

SERFF Tracking Number: AOIC-125683932 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: EUM-AR-99-06/13/2008-01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: Group Discount Implementation
Project Name/Number: Group Discount Implementation/EUM-AR-99-06/13/2008-01

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Group Discount Implementation SERFF Tr Num: AOIC-125683932 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$25

Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and Excess

Co Tr Num: EUM-AR-99-06/13/2008-01

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Authors: Jennifer Smith, Kelly Staake, Megan Shaff, Debbie Garofalo, James Godair, Sarah Nowak

Disposition Date: 08/08/2008

Date Submitted: 06/13/2008

Disposition Status: Filed

Effective Date Requested (New): 07/13/2008

Effective Date (New): 09/15/2008

Effective Date Requested (Renewal): 08/18/2008

Effective Date (Renewal): 10/20/2008

State Filing Description:

General Information

Project Name: Group Discount Implementation

Status of Filing in Domicile: Authorized

Project Number: EUM-AR-99-06/13/2008-01

Domicile Status Comments: Michigan and Ohio are the states of domicile.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/08/2008

State Status Changed: 06/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Auto-Owners Insurance Company and Owners Insurance Company submit for your review a rule change for our Executive Umbrella program. We are introducing a group rating program.

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Company and Contact

Filing Contact Information

Jennifer Smith, Assistant Manager smith.jennifer.l@aoins.com
 P.O. Box 30660 (800) 346-0346 [Phone]
 Lansing, MI 48909-8160 (517) 323-8796[FAX]

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 34-1172650	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$25.00	06/13/2008	20854712
Owners Insurance Company	\$0.00	06/13/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	08/08/2008	08/08/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	06/23/2008	06/23/2008	James Godair	08/04/2008	08/07/2008
Pending Industry Response	Becky Harrington	06/18/2008	06/18/2008	James Godair	06/20/2008	06/20/2008

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Disposition

Disposition Date: 08/08/2008
Effective Date (New): 09/15/2008
Effective Date (Renewal): 10/20/2008
Status: Filed
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Group Survey	Filed	Yes
Supporting Document	Group Acknowledgement	Filed	Yes
Supporting Document	Franchise Executive Umbrella Group Discount	Filed	Yes
Rate	Group Executive Umbrella	Filed	Yes
Rate	Executive Umbrella	Filed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/23/2008

Submitted Date 06/23/2008

Respond By Date

Dear Jennifer Smith,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: The information submitted in this filing is insufficient to determine compliance under 23-67-210(a). The rule must be amended to include specific modification amounts and criteria.

In addition, Ark. Code Ann. §23- 67-211(a)(1) requires all rates to be filed with the commissioner.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/04/2008

Submitted Date 08/07/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: This letter is in response to your filing correspondence dated June 23, 2008 concerning Executive Umbrella Group Discount Implementation for Auto-Owners Insurance Company of Lansing, Michigan and Owners Insurance Company of Lima, Ohio. Attached is our revised Franchise Executive Umbrella Group Discount page, including specific

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modification amounts and criteria.

Our current rates have been filed and approved with effective date 9/11/2007 (new) and 10/17/2007 (renewal).

Due to unforeseen circumstances, we will be revising our effective dates for the Executive Umbrella Group Discount implementation. Our effective dates will be 9/15/2008 (new) and 10/20/2008 (remewal).

We believe you have all information necessary to conclude your review of the above mentioned filing. If you have any questions regarding this filing, please contact James Godair at (517) 703-2455.

Related Objection 1

Comment:

The information submitted in this filing is insufficient to determine compliance under 23-67-210(a). The rule must be amended to include specific modification amounts and criteria.

In addition, Ark. Code Ann. §23- 67-211(a)(1) requires all rates to be filed with the commissioner.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Franchise Executive Umbrella Group Discount

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Debbie Garofalo, James Godair, Jennifer Smith, Kelly Staake, Megan Shaff, Sarah Nowak

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Project Name/Number: Group Discount Implementation/EUM-AR-99-06/13/2008-01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/18/2008

Submitted Date 06/18/2008

Respond By Date

Dear Jennifer Smith,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Executive Umbrella (Rate)

Comment: The group rating rule is too vague and subjective. Provide additional information regarding: (1) the types of groups involved; (2) the experience, commission and other applicable modification; a copy of the survey used to determine rating information.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/20/2008

Submitted Date 06/20/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: This letter is in response to your letter dated June 18, 2008 concerning Executive Umbrella Group Program for Auto-Owners Insurance Company of Lansing, Michigan and Owners Insurance Company of Lima, Ohio. We will respond to your objections in the order in which they were presented.

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1. The types of groups involved in our Group Program are organizations that are evaluated and approved based on size, merit, and function. Examples of approved groups include: Auto-Owners Agents & Employees, Retirement Associations, and Alumni Associations.

2. Commission paid on the majority of our group business varies between 6% and 13%. The survey to determine rating information is not a formal survey; it is an application that collects a profile of the potential group which includes a description of the organization, date of inception, geographical spread, and number of members. It also collects demographic information, including age distribution and work classification. We have attached a copy of the Group Survey and Acknowledgement for your review.

Our experience supports offering this program. As of year ending 2007, our Companywide Personal Umbrella 5-year Loss Ratio was 85.7% as compared to the Personal Umbrella Group Program 5-year Loss Ratio of 56.4%.

We hope the above information will help conclude your review of the above mentioned filing. If you have any questions regarding this filing, please contact James Godair at (517) 703-2455.

Related Objection 1

Applies To:

- Group Executive Umbrella (Rate)

Comment:

The group rating rule is too vague and subjective. Provide additional information regarding: (1) the types of groups involved; (2) the experience, commission and other applicable modification; a copy of the survey used to determine rating information.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Group Survey

Comment:

Satisfied -Name: Group Acknowledgement

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Debbie Garofalo, James Godair, Jennifer Smith, Kelly Staake, Megan Shaff, Sarah Nowak

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Group Executive Umbrella	AOU7Z011	New	AOU7Z011.pdf
Filed	Executive Umbrella	AOU7Z012	Replacement	AOU7Z012.pdf

Auto-Owners Owners	GROUP EXECUTIVE UMBRELLA	Arkansas
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[Definition](#)[Eligibility](#)[Termination of Group Membership](#)[Operating Procedures](#)[Policy Term](#)[Group Rating Program Discount](#)[Form](#)**DEFINITION**

Group rating program may be provided for members of approved groups or employees of approved organizations formed in good faith for purposes other than procuring insurance. Groups consisting of 50 or more individuals are generally preferred.

ELIGIBILITY

Group Executive Umbrella policies will be offered to all group members who are eligible under our standard Executive Umbrella program guidelines. The member must reside in one of the following states:

Alabama	Illinois	Minnesota	South Carolina
Arizona	Indiana	Missouri	South Dakota
Arkansas	Iowa	Nebraska	Utah
Colorado	Kentucky	North Dakota	Virginia
Florida	Michigan	Ohio	Wisconsin
Georgia			

TERMINATION OF GROUP MEMBERSHIP

An individual who ceases to be a group member will no longer qualify for this program.

OPERATING PROCEDURES

1. Before approving a group or organization for the group-rating program, a survey will be made to determine the rating information, characteristics of a group and interest in-group coverage.
2. The agency submitting an application under this program must verify that the applicant is a group member. Each member of the group will be required to complete an application.

POLICY TERM

All policies will be written for a term of one year.

GROUP RATING PROGRAM DISCOUNT

Premium is based on current Personal/Executive Umbrella manual rates less a discount that may vary by group. (Subject to minimum premium).

Note: This credit does not apply to policies requiring special reinsurance, limits greater than \$5,000,000 or attached executives

FORM

Refer to Executive Umbrella Application, Form {{26469 (AR)}}

**Auto-Owners
Owners**

EXECUTIVE UMBRELLA

Arkansas

[Introduction](#)

[Territory](#)

[Liability Rate Table](#)

[Discounts](#)

[Rating Excess Millions and Minimum Premiums](#)

INTRODUCTION

The premium for Executive Umbrella Liability is a flat charge based on the exposures of the risk and the underlying insurance limits.

An Executive Umbrella policy may be attached to a Commercial Umbrella policy. Total premiums shall be rounded to the nearest dollar.

TERRITORY

Territory 4 - Pulaski County

Territory 11 - Remainder of State

LIABILITY RATE TABLE

Premium Basis

Annual Premium \$1,000,000 Limit For All Territories

Basic Umbrella Premium (Premium contemplates one automobile and all personal residences occupied by the insured)

The basic umbrella premium is the product of the base charge, the appropriate territory relativity and the appropriate underlying auto limit relativity.

Base Charge

\$160

Territory Relativities

Territory 4

1.13

Territory 11

1.08

Underlying Auto Limit Relativity

Underlying Auto Limit of Liability

\$500,000/\$500,000

1.00

\$500,000/\$1,000,000 or higher

.85

Additional Charges

Each additional charge is calculated by multiplying the **basic umbrella premium** by the appropriate additional charge relativity.

Relativity

Automobiles, or other vehicles licensed for road use (such as golf carts and dune buggies), over one*

PREMIER*

STANDARD

\$500,000 Underlying auto occurrence limits

0.16 each

0.24 each

\$1,000,000 Underlying auto occurrence limits

0.10 each

0.17 each

*Insureds are eligible for the Premier rates shown above if the following criteria are met:

1. The underlying automobile policy is written in an Auto-Owners Insurance Group company.

2. Any vehicle on the underlying automobile policy is rated as premier or preferred.

All other insureds receive Standard rates.

Antique Automobiles	0.03 each
Drivers under 25 years of age	
First Youthful Driver	0.24
Each Additional Youthful Driver	0.01
Recreational Vehicles (Including snowmobiles, dune buggies, minibikes, trailbikes or other vehicles not licensed for road use).	
First recreational vehicle	0.10
Each additional recreational vehicle	0.01
Watercraft under 26 ft. in length and more than 50 h.p. and any waterjet propelled boats	
First watercraft	0.10
Each additional watercraft	0.01
Watercraft under 26 ft. in length and less than or equal to 50 h.p. are included at no charge.	
Watercraft 26 to 75 feet in length.	
<u>Length</u>	
26-30	0.14
31-35	0.24
36-40	0.35
41-50	0.42
51-55	0.56
56-60	0.66
61-65	0.76
66-70	0.87
71-75	0.97
Additional charge for any watercraft with speeds greater than 44 M.P.H.	
<u>M.P.H.</u>	
45-50	0.14
51-55	0.17
56-60	0.21
Watercraft in excess of 75 feet and/or speeds greater than 60 M.P.H.	Submit for rating
Aircraft	Submit for rating

Charges For Optional Coverages

Incidental Farm Liability

361 to 500 acres 0.13

Additional Charge for 501 to 1000 acres	0.06
Owned residential premises rented to others (limited to a maximum of 10 families/units)	
1-4 family dwelling	0.07 per dwelling (not per unit)
5-10 family dwelling	0.17 per dwelling (not per unit)
Over 10 families/units must be written on a Commercial Umbrella Policy or Econ-O-Pak. (A unit is described as each living quarter.)	
Joint Tenancy	0.10
Incidental Business Coverage (on premises) covered by primary Comprehensive Personal Liability Section of Homeowners	0.03
Office occupied by the insured (off premises)	0.07
Other Business Property	
1. Business property owned but not occupied by the insured, less than 5,000 square feet per building:	
1 – 2,500 square foot building	0.14
2,501 – 5,000 square foot building	0.21
2. Limited to a maximum of two buildings. Over two buildings must be written on a Commercial Umbrella Policy or an Econ-O-Pak Umbrella.	

DISCOUNTS

Owners Insurance Company

Refer to {{AR PUMB OIC General Rules}} for eligibility and discount information. (Not subject to minimum premium.)

Group Plan Discount

Refer to {{AR PUMB Executive – Group}} for eligibility and discount information. (Subject to minimum premium)

Mature Insured Discount

A discount will be applied for insureds 50 years of age or older as follows (Subject to minimum premium) :

Age 50-74:	10% discount
Age 75 and older:	5% discount

Multi-Policy Discount

A. Comprehensive Personal Liability Coverage

A 7% premium discount will be applied when the primary comprehensive personal liability coverage is written with an Auto-Owners Insurance Group Company. (Subject to minimum premiums).

B. Auto Liability Coverage

A 22% premium discount will be applied when any auto liability coverage is written with an Auto-Owners

Insurance Group Company. (Subject to minimum premium and applicable to no auto carrier scheduled).

Executive Umbrella Discount

A 10% discount will be applied to Executive Umbrellas that are attached to Commercial Umbrellas. Minimum premiums will not be reduced.

Following Form Endorsement Discount

A 1% discount will be applied when the Following Form Endorsement {{26360 (AR)}} is attached. (Subject to minimum premium).

Note: These credits do not apply to policies requiring special reinsurance or limits greater than \$5,000,000.

RATING EXCESS MILLIONS AND MINIMUM PREMIUMS

1st Million - \$100 minimum premium.

2nd Million - Charge 50% of 1st Million premium or \$80 minimum premium whichever is greater

3rd Million - Charge 50% of 2nd Million premium or \$75 minimum premium whichever is greater

4th Million - Charge 50% of 3rd Million premium or \$70 minimum premium whichever is greater

5th Million - Charge 50% of 4th Million premium or \$65 minimum premium whichever is greater

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Filed	08/08/2008
Comments:			
Attachment:	Transmittal 2008.pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	06/05/2008
Bypass Reason:	This is not applicable to this filing.		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	06/05/2008
Bypass Reason:	This is not applicable to this filing.		
Comments:			
Satisfied -Name:	Group Survey	Review Status: Filed	08/08/2008
Comments:			
Attachment:	Application-Profile.pdf		
Satisfied -Name:	Group Acknowledgement	Review Status: Filed	08/08/2008
Comments:			
Attachment:	Group Acknowledgement.pdf		
Satisfied -Name:	Franchise Executive Umbrella	Review Status: Filed	08/08/2008

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Group Discount

Comments:

Attachment:

AOU7Z011.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="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					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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 #	
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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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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

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.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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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	

APPLICATION / PROFILE

PLEASE PRINT OR TYPE

AGENCY INFORMATION

Agency Code: - -

Agency Name: _____

Agency Contact Person: _____ Email: _____

Phone: _____ Fax: _____

Agency / Agent Relationship to Business / Organization: _____

PROGRAM APPLYING (Check all that are applicable.)

Commercial – all available lines except: Commercial Auto Commercial Umbrella
 Businessowners Policy Garage Liability Tailored Protection Policy Workers' Comp

Personal – all available lines except: Personal Auto Homeowners Mobile Homeowners
 Personal Umbrella

BUSINESS / ORGANIZATION PROFILE

Name _____

Address _____

Phone: _____ Fax: _____

Detailed description of business / organization: _____

Inception Date of Business / organization: _____

Geographical Spread: Local Statewide

Counties: _____

Number of employees or members: _____ Annual Dues \$ _____

Number of Associate / Honorary Members: _____ Annual Dues \$ _____

If there are other parties to be considered for eligibility please explain: _____

Does the business / organization have a publication? Yes No If yes, how often? _____ (Please attach latest edition)

Does the business / organization have regular meetings? Yes No If yes, how often? _____

Please continue on back.

Does the business / organization currently participate in any other association property / casualty insurance program?

Yes No If yes:

1. Type _____

2. Name of carrier _____

3. Lines of business _____

BUSINESS / ORGANIZATION DEMOGRAPHICS

(Complete for Personal Lines Applications only)

Age Distribution: 16-29 _____% 30-54 _____% 55-74 _____% 75 & over _____%

Work Classifications:

Executive _____% Professional _____% Management _____% Sales _____%

Clerical _____% Skilled Labor _____% Unskilled Labor _____% Retired _____%

Automobile

Classification Spread: Pleasure _____% Commute _____% Business _____% Youthful _____%

Homeowners

100% Replacement Cost Spread:

\$0-\$100,000 _____% \$100,001-\$300,000 _____% \$300,001 + _____%

Age of Dwelling Spread:

Pre-1960 _____% 1961-1980 _____% 1981-2000 _____% 2001-Present _____%

Mobile Homeowners

Current Value of Mobile Home Spread:

<\$10,000 _____% \$10,001-\$30,000 _____% \$30,001-\$50,000 _____% \$50,001 + _____%

Age of Mobile Home Spread:

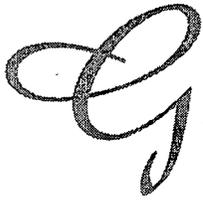
<10 years old _____% 11-15 years old _____% 16-20 years old _____% 21+ years old _____%

(Please attach at least 3 pictures of representative homes, if application is for homeowners, mobile homeowners, or condo association.)

MARKETING PLAN

Send along with the completed Group Acknowledgement form to:

Auto-Owners Insurance Company
Group Sales Department
P.O. Box 30660
Lansing, MI 48909-8160
Phone: 800-346-0346 ext. 1105 or 1471
Fax: 517-391-1915



GROUP ACKNOWLEDGEMENT

Date _____

Business / Organization Name _____

Address _____

_____ *Group Name* acknowledges a Special Savings application has been submitted to Auto-Owners Insurance Company with our knowledge and approval. Our membership may be contacted for the purpose of sales and service of insurance policies with the assistance of the _____ *Agency Name* and Auto-Owners Insurance Company.

_____ *Officer*

_____ *Agent*



Auto-Owners Owners	FRANCHISE EXECUTIVE UMBRELLA	Arkansas
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FRANCHISE RATING

1. Insurance may be provided for members of approved risk units or employees of approved organizations consisting of five or more individuals and formed in good faith for purposes other than procuring insurance.
2. Premiums for Franchise Program policies will be adjusted to reflect the experience modification, commission modification and any other applicable modifications of each risk unit.
3. An individual who ceases to be a risk unit member will no longer qualify for franchise rating.
4. Before approving a risk unit or organization, a survey will be made by the insurer or its agent to determine the rating information, characteristics and interest in coverage.

ELIGIBILITY

Franchise Program Umbrella policies will be offered to all group members who are eligible under our standard Executive Umbrella program guidelines. The member must reside in one of the following states:

Alabama	Illinois	Minnesota	South Carolina
Arizona	Indiana	Missouri	South Dakota
Arkansas	Iowa	Nebraska	Utah
Colorado	Kentucky	North Dakota	Virginia
Florida	Michigan	Ohio	Wisconsin
Georgia			

FRANCHISE PROGRAM DISCOUNT

Approved groups and the corresponding group discount are as follows:

<u>GROUP NAME</u>	<u>DISCOUNT</u>
1. Agency – Employees or retirees of an independent agency representing Auto-Owners Insurance Group Companies.	25%
2. Alumni – For members of alumni associations of accredited four-year colleges and universities.	10%
3. Home Office – Employees or retirees of Auto-Owners Insurance Group companies.	25%
4. Mature – Members of an approved retirement organization.	10%
5. Other – Members of an approved organization or association that does not fit into the above group criteria.	10%

Note: This credit does not apply to policies requiring special reinsurance, limits greater than \$5,000,000 or attached executives