

<i>SERFF Tracking Number:</i>	<i>AOIC-125765239</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GLDB-AR-99-08/08/2008-89976</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Garage Liability</i>		
<i>Project Name/Number:</i>	<i>GLDB/89976 GLDB</i>		

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Garage Liability	SERFF Tr Num: AOIC-125765239	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0002 Garage	Co Tr Num: GLDB-AR-99-08/08/2008-89976	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: 08/11/2008
	Date Submitted: 08/08/2008	Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 08/11/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: GLDB	Status of Filing in Domicile: Not Filed
Project Number: 89976 GLDB	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/11/2008	
State Status Changed: 08/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

FORM FILING: 89976 (07-08) - Amendatory Endorsement Replacement and Repairs

Reimbursement

Submitted for your approval is the above-referenced form. Forms are submitted in final printed copy.

Form Attaches To:

Dealer's Blanket Coverage

Line of Business: Garage Liability

SERFF Tracking Number: AOIC-125765239 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GLDB-AR-99-08/08/2008-89976
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability
Project Name/Number: GLDB/89976 GLDB

Form is: Mandatory

Form Replaces:

89976 (01-08) Amendatory Endorsement Replacement and Repairs Reimbursement

If you have any questions please feel free to contact my associate Cindy Harris at harris.cindy@aoins.com or me as indicated below.

Thank you.

JENNIFER HAMILTON, ASSISTANT MANAGER

GARAGE LIABILITY AND DEALER'S BLANKET

HAMILTON.JENNIFER@AOINS.COM (emails without attachments)

commlinesund@aoins.net (emails with attachments)

perslinesund@aoins.net (emails with attachments)

517-391-1026

Company and Contact

Filing Contact Information

Jennifer Hamilton, Assistant Manager

P. O. Box 30660

Lansing, MI 48909-8160

hamilton.jennifer@aoins.com

(800) 346-0346 [Phone]

(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

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:

(800) 346-0346 ext. [Phone]

Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

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:

(800) 346-0346 ext. [Phone]

SERFF Tracking Number: AOIC-125765239 *State:* Arkansas
First Filing Company: Auto-Owners Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: GLDB-AR-99-08/08/2008-89976
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0002 Garage
Product Name: Garage Liability
Project Name/Number: GLDB/89976 GLDB

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	08/08/2008	21861681
Owners Insurance Company	\$0.00	08/08/2008	

SERFF Tracking Number: AOIC-125765239 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GLDB-AR-99-08/08/2008-89976
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability
Project Name/Number: GLDB/89976 GLDB

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/11/2008	08/11/2008

SERFF Tracking Number: AOIC-125765239 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GLDB-AR-99-08/08/2008-89976
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability
Project Name/Number: GLDB/89976 GLDB

Disposition

Disposition Date: 08/11/2008
Effective Date (New): 08/11/2008
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

SERFF Tracking Number: AOIC-125765239 State: Arkansas
 First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: GLDB-AR-99-08/08/2008-89976
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
 Product Name: Garage Liability
 Project Name/Number: GLDB/89976 GLDB

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement Replacement and Repairs Reimbursement	89976	07-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 89976 01-08 Previous Filing #:		89976 07-08.pdf

AMENDATORY ENDORSEMENT
REPLACEMENT AND REPAIRS REIMBURSEMENT
 Dealer's Blanket

It is agreed:

Under SECTION I - PHYSICAL DAMAGE, G. CONDITIONS, 3. REPLACEMENT AND REPAIRS REIMBURSEMENT is deleted and replaced with the following:

3. REPLACEMENT AND REPAIRS REIMBURSEMENT

a. In the event covered property is damaged to the extent that it is declared a total loss or a constructive total loss by us, the value of such covered property shall be determined as follows:

(1) the acquisition costs, excluding transportation; plus

(2) that portion of any cost of:

(a) repairs performed prior to the loss; or

(b) replacement of parts prior to the loss

by you, to the extent such repairs or replacement of parts increased the value of the covered property.

The value of such covered property shall not include:

(1) overhead, including but not limited to the interest on the floor plan charges; or

(2) profit.

b. In the event of a partial loss or damage to covered property:

(1) if the repairs are done by you in your facility, we shall pay you the retail price of the replaced property or furnished labor and materials multiplied by the percentage shown in the Declarations for REPLACEMENT AND REPAIRS REIMBURSEMENT; or

(2) if the repairs are done by a facility other than your facility, we shall pay you the full retail price of the replaced or repaired property less the applicable deductible.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125765239</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GLDB-AR-99-08/08/2008-89976</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Garage Liability</i>		
<i>Project Name/Number:</i>	<i>GLDB/89976 GLDB</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125765239 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GLDB-AR-99-08/08/2008-89976
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability
Project Name/Number: GLDB/89976 GLDB

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/11/2008

Comments:

Attachment:

89976 Transmittal.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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3.	Group Name	Group NAIC #
	Auto-Owners Insurance Group Company	280

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	GLDB-AR-99-08/08/2008-89976
-----------	--------------------------------	-----------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jennifer Hamilton P.O. Box 30660 Lansing, MI 48909-8160	Assistant Manager	517-391-1026	517-391-1903	HAMILTON.JENNIFER@AOINS.COM

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)	20.0 Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0002 Garage
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Garage Liability
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	
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 # GLDB-AR-99-08/08/2008-89976

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

FORM FILING: See Attached List

Forms Attach To:

Dealer's Blanket Coverage

Submitted for your approval is the attached form. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

JENNIFER HAMILTON, ASSISTANT MANAGER

GARAGE LIABILITY AND DEALER'S BLANKET

HAMILTON.JENNIFER@AOINS.COM (emails without attachments)

commlinesund@aoins.net (emails with attachments)

517-391-1026

Underwriter:

CINDY HARRIS

HARRIS.CINDY@AOINS.COM

(517) 703-8901

[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 #: EFT

Amount: \$50.00

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 #	GLDB-AR-99-08/08/2008-89976
-----------	--	-----------------------------

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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	Amendatory Endorsement Replacement and Repairs Reimbursement	89976 07-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	89976 01-08	
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 #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

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

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	