

SERFF Tracking Number: SAFA-125732613 State: Arkansas
Filing Company: Safeco Insurance Company of Illinois State Tracking Number: EFT \$50
Company Tracking Number: 08-AR-201308-F
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto
Project Name/Number: RAC & EAP/08-AR-201308-F

Filing at a Glance

Company: Safeco Insurance Company of Illinois

Product Name: Personal Auto

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Form

SERFF Tr Num: SAFA-125732613

SERFF Status: Closed

Co Tr Num: 08-AR-201308-F

Co Status:

Authors: Betty Osher, Wanda
Varnell

Date Submitted: 07/14/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi

Disposition Date: 07/24/2008

Disposition Status: Approved

Effective Date Requested (New): 09/18/2008

Effective Date Requested (Renewal): 10/23/2008

Effective Date (New): 09/23/2008

Effective Date (Renewal):
10/23/2008

State Filing Description:

General Information

Project Name: RAC & EAP

Project Number: 08-AR-201308-F

Reference Organization:

Reference Title:

Filing Status Changed: 07/24/2008

State Status Changed: 07/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Betty Osher, State Filings Analyst betosh@safeco.com
Safeco Plaza (206) 473-5309 [Phone]
Seattle, WA 98185 (206) 473-6722[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

SERFF Tracking Number: SAFA-125732613 State: Arkansas
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Safeco Insurance Company of Illinois	\$50.00	07/14/2008	21400837

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07/24/2008	07/24/2008

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Disposition

Disposition Date: 07/24/2008

Effective Date (New): 09/23/2008

Effective Date (Renewal): 10/23/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SAFA-125732613 *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	Approved	Yes
Form	Emergency Assistance Package	Approved	Yes

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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	SA-2736/EP	9/08	Policy/Coverage Form Replaced	Replaced Form #:41.20 SA-2736/EP 8/08 Previous Filing #:		SA_2736EP_092008_f.pdf
Approved	Emergency Assistance Package	SA-2267/EP	9/08	Policy/Coverage Form Replaced	Replaced Form #:45.70 SA-2267/EP 8/08 Previous Filing #:		SA_2267EP_092008_f.pdf

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

This coverage replaces the **Towing and Labor Costs Coverage** under your policy.

“**Your covered auto**” as used in this endorsement means a private passenger vehicle, motor home or trailer owned by you and for which a specific premium is shown on the Declarations for this coverage.

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

1. Each time **your covered auto** or any **non-owned auto** is disabled due to mechanical or electrical breakdown we will pay reasonable and necessary expenses for the use of an **authorized service provider** to tow or flatbed **your covered auto** or **non-owned auto** up to 10 miles or to the nearest qualified place where necessary repairs can be made during regular **business** hours.
2. Each time **your covered auto** or any **non-owned auto** 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, including change of tire, 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); or
 - d. Key lock-out services;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 6 month policy 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 only for reasonable charges as determined by us.

No deductible applies to this coverage.

EMERGENCY ASSISTANCE PACKAGE

INSURING AGREEMENT

If the Declarations indicates Emergency Assistance Package applies to **your covered auto**, the coverages listed below are included in your policy. These coverages are in excess of any other collectible insurance unless otherwise stated. No deductible applies to these coverages.

“**Your covered auto**” as used in this endorsement, means a motor vehicle or **recreational vehicle** owned by you and for which a specific premium is shown on the Declarations for this coverage.

“**Recreational vehicle**” means a motor home or travel trailer.

A. Transportation Expenses

1. We will reimburse you up to \$100 or \$200 if **your covered auto** is a **recreational vehicle** for necessary expenses actually incurred by you or a **family member** if **your covered auto** or **non-owned auto** is disabled to the degree that it may not be driven safely. Coverage begins at the place of disablement and ends when you or any **family member** arrives at:
 - a. your residence; or
 - b. the nearest location **your covered auto** or **non-owned auto** can be repaired or replaced.
2. The Loss of Use under Additional Coverages in the policy, is replaced by the following. Subject to the Loss of Use limit shown in the Declarations, we will pay for:
 - a. Transportation expenses incurred by you in the event of a loss to **your covered auto** or **non-owned auto** covered under this endorsement.
 - b. Indirect loss expense for which you become legally responsible in the event of a loss to a **non-owned auto**.
 - c. Any deductible amount you are legally responsible for paying on a temporary substitute auto rented from a rental agency or garage.

This coverage applies only if:

- a. **Your covered auto** or the **non-owned auto** is withdrawn from use for more than 24 hours (except for disablement expenses); and
- b. The loss is caused by **collision** or is otherwise covered under Part **D** of this policy.

Our payment will be limited to that period of time reasonably required to repair or replace the vehicle.

B. Emergency Expenses

If you are more than 50 miles from your residence and **your covered auto** or any **non-owned auto** sustains a loss covered under the Comprehensive or Collision coverages of your policy and is inoperable or uninhabitable, we will pay up to \$500, or \$300 per day or a maximum of \$1,500 if **your covered auto** is a **recreational vehicle**, in any one occurrence, for reasonable and necessary expenses for:

1. Alternative transportation for you to continue to your destination or residence.
2. Meals and lodging necessary when the loss to **your covered auto** or **non-owned auto** causes a delay in your travel. The expenses must be incurred between the time of the loss and your arrival at your destination or residence or by the end of the fifth day, whichever comes first.
3. Meals, lodging and transportation expenses you incur when you or any other person you choose, drives **your covered auto** or **non-owned auto** from the place of repair to your destination or residence.

The most we will pay in any one policy period is \$500 or \$1,500 if **your covered auto** is a **recreational vehicle**, regardless of the number of claims made under this coverage.

C. Roadside Assistance Coverage (does not include recreational vehicles). Recreational vehicles are covered under **D**. below.

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

1. Each time **your covered auto** or any **non-owned auto** is disabled due to mechanical or electrical breakdown we will pay reasonable and necessary expenses for the use of an **authorized service provider** to tow or flatbed **your covered auto** or **non-owned auto** up to 10 miles or to the nearest qualified place where necessary repairs can be made during regular **business** hours.
2. Each time **your covered auto** or any **non-owned auto** 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, including change of tire, 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); or
- d. Key lock-out services;

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 6 month policy 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 only for reasonable charges as determined by us.

No deductible applies to this coverage.

D. Roadside Assistance Coverage for Recreational Vehicles

We will pay up to \$300 in reasonable and necessary expenses incurred each time **your covered auto** or a **non-owned auto** is disabled for:

- 1. Towing to the nearest qualified place where the necessary repairs can be made during regular business hours if it will not run;
- 2. Towing to dislodge the vehicle from its place of disablement within 100 feet of a public street or highway;
- 3. Mechanical labor up to one (1) hour at the place of its breakdown, including change of tire; or
- 4. Delivery of fuel, oil, water, other fluid.

We do not pay the cost of fuel, oil, water or other fluids, or replacement tires.

E. Key and Lock Coverage for Recreational Vehicles

We will pay up to \$200 in any one occurrence to:

- 1. Repair or replace a key used to operate **your covered auto** or **non-owned auto**. This coverage also applies to repair or replace door or window locks on **your covered auto** or **non-owned auto**, when

it is likely that the corresponding key has been stolen.

- 2. Coverage does not apply to:
 - a. keys pertaining to any residence premises where you reside or dwelling under construction or renovation.
 - b. lost keys entrusted to any person who is not insured under this policy.

The most we will pay for this coverage in any one policy period is \$200, regardless of the number of claims made under this coverage.

F. Personal Property Coverage

- 1. We will pay up to \$500 in any one occurrence for loss to personal property owned or used by you or any **family member**, while located in **your covered auto** or **non-owned auto** while away from your residence premises. This coverage does not apply to:
 - a. Any animals, birds or fish;
 - b. Motorized vehicles;
 - c. Aircraft;
 - d. Property carried or held as samples or for sale or delivery after sale;
 - e. Property rented or held for rental to others.
 - f. Money or currency, prepaid cards or passes, monetary value carried on an electronic chip or magnetic cards, securities, debit cards, checks, cashier checks, travelers checks, money orders and other negotiable instruments.
 - g. Items described in 2. below.

If **your covered auto** or **non-owned auto** is stolen from your residence premises and Comprehensive Coverage applies we will pay up to \$250 for direct loss to clothes, luggage, camping gear and other sporting equipment. The property must be owned by you or any **family member** and be in **your covered auto** or **non-owned auto** at the time of loss.

- 2. In case of total theft of **your covered auto** or **non-owned auto**, we will pay the lesser of the following limits for direct loss due to theft of tapes, records, discs or other digital media:
 - a. \$50; or
 - b. the actual cash value of the stolen or damaged property.

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TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
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Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: RAC & EAP/08-AR-201308-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/24/2008

Comments:

Attachments:

PCTD-1 2007.pdf

FFS-1 2007.pdf

Satisfied -Name: Cover letter **Review Status:** Approved 07/24/2008

Comments:

Attachment:

AR Cover Letter.pdf

Property & Casualty Transmittal Document

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: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></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					

3. Group Name	Group NAIC #
Safeco Insurance Companies	163

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

5. Company Tracking Number	08-AR-201308-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
	Betty Osher 4333 Brooklyn Ave. NE Seattle, WA. 98105	Senior Forms Analyst	206.473.5309	206.473.6722	betosh@safeco.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Betty Osher

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)	19.0001 Private Passenger Auto (PPA)
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Personal Auto Program
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: September 18, 2008 Renewal: October 23, 2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	July 14, 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

20.	This filing transmittal is part of Company Tracking #	08-AR-201308-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Please see cover letter.

22.	<p>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]</p> <p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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*****Refer to 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 #	08-AR-201308-F			
2.	This filing corresponds to rate/rule filing number <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	Roadside Assistance Coverage	SA-2736/EP 9/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SA-2736/EP 8/08	
02	Emergency Assistance Package	SA-2267/EP 9/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SA-2267/EP 8/08	
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		



SAFECO PROPERTY & CASUALTY INSURANCE COMPANIES

Safeco Plaza
Seattle, WA 98185-0001

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

July 14, 2008

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

Safeco Insurance Company of Illinois 163-39012
Independent Automobile Form Filing
Personal Auto Program
Roadside Assistance Coverage, SA-2736/EP 9/08
Emergency Assistance Package, SA-2267/EP 9/08
Proposed Effective Date: September 18, 2008 - New Business
October 23, 2008 - Renewal Business
Filing Number: 08-AR-201308-F

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

The SA-2736/EP 9/08 will replace the SA-2736/EP 8/08 and was revised as follows:

- We added a description of “your covered auto” as used in the endorsement, a clarification.
- Under item 1, we revised the paragraph to reflect that we may also use a flatbed truck when towing a covered auto or non-owned auto, a broadening.
- Increased the number of feet we will pull a vehicle out when stuck to 100 feet from 20 feet, a broadening.
- Changed the number of maximum occurrences in a policy term from four to two per vehicle plus an additional two. This is a broadening as the minimum number of occurrences would now be four and the maximum 10 if there are 4 vehicles insured under the policy.

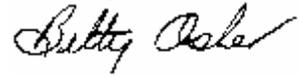
The SA-2267/EP 9/08 will replace the SA-2267/EP 8/08 currently on file and was revised as follows:

- Under C., Roadside Assistance Coverage the following changes were made:
 - Under item 1, we revised the paragraph to reflect that we may also use a flatbed truck when towing a covered auto or non-owned auto, a broadening.
 - Increased the number of feet we will pull a vehicle out when stuck to 100 feet from 20 feet, a broadening.
 - Changed the number of maximum occurrences in a policy term from four to two per vehicle plus an additional two. This is a broadening as the minimum number of occurrences would now be four and the maximum 10 if there are 4 vehicles insured under the policy.

We are requesting an effective date for this submission of September 18, 2008 for New Business and October 23, 2008 for Renewal Business.

July 14, 2008
Page 2

Sincerely,

A handwritten signature in cursive script that reads "Betty Osher".

Betty Osher, CPCU
Senior Forms Analyst
Corporate Legal
(206) 473-5309
FAX (206) 473-6722
betosh@safeco.com