

SERFF Tracking Number: STAT-125723278 State: Arkansas
Filing Company: State Auto Property and Casualty Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: PC-PPA-2008-266
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Arkansas PPA
Project Name/Number: Rules eff 11-15-08/PC-PPA-2008-266

Filing at a Glance

Company: State Auto Property and Casualty Insurance Company

Product Name: Arkansas PPA	SERFF Tr Num: STAT-125723278	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: PC-PPA-2008-266	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Authors: Doug Griffith, Amanda Scott	Disposition Date: 07/10/2008
	Date Submitted: 07/09/2008	Disposition Status: Filed
Effective Date Requested (New): 11/15/2008		Effective Date (New): 11/17/2008
Effective Date Requested (Renewal): 11/15/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Rules eff 11-15-08	Status of Filing in Domicile:
Project Number: PC-PPA-2008-266	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/10/2008	
State Status Changed: 07/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

With this filing we are revising our Private Passenger Auto program, as detailed below.

We are revising our payment options section as well as our policy term charts. We are also adding a timing considerations section. Please see manual pages GR-9 and GR-10 for details.

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Please contact me if you have any questions.

Your consideration and acknowledgement of our filing to become effective November 15, 2008 will be very much appreciated.

Company and Contact

Filing Contact Information

Doug Griffith, Supervisor, State Filings doug.griffith@stateauto.com
 518 E. Broad Street (614) 917-5492 [Phone]
 Columbus, OH 43215 (614) 887-1615[FAX]

Filing Company Information

State Auto Property and Casualty Insurance CoCode: 25127 State of Domicile: Iowa
 Company
 1300 Woodland Ave Group Code: 175 Company Type: Property and
 Casualty
 PO Box 66150
 West Des Moines, IA 50265-0150 Group Name: State ID Number:
 (614) 464-5000 ext. [Phone] FEIN Number: 57-6010814

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Auto Property and Casualty Insurance Company	\$25.00	07/09/2008	21308919

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	07/10/2008	07/10/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date Change	Note To Reviewer	Amanda Scott	09/03/2008	09/03/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Revised Manual Pages	Filed	Yes

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Note To Reviewer

Created By:

Amanda Scott on 09/03/2008 02:17 PM

Subject:

Effective Date Change

Comments:

We would like to revise our effective date from 11/15/08 to 11/17/08.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Revised Manual Pages	Pages GR-9 and Replacement GR-10		AR Tiered Auto Manual eff 11-15-08 revised pages.pdf

**ARKANSAS PERSONAL AUTO MANUAL
GENERAL RULES SECTION**

5. SAFE DRIVER INSURANCE PLAN (SDIP) (CON'T)

2. Renewal Business

Information necessary to assign proper renewal Driving Record Sub-Classification shall be determined from any one or combination of the following:

- a. Company's own records, or
- b. Motor Vehicle records, or
- c. An application signed by the applicant and producer.

6. PAYMENT PLAN

The policy may be written for a period of six months or one year. Renewal terms are processed according to the current rates and forms.

Six Month Policy Term			
Pay Plan Options	E-Pay Available	Service Charge	Billing Due Dates
Full Pay	Yes	N/A	Full payment due at inception of policy term.
Two Pay	Yes	\$4 N/A – EFT	50% due at inception with remaining due in 3 months.
Monthly Pay	Yes	\$4 N/A – EFT	1/6 th due at inception with remaining billed in installments every 30 days.

Twelve Month Policy Term			
Pay Plan Options	E-Pay Available	Service Charge	Billing Due Dates
Full Pay	Yes	N/A	Full payment due at inception of policy term.
Two Pay	Yes	N/A	50% due at inception with remaining due in 6 months.
Four Pay	Yes	\$4 N/A – EFT	25% due at inception with remaining billed in 25% installments each 90 days.
Monthly Pay	Yes	\$4 N/A - EFT	1/12 th due at inception with remaining billed in installments every 30 days.

A. Timing Considerations—The number of installments will be determined by the number of months remaining in the policy term at the time the policy is set up. At renewal, the payment cycle will convert to the valid pay plan that was selected.

B. Electronic Funds Transfer (“E-Pay”)

The insured has the option of choosing a date between the 1st and 28th of the month that they would like the deduction to take place on EFT billed policies. Using the effective date of the policy for the EFT effective date will ensure that the insured is current on installment payments. The insured will be notified by the company 14 days in advance of the initial amount of premium to be deducted, as well as any changes to that amount of one dollar (\$1.00) or more.

This option is available for new and existing business. Once State Auto receives the enrollment form, the insured's policy will be set up for the electronic funds transfer. This option is not available on premium financed, policies.

C. Customers Can Pay:

- 1) **By Check** – Customers can mail in a check with the invoice billing stub.
- 2) **EFT** – Customers can have an automatic deduction taken from their bank account. Refer to item B.

**ARKANSAS PERSONAL AUTO MANUAL
GENERAL RULES SECTION**

6. PAYMENT PLAN (CON'T)

- 3) Payments can be made any time of the day or night, seven days a week, by **credit** or **debit card** ((Visa or Master Card), or **automated check** (ACH payment), using either of these options:
 - a) **Pay on the Web** at www.stateauto.com – After selecting the option to “Pay Your Policy” customers can make a one-time payment without enrolling in the system or they can enroll in our “Pay Now” program where personal and payment type information is stored to facilitate and expedite future payments.
 - b) **Pay By Phone** using our automated service – just call 1-800-444-9950, extension 5118.

D. Agent “Sweep” / Upload Payments – Agents can collect insured payments in their office, deposit in their bank account, and State Auto “Sweeps” the money out via electronic transaction.

- 1) **New Business** – Agencies may upload insured new business and down payments through AgentSite netXress.
- 2) **Installment Payments** – Agents can “Sweep” insureds installment payments received in their office via State Auto’s AgentSite.

Contact Agency Interface Services at 1-888-999-8103 for more information on “Sweeping”.

E. NSF Charge – A \$20 non-sufficient funds fee will be charged on all returned payments if returned for insufficient funds.

7. POLICY PERIOD

- A.** No policy may be written for a period longer than six months for Liability Coverage or Physical Damage Coverage unless it is written under the Advantage Auto Program.

8. PREMIUM DETERMINATION

Single Limit Liability, or Bodily Injury and Property Damage Liability; Medical Payments; and Comprehensive and Collision premiums are determined as follows:

- A.** Refer to the Classification Rule to determine the applicable Classification, Rating Factor and Statistical Code.
- B.** Refer to the Model Year Rule to determine the model year of the auto refer to State Auto’s Vehicle Look-up for the appropriate symbol of the auto.
- C.** Refer to Territory Definitions to determine the territorial schedule and code number for the location where the auto is principally garaged.

Note: When a risk is statutorily required to have, or is eligible for, a coverage that is not available in the territory of principal garaging, use the registration address to determine the territory for that coverage.

- D.** Refer to the State Rate Pages to determine base rates for the desired coverage for the appropriate territory. For Medical Payments and Uninsured Motorists, refer to State Auto Vehicle Look-up by year, make and model to determine appropriate size code.
- E.** For Stated Amount Comprehensive, multiply the rate by the limit of liability to determine the Base Premium.
- F.** The premium for each coverage is determined by multiplying the base rate by the appropriate rating factor.
- G.** When a surcharge is applicable under the Certified Risk — Financial Responsibility Laws Rule, the surcharge is to be applied to the liability premium determined by the foregoing provisions.

Use the Secondary Factors and code for sports cars.

STATE AUTO INSURANCE COMPANIES

GR - 10

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Supporting Document Schedules

Bypassed -Name:	A-1 Private Passenger Auto Abstract	Review Status:	Filed	07/10/2008
Bypass Reason:	N/A			
Comments:				

Bypassed -Name:	APCS-Auto Premium Comparison Survey	Review Status:	Filed	07/10/2008
Bypass Reason:	Does not Apply Rule filing Only			
Comments:				

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Filed	07/10/2008
Bypass Reason:	N/A			
Comments:				

Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Filed	07/10/2008
Bypass Reason:	N/A			
Comments:				

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Filed	07/10/2008
Bypass Reason:	N/A			
Comments:				