

SERFF Tracking Number: USAA-125736240 State: Arkansas  
 First Filing Company: Garrison Property and Casualty Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: MOD026120  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Personal Auto Rental Reimbursement  
 Project Name/Number: Rental Reimbursement/Transportation Expenses/MOD026120

## Filing at a Glance

Companies: Garrison Property and Casualty Insurance Company, United Services Automobile Association, USAA Casualty Insurance Company, USAA General Indemnity Company

Product Name: Personal Auto Rental Reimbursement SERFF Tr Num: USAA-125736240 State: Arkansas

TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT \$50  
 Sub-TOI: 19.0001 Private Passenger Auto (PPA) Co Tr Num: MOD026120 State Status: Fees verified and received

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

Authors: Nick Almendarez, Melissa Wagstaff, Scott Hawthorne Disposition Date: 07/28/2008

Date Submitted: 07/23/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Rental Reimbursement/Transportation Expenses

Status of Filing in Domicile:

Project Number: MOD026120

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07/28/2008

State Status Changed: 07/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

United Services Automobile Association (USAA), USAA Casualty Insurance Company (USAA-CIC), USAA General Indemnity Company (USAA-GIC), and Garrison Property and Casualty Insurance Company (Garrison) wish to revise the Personal Auto Manual on file with your Department. In order to provide adequate coverage for Rental Reimbursement and Transportation Expense coverage we are eliminating the \$15 per day/\$450 maximum limit, we will keep the \$30 per

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day/\$900 limit, and we are adding an option of \$50 per day/\$1,500 maximum limit. All vehicles currently at this \$15 per day / \$450 maximum limit will be moved to the \$30 per day / \$900 total limit and corresponding rate.

## Company and Contact

### Filing Contact Information

Melissa Wagstaff, Compliance Analyst melissa.wagstaff@usaa.com  
 2100 ATTN Regulatory Compliance A03W B2 (800) 531-8722 [Phone]  
 San Antonio, TX 78284-8496 (210) 498-6675[FAX]

### Filing Company Information

Garrison Property and Casualty Insurance CoCode: 21253 State of Domicile: Texas  
 Company

9800 Fredericksburg Road Group Code: 200 Company Type: Stock  
 San Antonio, TX 78284-8496 Group Name: USAA State ID Number:  
 (800) 531-8722 ext. [Phone] FEIN Number: 43-1803614  
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United Services Automobile Association CoCode: 25941 State of Domicile: Texas  
 9800 Fredericksburg Road Group Code: 200 Company Type: Reciprocal  
 San Antonio, TX 78288 Group Name: USAA State ID Number:  
 (800) 531-8722 ext. [Phone] FEIN Number: 74-0959140  
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USAA Casualty Insurance Company CoCode: 25968 State of Domicile: Texas  
 9800 Fredericksburg Road Group Code: 200 Company Type: Stock  
 San Antonio, TX 78288 Group Name: USAA State ID Number:  
 (800) 531-8722 ext. [Phone] FEIN Number: 59-3019540  
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USAA General Indemnity Company CoCode: 18600 State of Domicile: Texas  
 9800 Fredericksburg Road Group Code: 200 Company Type: Stock  
 San Antonio, TX 78288 Group Name: USAA State ID Number:  
 (800) 531-8722 ext. [Phone] FEIN Number: 74-1718283  
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## Filing Fees



SERFF Tracking Number: USAA-125736240 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

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## Disposition

Disposition Date: 07/28/2008  
Effective Date (New): 12/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement	A401CW(01)	12-08	Endorsement/Amendment/Conditions	New	46.00	A401CW(01) 12-08 Amendatory Endorsement.pdf RR Side-by-Side.DOC

## AMENDATORY ENDORSEMENT TRANSPORTATION EXPENSES/RENTAL REIMBURSEMENT

This Endorsement forms a part of the auto policy to which it is attached. The coverage provided by this Endorsement is subject to all the provisions of the policy and amendments except as they are modified below. In the event of a conflict with provisions of the auto policy or other Endorsements or Amendments, provisions of this Endorsement will control.

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### PART D - PHYSICAL DAMAGE COVERAGE

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#### INSURING AGREEMENT

Paragraph A.2. of the Insuring Agreement is revised as follows:

2. Transportation expenses. **We** will also pay:
  - a. Up to \$30 a day, to a maximum of \$900, for transportation expenses incurred by **you** or a **family member**. This applies only in the event of a total theft of **your covered auto**. **We** will pay only transportation expenses incurred during the period beginning 48 hours after the theft and ending when **your covered auto** is returned to use or, if not recovered or not **repairable**, up to seven days after **we** have made a settlement offer.
  - b. If Rental Reimbursement Coverage is afforded, limits for transportation expenses are the limits of liability shown on the Declarations for Rental Reimbursement Coverage for that vehicle.

Paragraph C. of the Insuring Agreement is replaced in its entirety by the following:

- C. Rental Reimbursement Coverage (for **loss** other than total theft).
  1. **We** will reimburse **you** for expenses **you** or a **family member** incurs to rent a substitute for **your covered auto**. This coverage applies only if:
    - a. **Your covered auto** is withdrawn from use for more than 24 hours due to a **loss**, other than a total theft, to that auto; and
    - b. The **loss** is covered under Comprehensive Coverage or caused by **collision**, and the cause of **loss** is not otherwise excluded under Part D of this policy.
  2. **We** will reimburse **you** only for that period of time reasonably required to **repair** or replace **your covered auto**. If **we** determine **your covered auto** is a total loss, the rental period will end no later than seven days after **we** have made a settlement offer.

#### LIMIT OF LIABILITY

Paragraph D. of the Limit of Liability is replaced in its entirety by the following:

- D. Under Rental Reimbursement Coverage, **our** maximum limits of liability are the limits of liability shown on the Declarations for Rental Reimbursement Coverage for that vehicle.





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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 07/28/2008

**Comments:**

**Attachment:**

AR Auto Transmittal Doc.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>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

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

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:

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>	
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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			<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		
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