

SERFF Tracking Number: AOIC-125748408 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: BOP-AR-99-07/25/2008-54867
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: BOP/54867 BOP

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Businessowners SERFF Tr Num: AOIC-125748408 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: BOP-AR-99-07/25/2008-54867 State Status: Fees verified and received

Filing Type: Form Co Status: Approved Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Claudia Stewart, Jessica Turner Disposition Date: 08/05/2008

Date Submitted: 08/01/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 08/05/2008

Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 08/05/2008

State Filing Description:

General Information

Project Name: BOP

Project Number: 54867 BOP

Reference Organization:

Reference Title:

Filing Status Changed: 08/05/2008

State Status Changed: 08/05/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: 54867 (03-08) - Aggregate Limits Amendatory Endorsement

Submitted for your approval is the above-referenced form.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Form Attaches To: Businessowners Liability Coverage Form

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Use: Advises the insured that the most we will pay for injury or damage during the policy period for Product/Completed Operations is the Products-Completed Operations Aggregate Limit shown in the declarations. It also states that the most we will pay for all other injury or damage is the Aggregate Limit shown in the declarations.

Revisions to the form include:

Initial Filing

If you have any questions please feel free to contact my associate Craig Fila at fila.craig@aoins.com or me as indicated below.

Thank you.

Manager:

GREG MACK, CPCU, AIS, AU, MANAGER
BUSINESSOWNERS UNDERWRITING
MACK.GREG@AOINS.COM (emails without attachments)
commlinesund@aoins.net (emails with attachments)
517-327-4915 Ext. 4915

Underwriter:

CRAIG FILA
FILA.CRAIG@AOINS.COM
(517) 703-2475

Company and Contact

Filing Contact Information

Greg Mack, Manager
PO Box 30660
Lansing, MI 48909-8160
mack.greg@aoins.com
(800) 346-0346 [Phone]
(517) 391-1903[FAX]

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Filing Company Information

Auto-Owners Insurance Company
P.O. Box 30660
Lansing, MI 48909-8160

(800) 346-0346 ext. [Phone]

CoCode: 18988
Group Code: 280
Group Name: Auto-Owners Ins
Group
FEIN Number: 38-0315280

State of Domicile: Michigan
Company Type: PC
State ID Number:

Owners Insurance Company
P.O. Box 30660
Lansing, MI 48917

(800) 346-0346 ext. [Phone]

CoCode: 32700
Group Code: 280
Group Name: Auto-Owners Ins
Group
FEIN Number: 34-1172650

State of Domicile: Ohio
Company Type: PC
State ID Number:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/05/2008	08/05/2008

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Disposition

Disposition Date: 08/05/2008
Effective Date (New): 08/05/2008
Effective Date (Renewal): 08/05/2008
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Aggregate Limits Amendatory Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Aggregate Limits Amendatory Endorsement	54867	03-08	Endorsement/New Amendment/Conditions		0.00	54867 03-08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AGGREGATE LIMITS AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

Under D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE, 4. Aggregate Limits is deleted and replaced by the following

4. Aggregate Limits

The most we will pay for:

- a. Injury or damage under the "products/completed operations hazard" arising from all "occurrences" during the policy period is the Products-Completed Operations Aggregate limit shown in the Declarations; and

- b. All other injury or damage, including medical expenses, arising from all "occurrences" during the policy period is the Aggregate Limit (Other than Products-Completed Operations) shown in the Declarations. This limitation does not apply to "property damage" to premises rented to you arising out of fire or explosion.

All other policy terms and conditions apply.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/05/2008

Comments:

Attachment:

54867 Transmittal 2.pdf

Property & Casualty Transmittal Document

Reset Form

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 #: AOIC-125748408 h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3.	Group Name	Group NAIC #			
	Auto-Owners Insurance Group Company				
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Auto-Owners Insurance Company	Michigan	280-18988	38-0315280	
	Owners Insurance Company	Ohio	280-32700	34-1172650	

5. Company Tracking Number	BOP-AR-99-07/25/2008-54867
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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
	<small>Greg Mack, Manager PO Box 30660 Lansing, MI 48209-6160</small>	Manager	(800)346-0346 ext. 4915	(517)391-1903	mack.greg@aoins.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Greg Mack, Manager		

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

9.	Type of Insurance (TOI)	05.0 CMP Liability and Non-Liability
10.	Sub-Type of Insurance (Sub-TOI)	05.0002 Businessowners
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Businessowners
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: On Approval Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	08/01/2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # BOP-AR-99-07/25/2008-54867

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

FORM FILING: 54867 (03-08) - Aggregate Limits Amendatory Endorsement
Submitted for your approval is the above-referenced form.

Form Attaches To: Businessowners Liability Coverage Form

Use: Advises the insured that the most we will pay for injury or damage during the policy period for Product/Completed Operations is the Products-Completed Operations Aggregate Limit shown in the declarations. It also states that the most we will pay for all other injury or damage is the Aggregate Limit shown in the declarations.

Revisions to the form include:
Initial Filing

If you have any questions please feel free to contact my associate Craig Fila at fila.craig@aoins.com or me as indicated below. May we have your usual stamp of approval returned to us on the enclosed duplicate copy. Thank you.

Manager:
GREG MACK, CPCU, AIS, AU, MANAGER
BUSINESSOWNERS UNDERWRITING
MACK.GREG@AOINS.COM (emails without attachments)
commlinesund@aoins.net (emails with attachments)
517-327-4915 Ext. 4915

Underwriter:
CRAIG FILA
FILA.CRAIG@AOINS.COM
(517) 703-2475

[View Complete Filing Description](#)

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:

[Empty box for filing fee calculation]

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.)**

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 #	BOP-AR-99-07/25/2008-54867
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	Aggregate Limits Amendatory Endorsement	54867	<input checked="" 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

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 #	BOP-AR-99-07/25/2008-54867
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)		

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)
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4a. Rate Change by Company (As Proposed)							
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							
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)			
		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.)

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	