

SERFF Tracking Number: AOIC-125779075 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DWF-AR-01-08/20/2008-15315
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: DWF/15315 DWF

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Dwelling Fire

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: AOIC-125779075

SERFF Status: Closed

Co Tr Num: DWF-AR-01-08/20/2008-15315

Co Status: Pending

Authors: Claudia Stewart, Jessica Turner

Date Submitted: 08/20/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 08/22/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: DWF

Project Number: 15315 DWF

Reference Organization:

Reference Title:

Filing Status Changed: 08/22/2008

State Status Changed: 08/22/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: See Attached List

Forms Attach To:

Dwelling Insurance Policy - Basic Form

Submitted for your approval is the attached list of forms. Forms are submitted in final printed copy.

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

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Product Name: Dwelling Fire
Project Name/Number: DWF/15315 DWF

Manager:

JENNIFER HOUSLER, AIS, MANAGER
PERSONAL PROPERTY UNDERWRITING - SOUTH
HOUSLER.JENNIFER@AOINS.COM (emails without attachments)
perslinesund@aoins.net (emails with attachments)
517-886-1923 Ext. 1923

Underwriter:

ROBIN KREIS
KREIS.ROBIN@AOINS.COM
(517) 703-8985

Company and Contact

Filing Contact Information

Jennifer Housler, Manager housler.jennifer@aoins.com
PO Box 30660 (800) 346-0346 [Phone]
Lansing, MI 48909-8160 (517) 391-1903[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 State ID Number:
Group
(800) 346-0346 ext. [Phone] FEIN Number: 38-0315280

Filing Fees

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

SERFF Tracking Number: AOIC-125779075 State: Arkansas
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	08/20/2008	22037809

<i>SERFF Tracking Number:</i>	<i>AOIC-125779075</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>DWF-AR-01-08/20/2008-15315</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>TOI:</i>	<i>01.0 Property</i>		
<i>Product Name:</i>	<i>Dwelling Fire</i>		
<i>Project Name/Number:</i>	<i>DWF/15315 DWF</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/22/2008	08/22/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Amendment Form of Deductible: Dwelling Policy - Special Form		Jessica Turner	08/20/2008	08/20/2008
Amendment Form of Deductible: Dwelling Policy - Basic Form		Jessica Turner	08/20/2008	08/20/2008

SERFF Tracking Number: AOIC-125779075 *State:* Arkansas
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Company Tracking Number: DWF-AR-01-08/20/2008-15315
TOI: 01.0 Property *Sub-TOI:* 01.0002 Personal Property (Fire and Allied Lines)

Product Name: Dwelling Fire
Project Name/Number: DWF/15315 DWF

Disposition

Disposition Date: 08/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125779075 State: Arkansas
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 Company Tracking Number: DWF-AR-01-08/20/2008-15315
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Dwelling Fire
 Project Name/Number: DWF/15315 DWF

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form (revised)	Amendment of Deductible: Dwelling Policy - Basic Form	Approved	Yes
Form	Amendment of Deductible: Dwelling Policy - Basic Form		Yes
Form (revised)	Amendment of Deductible: Dwelling Policy - Special Form	Approved	Yes
Form	Amendment of Deductible: Dwelling Policy - Special Form		Yes

SERFF Tracking Number: AOIC-125779075 State: Arkansas
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 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Dwelling Fire
 Project Name/Number: DWF/15315 DWF

Amendment Letter

Amendment Date:
 Submitted Date: 08/20/2008

Comments:

Added Readability Score

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Amendment of Deductible: Dwelling Policy - Special Form	15316	02-07	Endorsement/Conditions	New			51	15316 02-07.pdf

SERFF Tracking Number: AOIC-125779075 State: Arkansas
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Amendment Letter

Amendment Date:
 Submitted Date: 08/20/2008

Comments:

Added Readability Score

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Amendment of Deductible: Dwelling Policy - Basic Form	15315	02-07	Endorsement/Conditions	New			51	15315 02-07.pdf

SERFF Tracking Number: AOIC-125779075 State: Arkansas
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 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Dwelling Fire
 Project Name/Number: DWF/15315 DWF

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment of Deductible: Dwelling Policy - Basic Form	15315	02-07	Endorsement/New Amendment/Conditions		51.30	15315 02-07.pdf
Approved	Amendment of Deductible: Dwelling Policy - Special Form	15316	02-07	Endorsement/New Amendment/Conditions		51.00	15316 02-07.pdf

AMENDMENT OF DEDUCTIBLE
Dwelling Policy - Basic Form

It is agreed:

DEDUCTIBLE is deleted and replaced by the following:

DEDUCTIBLE

If a deductible is shown in the Declarations, no loss shall be paid until the amount of loss exceeds the deductible. The deductible shall apply to all coverages unless stated otherwise. If this policy applies to two or more locations, the applicable deductible shown in the Declarations shall apply separately to each location.

If this policy includes endorsements which contain separate deductibles, that deductible shall apply to loss covered by that endorsement. However, if damage resulting from the same loss is covered by this policy and an attached endorsement, only one deductible shall apply. We shall apply the largest applicable deductible to the entire loss.

No deductible applies to loss covered by **COVERAGE D - LOSS OF RENTS**.

All other policy terms and conditions apply.

AMENDMENT OF DEDUCTIBLE
Dwelling Policy - Special Form

It is agreed:

DEDUCTIBLE is deleted and replaced by the following:

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No deductible applies to loss covered by **COVERAGE D - LOSS OF RENTS** or **COVERAGE E - ADDITIONAL LIVING EXPENSE**.

All other policy terms and conditions apply.

SERFF Tracking Number: AOIC-125779075 State: Arkansas
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Company Tracking Number: DWF-AR-01-08/20/2008-15315
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/22/2008

Comments:

Attachment:

15315 Transmittal.pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 08/22/2008

Comments:

Attachment:

15315 Exp Memo.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # DWF-AR-01-08/20/2008-15315

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:

Dwelling Insurance Policy - Basic Form

Submitted for your approval is the attached list of forms. Forms are submitted in final printed copy.

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

Manager:

JENNIFER HOUSLER, AIS, MANAGER

PERSONAL PROPERTY UNDERWRITING - SOUTH

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

perslinesund@aoins.net (emails with attachments)

517-886-1923 Ext. 1923

Underwriter:

ROBIN KREIS

KREIS.ROBIN@AOINS.COM

(517) 703-8985

[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 #: \$50.00

Amount: EFT

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 #	DWF-AR-01-08/20/2008-15315
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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	Amendment of Deductible: Dwelling Policy - Basic Form	15315	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Amendment of Deductible: Dwelling Policy -Special Form	15316	<input checked="" 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 #	DWF-AR-01-08/20/2008-15315
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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.)	
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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	
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7.	Effective Date of last rate revision	
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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	

**AUTO-OWNERS INSURANCE COMPANY
FORMS AND ENDORSEMENTS**

Form Number	Edition Date	Replaced Form	Replaced Edition Date	Form Name
15315	(02-07)	N/A	()	Amendment of Deductible: Dwelling Policy - Basic Form
USE	Attaches to all new and renewal policies to clarify that the deductible will be applied by location rather than per occurrence.			
CHANGE	Initial Filing			
15316	(02-07)	N/A	()	Amendment of Deductible: Dwelling Policy - Special Form
USE	Attaches to all new and renewal policies to clarify that the deductible will be applied by location rather than per occurrence			
CHANGE	Initial Filing			

SERFF Tracking Number: AOIC-125779075 *State:* Arkansas
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TOI: 01.0 Property *Sub-TOI:* 01.0002 Personal Property (Fire and Allied Lines)

Product Name: Dwelling Fire
Project Name/Number: DWF/15315 DWF

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Amendment of Deductible: Dwelling08/18/2008 Policy - Basic Form		15315 02-07.pdf
No original date	Form	Amendment of Deductible: Dwelling08/18/2008 Policy - Special Form		15316 02-07.pdf

AMENDMENT OF DEDUCTIBLE
Dwelling Policy - Basic Form

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