLE	SA-2755/EP	8/08	Endorsement/Amendment/Conditions		44.80	SA_2755EP_082008_FILE.pdf

**ROADSIDE ASSISTANCE COVERAGE — MOTORCYCLE**  
**CALL 1-877-ROAD 101 (1-877-762-3101)**

This coverage replaces the Roadside Assistance Coverage under your policy.

The following coverages apply to each vehicle for which this coverage is shown in the Policy Declarations:

1. Each time **your covered motorcycle** is disabled due to mechanical or electrical breakdown we will pay reasonable and necessary expenses for the use of an **authorized service provider** for towing to the nearest qualified place where necessary repairs can be made during regular **business** hours.
2. Each time **your covered motorcycle** is disabled requiring:
  - a. Towing to dislodge the vehicle from its place of disablement within 100 feet of a public street or highway; or
  - b. Labor at the place of its breakdown; or
  - c. Delivery of fuel, oil, water or other fluids (we do not pay the costs of these items);we will cover up to one (1) hour of labor for the use of an **authorized service provider** for service at the place of disablement.
3. Coverage is limited to no more than two occurrences per vehicle plus an additional two occurrences per policy in a 12 month period for both coverages **1.** and **2.**, above.

**Authorized service provider** means a service provider contracted by us providing, at no charge to you, roadside assistance as described and limited above.

When service is provided by other than an **authorized service provider**, we will reimburse you up to a maximum of \$300 per occurrence.

No deductible applies to this coverage.

<i>SERFF Tracking Number:</i>	<i>SAFA-125726934</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Safeco Insurance Company of Illinois</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PL-200811-MC-AR-F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0002 Motorcycle</i>
<i>Product Name:</i>	<i>Motorcycle</i>		
<i>Project Name/Number:</i>	<i>Motorcycle/PL-200811-MC-AR-F</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: SAFA-125726934 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 07/28/2008

**Comments:**

**Attachment:**

TD-1 2007.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 07/28/2008

**Comments:**

**Attachment:**

MC Cover Letter.pdf

### Property & Casualty Transmittal Document

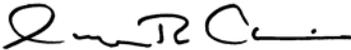
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New 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>
Safeco	163

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Safeco Insurance Company of Illinois	IL	163-39012	91-1115311	

<b>5. Company Tracking Number</b>	PL-200811-MC-AR-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
	Layne Chinen Safeco Plaza Seattle, WA 98185	Forms Analyst	206-473-5634	206-473-6722	<a href="mailto:laychi@safeco.com">laychi@safeco.com</a>
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Layne Chinen		

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

9.	Type of Insurance (TOI)	19.0000
10.	Sub-Type of Insurance (Sub-TOI)	19.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Motorcycle
13.	Filing Type	[ ] Rate/Loss Cost [ ] Rules [ ] Rates/Rules [ x ] Forms [ ] Combination Rates/Rules/Forms [ ] Withdrawal [ ] Other (give description)
14.	Effective Date(s) Requested	New: 11-6-2008      Renewal: 12-11-2008
15.	Reference Filing?	[ ] Yes [ x ] No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	July 22, 2008
19.	Status of filing in domicile	[ ] Not Filed [ ] Pending [ ] Authorized [ ] Disapproved

## Property & Casualty Transmittal Document—

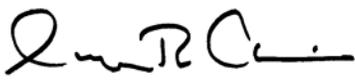
20. This filing transmittal is part of Company Tracking # PL-200811-MC-AR-F

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

Re: Safeco's Motorcycle Program – Form  
Legal Entity – General Insurance Company of America – NAIC #163-24732

The SA-2755/EP 8/08 is a new endorsement that will replace the Roadside Assistance Coverage listed under the Additional Coverages section of the policy. The differences between the two coverages are highlighted in the cover letter

Sincerely,



Layne Chinen  
Forms Analyst  
Phone: (206) 473-5634  
FAX: (206) 473-6722  
EMAIL: [laychi@safeco.com](mailto:laychi@safeco.com)  
LC/wtv

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 #: Filing Fees submitted via EFT through SERFF  
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>PL-200811-MC-AR-F</b>
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<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	<b>ROADSIDE ASSISTANCE COVERAGE - MOTORCYCLE</b>	SA-2755/EP 8/08	<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

## 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>PL-200811-MC-AR-F</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<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>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

Safeco Plaza  
Seattle, WA 98185-0001

Phone: (206) 545-5000  
www.safeco.com

July 22, 2008

Honorable Mike Pickens  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: Safeco's Motorcycle Program – Form Filing  
Legal Entity – Safeco Insurance Company of Illinois – NAIC #163-39012  
Roadside Assistance Coverage, SA-2755/EP 8/08  
Proposed Effective Date: November 6, 2008 - New Business  
December 11, 2008 - Renewal Business  
Filing Number: PL-200811-MC-AR-F

Dear Mr. Pickens:

The above captioned forms are submitted on behalf of the company listed above.

The SA-2755/EP 8/08 is a new endorsement that will replace the Roadside Assistance Coverage listed under the Additional Coverages section of the policy. The differences between the two coverages are highlighted below. The new Roadside Assistance Coverage will be a benefit to our insureds as they will no longer have to pay tows or other labor performed at the place of disablement out of their pocket and then request reimbursement. We will pay for towing to the nearest repair that can perform the repairs or any repair they want to be towed to as long as it is within a 10 mile radius. So if they are stuck 200 miles from the nearest repair facility, we will pay to tow them 200 miles. We are limiting the coverage to no more than 2 occurrences per vehicle in a 12 month period, not to exceed a total limit of 4 occurrences in that 12 month term.

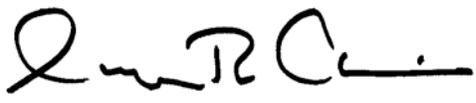
ROADSIDE ASSISTANCE COVERAGE - MOTORCYCLE	ROADSIDE ASSISTANCE COVERAGE
<p><a href="#">This coverage replaces the Roadside Assistance Coverage under your policy.</a></p> <p><a href="#">The following coverages apply to each vehicle for which this coverage is shown in the Policy Declarations:</a></p> <ol style="list-style-type: none"> <li>Each time <b>your covered motorcycle</b> is disabled <a href="#">due to mechanical or electrical breakdown we will pay reasonable and necessary expenses for the use of an authorized service provider for</a> towing to the nearest <a href="#">qualified</a> place where necessary repairs can be made during regular <b>business</b> hours.</li> <li><a href="#">Each time your covered auto is disabled</a></li> </ol>	<p><del>We will pay reasonable expenses incurred each time <b>your covered motorcycle</b> is disabled up to a maximum of \$300, per occurrence, for:</del></p> <ol style="list-style-type: none"> <li><del>Towing to the nearest place where necessary repairs can be made during regular business hours if it will not run. Towing it out if it is stuck on or next to a public street or highway;</del></li> </ol>

<p><u>requiring:</u></p> <p>a. <u>Towing to dislodge the vehicle from its place of disablement within 100 feet of a public street or highway; or</u></p> <p>b. Labor at the place of <u>its breakdown; or</u></p> <p>c. <u>Delivery of</u> fuel, oil, water or other fluids (we do not pay the costs of these items); <u>we will cover up to one (1) hour of labor for the use of an authorized service provider for service at the place of disablement.</u></p> <p><u>3. Coverage is limited to no more than two occurrences per vehicle plus an additional two occurrences per 12 month period for both coverages 1. and 2., above.</u></p> <p><u>Authorized service provider means a service provider contracted by us providing, at no charge to you, roadside assistance as described and limited above.</u></p> <p><u>When service is provided by other than an authorized service provider, we will reimburse you up to a maximum of \$300 per occurrence.</u></p> <p><u>No deductible applies to this coverage.</u></p>	<p><del>2.</del> Labor at the <del>time and</del> place of <del>disablement due to:</del></p> <ul style="list-style-type: none"><li><del>• Electrical or mechanical breakdown</del></li><li><del>• Dead battery</del></li><li><del>• Flat tire</del></li><li><del>• Lack of essential fluids</del> (fuel, oil, water, or other fluid. We do not pay for the cost of these items).</li></ul> <p><del>3.</del> <del>Trip charges</del></p> <p><del>Includes trailers being towed by motorcycle/ATV.</del></p>
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No related rate changes are being made with these changes at this time.

We are requesting an effective date for this submission of November 6, 2008 for New Business and December 11, 2008 for Renewal Business.

Sincerely,



Layne Chinen  
Forms Analyst  
Office of Regulatory Government Affairs  
(206) 473-5634  
FAX: (206) 473-6722  
EMAIL: [laychi@safeco.com](mailto:laychi@safeco.com)