

SERFF Tracking Number: STAT-125729431 State: Arkansas
Filing Company: State Auto Property and Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PC-PX-2008-271
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: Arkansas Personal Umbrella Forms
Project Name/Number: Arkansas Personal Umbrella Forms/PC-PX-2008-271

Filing at a Glance

Company: State Auto Property and Casualty Insurance Company

Product Name: Arkansas Personal Umbrella Forms SERFF Tr Num: STAT-125729431 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.2021 Personal Umbrella & Excess Co Tr Num: PC-PX-2008-271 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi

Authors: Doug Griffith, Terrie Wright Disposition Date: 07/24/2008

Date Submitted: 07/16/2008 Disposition Status: Approved

Effective Date Requested (New): 12/30/2008 Effective Date (New): 12/30/2008

Effective Date Requested (Renewal): 12/30/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Arkansas Personal Umbrella Forms

Project Number: PC-PX-2008-271

Reference Organization:

Reference Title:

Filing Status Changed: 07/24/2008

State Status Changed: 07/24/2008

Corresponding Filing Tracking Number:

Filing Description:

With this filing we are revising our Personal Umbrella insurance program, as detailed in Exhibit I.

Copies of the endorsements are attached.

Your consideration and approval of our filing to become effective December 30, 2008 will be very much appreciated.

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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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Auto Property and Casualty Insurance Company	\$50.00	07/16/2008	21437514

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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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exhibit I	Approved	Yes
Form	Personal Umbrella Application	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Uninsured/Underinsured Motorists Coverage (BI and PD)	Approved	Yes
Form	Personal Umbrella Liability Policy Assisted Living Care Liability Coverage Endorsement	Approved	Yes
Form	Important Notice - Arkansas	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Personal Umbrella Application	ACORD 83	(2007/09)	Application/Binder/Enrollment	Replaced	Replaced Form #: ACORD 83 (2007/01) Previous Filing #:		ACORD 83 (2007-09).pdf
Approved	Policy Jacket	PX1	(03/08)	Policy/Coverage Form	Replaced	Replaced Form #: PX-1 (10/07) Previous Filing #:		PX1 (03-08).pdf
Approved	Uninsured/Underinsured Motorists Coverage (BI and PD)	PX-14	(01/07)	Endorsement/Amendment/Conditions	Replaced	Replaced Form #: PX-14 (06/98) Previous Filing #:		PX-14 (01-07).pdf
Approved	Personal Umbrella Liability Policy Assisted Living Care Liability Coverage Endorsement	PX9807	(10/06)	Endorsement/Amendment/Conditions	Replaced	Replaced Form #: DL9807 (10/06) Previous Filing #:		PX9807 (10-06).pdf
Approved	Important Notice Arkansas	-PX2733	(11/08)	Other	New			PX2733 (11-08).pdf



PERSONAL UMBRELLA APPLICATION

DATE (MM/DD/YYYY)

AGENCY				APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4)			
CONTACT NAME:				DATE AT CURRENT RESIDENCE:			
PHONE (A/C. No. Ext):				PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
FAX (A/C. No.):							
E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
CODE:		SUBCODE:		SECONDARY E-MAIL ADDRESS:			
AGENCY CUSTOMER ID:				POLICY NUMBER			
CARRIER			NAIC CODE				
PLAN		FACILITY CODE	EFFECTIVE DATE	EXPIRATION DATE			

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	\$	
\$	\$	RESIDENCES	\$	
		AUTOMOBILES	\$	
OPTIONAL COVERAGES TO APPLY		RECREATIONAL VEHICLES	\$	
\$	UNINSURED MOTORIST *	UNINSURED MOTORIST	\$	
\$	UNDERINSURED MOTORIST *	UNDERINSURED MOTORIST	\$	
* IF APPLICABLE IN YOUR STATE		WATERCRAFT	\$	
			\$	
\$	OTHER	DEPOSIT	\$	
		ESTIMATED TOTAL PREMIUM	\$	

PAYMENT PLAN

ACORD 610 attached (NOT APPLICABLE IN NC)

ACCOUNT #:				MAIL POLICY TO:	
BILLING		IF DIRECT BILL:		IF APPLICANT BILL:	
<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL APPLICANT	<input type="checkbox"/> BILL MORTGAGEE	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> AGENT
				<input type="checkbox"/> APPLICANT	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
			SINGLE LIMIT	BODILY INJURY	PROPERTY DAMAGE
AUTO BASIC UNINS MOT	COMPANY: POLICY NUMBER:	FROM: TO:			
PERSONAL LIABILITY HOME RENTALS	COMPANY: POLICY NUMBER:	FROM: TO:			
WATERCRAFT	COMPANY: POLICY NUMBER:	FROM: TO:			
RECREATIONAL VEHICLES BASIC UNINS MOT	COMPANY: POLICY NUMBER:	FROM: TO:			
EMPLOYERS LIABILITY	COMPANY: POLICY NUMBER:	FROM: TO:		N/A	N/A
	COMPANY: POLICY NUMBER:	FROM: TO:			

REMARKS

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC						
#	LOCATION	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE

AUTOMOBILES

RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE			LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC		
#	YEAR	MAKE AND MODEL	#	YEAR	TYPE, MAKE AND MODEL

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE								
#	YEAR	MOTOR TYPE, MANUFACTURER AND MODEL	LENGTH	HORSE POWER	MAX SPEED	VALUE		WATERS NAVIGATED
						COST NEW	CURRENT VALUE	
						\$		
						\$		
						\$		

OPERATOR INFORMATION

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY												
#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	DATE OF BIRTH	DATE LIC	DRIVERS LICENSE #/LIC STATE	SOCIAL SECURITY #	VEHICLE	% USE	CRAFT	% USE	OTHER

EMPLOYMENT

APPLICANT'S OCCUPATION	APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL
CO-APPLICANT'S OCCUPATION	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YRS EMPL

PRIOR EXPERIENCE

HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT, DURING THE LAST ____ YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES (PROVIDE OPERATOR #, DATE OF LOSS, AND DESCRIPTION)	PRIOR CARRIER PRIOR POLICY NUMBER
--	--

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE?	Y / N <input type="checkbox"/>																							
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?	<input type="checkbox"/>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">#</th> <th style="width:35%;">OPERATOR NAME</th> <th style="width:15%;">DATE</th> <th style="width:45%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	#	OPERATOR NAME	DATE	DESCRIPTION																	<input type="checkbox"/>			
#	OPERATOR NAME	DATE	DESCRIPTION																					
3. ANY OPERATOR HAVE A PHYSICAL/MENTAL IMPAIRMENT? (List operator number) (Not Applicable in WI)	<input type="checkbox"/>																							
4. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES?	IF SWIMMING POOL (Check all that apply): <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> SLIDE <input type="checkbox"/> IN GROUND <input type="checkbox"/> DIVING BOARD <input type="checkbox"/>	<input type="checkbox"/>																						
5. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES?	<input type="checkbox"/>																							
6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES?	<input type="checkbox"/>																							
7. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION?	<input type="checkbox"/>																							
8. DO YOU HOLD ANY NON-COMPENSATED POSITIONS?	<input type="checkbox"/>																							
9. ANY EMPLOYEES?	<input type="checkbox"/>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">EMPLOYEE TYPE</th> <th style="width:5%;">#</th> <th style="width:15%;">WHERE IS WORK PERFORMED</th> <th style="width:10%;"># HOURS PER WEEK</th> <th style="width:40%;">DUTIES</th> <th style="width:20%;">TOTAL PAYROLL ALL EMPLOYEES</th> </tr> </thead> <tbody> <tr> <td rowspan="2">FULL TIME</td> <td rowspan="2"> </td> <td>INSIDE</td> <td> </td> <td> </td> <td rowspan="4" style="text-align: center; vertical-align: middle;">\$</td> </tr> <tr> <td>OUTSIDE</td> <td> </td> <td> </td> </tr> <tr> <td rowspan="2">PART TIME</td> <td rowspan="2"> </td> <td>INSIDE</td> <td> </td> <td> </td> </tr> <tr> <td>OUTSIDE</td> <td> </td> <td> </td> </tr> </tbody> </table>	EMPLOYEE TYPE	#	WHERE IS WORK PERFORMED	# HOURS PER WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES	FULL TIME		INSIDE			\$	OUTSIDE			PART TIME		INSIDE			OUTSIDE			<input type="checkbox"/>
EMPLOYEE TYPE	#	WHERE IS WORK PERFORMED	# HOURS PER WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES																			
FULL TIME		INSIDE			\$																			
		OUTSIDE																						
PART TIME		INSIDE																						
		OUTSIDE																						
10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL?	<input type="checkbox"/>																							
11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES?	<input type="checkbox"/>																							
12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES?	<input type="checkbox"/>																							
13. ANY COVERAGE DECLINED, CANCELLED OR NONRENEWED DURING THE LAST FIVE (5) YEARS? (Not Applicable in MO)	<input type="checkbox"/>																							
14. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS?	<input type="checkbox"/>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">ANIMAL TYPE</th> <th style="width:35%;">BREED</th> <th style="width:25%;">BITE HISTORY (Y/N)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)										<input type="checkbox"/>											
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)																						
15. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?	<input type="checkbox"/>																							
16. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?	<input type="checkbox"/>																							
17. IS THERE A TRAMPOLINE ON THE PREMISES? SAFETY NET (Y/N): <input type="checkbox"/>	<input type="checkbox"/>																							

REMARKS (Attach additional sheets if more space is required)

ATTACHMENTS

	STATE SUPPLEMENT(S), IF APPLICABLE.

BINDER

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM NOON	
COVERAGE IS NOT BOUND		

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE ONLY IN GEORGIA, INDIANA, LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) COVERAGE IN MY STATE:

APPLICABLE ONLY IN INDIANA:

I ACKNOWLEDGE THAT UM COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM AND/OR UIM COVERAGE ENTIRELY.

- 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)
- 3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN GEORGIA AND LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

OR

- 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

- 1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

UM COVERAGE: IS AVAILABLE IS NOT AVAILABLE UIM COVERAGE: IS AVAILABLE IS NOT AVAILABLE

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
-----------------------	------	----------------------	--------------------------

THE PERSONAL UMBRELLA LIABILITY POLICY

STATE AUTO INSURANCE COMPANY
518 EAST BROAD STREET * COLUMBUS OHIO 43215 * 614-464-5000

CORPORATE OFFICE:
STATE AUTO INSURANCE COMPANIES * 518 EAST BROAD STREET * COLUMBUS, OH 43215-3976 * 614-464-5000

We have caused this policy to be signed by our authorized officers. The Company providing coverage is named on the Declarations.

Secretary



James A. Yano

President



Robert P. Restrepo

READ YOUR POLICY CAREFULLY. This cover sheet provides only a brief outline of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself is a legal contract between you and your insurance company and sets forth, in detail, the rights and obligations of both you and your insurance company. **IT IS THEREFORE IMPORTANT THAT YOU READ YOUR POLICY.**

YOUR UMBRELLA POLICY QUICK REFERENCE

DECLARATIONS (Pages Numbered Separately)

Your Name	
Location of Your Residence	
Policy Period	
Coverages	
Amounts of Insurance	
Deductible	
	Beginning on Page
	<hr/>
I. DEFINITIONS	1
II. COVERAGES	3
III. EXCLUSIONS/LIMIT OF LIABILITY	3
IV. MAINTENANCE OF UNDERLYING INSURANCE	6
V. DUTIES AFTER LOSS	6
VI. GENERAL PROVISIONS	6
A. Appeals	6
B. Bankruptcy of Insured	6
C. Bankruptcy of Underlying Insurer	6
D. Fraud	6
E. Liberalization Clause	6
F. Other Insurance	7
G. Our Right to Recover Payment	7
H. Policy Period, Territory	7
I. Severability	7
J. Suit Against Us	7
K. Termination	7
L. Transfer of Your Interest	7
M. Waiver or Change of Policy Provisions	7

ENDORSEMENTS: Endorsements apply if number and edition date are shown on the Declarations.

ENDORSEMENT
UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Subject to the terms and conditions of the uninsured/underinsured motorists coverage included in a required "Underlying Insurance" policy, we will pay all sums which the "insured" or his legal representative shall be legally entitled to recover as damages from the owner or operator of an uninsured/underinsured motor vehicle because of "bodily injury", and/or "property damage" sustained by the "insured", caused by an "occurrence" and arising out of the ownership, maintenance, or use of any motor vehicle; provided that,

- a) the "insured" maintains a required "Underlying Insurance" policy of "auto" insurance which provides uninsured/underinsured motorists coverage with limits equal to the required limit of liability for an "auto" liability policy as stated in the definition of required "Underlying Insurance";
- b) we shall be liable for damages resulting from any one "occurrence" in excess of the limits of the uninsured/underinsured motorists coverage provided in the required "Underlying Insurance" policy of "auto" insurance;
- c) this coverage will apply only to losses that are payable by the applicable required "Underlying Insurance";
- d) The maximum limit of our liability for the coverage provided in this endorsement for all damages for any one "occurrence" is the limit of liability shown in the Declarations for this coverage. This is the maximum limit of liability for all damages for "bodily injury" resulting from any one accident. This is the most we will pay regardless of the number of: (1) "Insureds" (2) Claims made; (3) Vehicles or premiums shown in the Declarations; (4) premiums paid; or (5) Vehicles involved in the accident.

PX14 (01/07)

*//PX14-200701

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
**PERSONAL UMBRELLA LIABILITY POLICY ASSISTED
 LIVING CARE LIABILITY COVERAGE ENDORSEMENT**

SCHEDULE*

Name Of Relative(s)	Name And Location Of Living Care Facility

Entries may be left blank if shown elsewhere in this policy for this coverage.

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

SECTION I - DEFINITIONS

The following is added to Paragraph J.:

"Insured" means:

6. Any person (other than you or a "family member") named in the Schedule or in the Declarations who:
 - a. Is related to another "insured" by blood, marriage or adoption;
 - b. Is not a member of your household; and
 - c. Regularly resides in the living care facility (facility) and such facility provides assisted living services such as dining, therapy, medical supervision, housekeeping and social activities.

However, for any "occurrence" or offense such person is an "insured" only if coverage is provided to that person by "underlying insurance" for such "occurrence" or offense.

2. "Bodily injury" to a care facility professional or support staff that occurs while such person is on or off duty and attending to a person who is an "insured" under Paragraph J.6. of Section I of this endorsement.
3. "Bodily injury" or "property damage" arising out of:
 - a. The ownership of any "auto", "recreational motor vehicle" or watercraft by an "insured";
 - b. The maintenance, occupancy, operation, use, loading or unloading of any "auto", "recreational motor vehicle" or watercraft by any person;
 - c. The entrustment of any "auto", "recreational motor vehicle" or watercraft by an "insured" to any person;
 - d. The failure to supervise or negligent supervision of any person involving any "auto", "recreational motor vehicle" or watercraft by an "insured"; or
 - e. Vicarious liability, whether or not imposed by law, for the actions of a child or minor involving any "auto", "recreational motor vehicle" or watercraft.

SECTION III - EXCLUSIONS

The following exclusions are added:

The coverages provided by this endorsement do not apply to:

1. Liability assumed by the facility prior to an "occurrence";

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



IMPORTANT NOTICE

ARKANSAS

With this renewal, the following forms are being updated. If one or more of the following forms are shown on your Declaration page, please review the changes below. If none of these forms are reflected on your Declarations page, these changes do not affect your policy.

PX-1 (10/07) replaces PX-1 (03/08) - Policy Jacket
This form was revised to add the authorized officer signatures.

PX14 (01/07) replaces PX14 (06/98) - Uninsured/Underinsured Motorists Coverage (BI and PD)
This form has been revised to clarify that the limit of liability is listed on the Declarations Page.

PX9807 (10/06) replaces PX9807 (10/06) - Personal Umbrella Liability Policy Assisted Living Care Liability Coverage Endorsement.
This form has been revised to eliminate reference to facility named on the schedule or Declarations.

PX2733 (11/08)

**PX2733-200811

SERFF Tracking Number: STAT-125729431 State: Arkansas
Filing Company: State Auto Property and Casualty Insurance State Tracking Number: EFT \$50
Company
Company Tracking Number: PC-PX-2008-271
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: Arkansas Personal Umbrella Forms
Project Name/Number: Arkansas Personal Umbrella Forms/PC-PX-2008-271

Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 07/24/2008
Bypass Reason: N/A
Comments:

Satisfied -Name: Exhibit I
Review Status: Approved 07/24/2008
Comments:
Please see Exhibit I for complete list of forms.
Attachment:
Exhibit I.pdf

Exhibit I
Arkansas Personal Umbrella
Effective Date: Dec-30-2008

New form # and edition date	Previous form # and edition date	Form Name and Description of Change for Filing	Replacement, Withdraw, New, Discontinued or N/A	Mandatory, Optional or Neither	Broaden, Restrict, or Clarify
ACORD 83 (2007/09)	ACORD 83 (2007/01)	Personal Umbrella Application	R	O	N/A
PX1 (03/08)	PX-1 (10/07)	Policy Jacket-Form revised to include authorized signatures	R	M	C
PX-14 (01/07)	PX-14 (06/98)	Uninsured/Underinsured Motorists Coverage (BI and PD)- Form revises the limit of liability provision to refer insured to the Declaration Page.	R	M	C
PX9807 (10/06)	DL9807 (10/06)	Personal Umbrella Liability Policy Assisted Living Care Liability Coverage Endorsement. Form to be used over underlying Home Assisted Living Care Endorsement. Form is PX, as reference to facility on schedule or dec is eliminated.	R	O	B
PX2733 (11/08)	One time Notice	Important Notice - Arkansas-This will advise of changes for rate change.	N	M	N/A
N/A	FI1015 (03/07)	Endorsement-Form can be discontinued, as only applicable to State Auto Mutual. Business writing in State Auto	D	M	C