Filing at a Glance

Company: 32387 - Star Casualty Insurance Co.

Product Name: n/a	SERFF Tr Num: ARKS-125776853	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: #178189 $100
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: SCIC AR 200809	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author:	Disposition Date: 08/28/2008
	Date Submitted: 08/14/2008	Disposition Status: Filed
Effective Date Requested (New):		Effective Date (New): 09/11/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/28/2008	
State Status Changed: 08/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Company and Contact

Filing Contact Information

NA NA,	NA@NA.com
NA	(123) 555-4567 [Phone]
NA, AR 00000	

Filing Company Information

32387 - Star Casualty Insurance Co.	CoCode: 32387	State of Domicile: Florida
5539 SW 8th St.	Group Code:	Company Type: Property & Casualty
Coral Gables, FL 33134	Group Name:	State ID Number:
(305) 398-4730 ext. [Phone]	FEIN Number: 65-0071432	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	08/28/2008	08/28/2008

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	Alexa Grissom	08/21/2008				

SERFF Tracking Number:	*ARKS-125776853*	*State:*	*Arkansas*
Filing Company:	*32387 - Star Casualty Insurance Co.*	*State Tracking Number:*	*#178189 $100*
Company Tracking Number:	*SCIC AR 200809*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*n/a*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 08/28/2008

Effective Date (New): 09/11/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ARKS-125776853*	*State:*	*Arkansas*
Filing Company:	*32387 - Star Casualty Insurance Co.*	*State Tracking Number:*	*#178189 $100*
Company Tracking Number:	*SCIC AR 200809*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*n/a*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	ARKS-125776853		Yes

SERFF Tracking Number:	*ARKS-125776853*	*State:*	*Arkansas*
Filing Company:	*32387 - Star Casualty Insurance Co.*	*State Tracking Number:*	*#178189 $100*
Company Tracking Number:	*SCIC AR 200809*		
TOI:	*19.0 Personal Auto*	*Sub-TOI:*	*19.0001 Private Passenger Auto (PPA)*
Product Name:	*n/a*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/21/2008
Submitted Date	
Respond By Date	

Dear NA NA,

This will acknowledge receipt of the captioned filing. Need the APCS and loss information justifying the use of credit.

Please feel free to contact me if you have questions.

Sincerely,

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125776853 08/28/2008

Comments:

Attachments:

ARKS-125776853 1.pdf

ARKS-125776853 2.pdf

ARKS-125776853 3.pdf

ARKS-125776853 4.pdf

ARKS-125776853 AG
178189
100.00

STAR CASUALTY
...Always Peace of Mind
An A.M. Best Rated Company

August 11, 2008

Ms. Alexa Grissom
Property and Casualty Division
Arkansas Insurance Dept.
1200 West Third Street
Little Rock, AR 72201-1904

Dear Ms. Grissom:

Please accept the following Initial Rate filing for the Private Passenger automobile program for Star Casualty Insurance Company (SCIC). We are designating this filing as a file and use with proposed effective dates of September 11, 2008 for all New Business.

This filing is a "me-too" of Alfa Vision Insurance Corporation's rates, with minor modifications. For the modifications please reference the explanatory memorandum in this filing.

Enclosed are the required filing forms for the initial rate filing, the $100 filing fee, a duplicate copy of this cover letter to be stamped and returned upon your approval, and a postage-paid envelope for that purpose.

We believe these rates to be adequate, not excessive, nor unfairly discriminatory. We attest that they are in compliance with the applicable laws that govern Arkansas.

If there are any questions, or you require any additional information, please contact me at (305)398-4730, ext. 2811. Thank you for your attention and time with this filing.

Regards,

Matthew S. Miller
Asst. Product Manager
Star Casualty Insurance Company
5539 SW 8th St.
Coral Gables, FL 33134

RECEIVED
AUG 14 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

STAR CASUALTY

...Always Peace of Mind

An A.M. Best Rated Company

August 11, 2008

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Regards,

Matthew S. Miller
Asst. Product Manager
Star Casualty Insurance Company
5539 SW 8th St.
Coral Gables, FL 33134

3287

Auto

Alexa Grissom

From: Alexa Grissom
Sent: Thursday, August 21, 2008 3:12 PM
To: 'mmiller@starcasualty.com'
Subject: Star Casualty PPA Rate and Rule Filing

Dear Mr. Miller

This will acknowledge receipt of the above-captioned filing. Please submit a completed APCS form. Additionally in compliance with Ark. Code Ann. 23-67-409(a)(3), loss data justifying the use of credit must be filed with the Department.

If I may be of assistance, please advise.

Sincerely

Alexa B. Grissom
Certified Analyst
Property & Casualty
(501) 371-2803

FILED
AUG 21 2008
PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.

Effective March 1, 2007

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 #
	Star Casualty Insurance Company	32387

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Star Casualty Insurance	Florida	32387	65-007143	01904

RECEIVED
AUG 14 2008

5.	Company Tracking Number	SCIC AR 200809	PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Matthew Miller 5539 SW 8th ST Coral Gables, FL 33134	Asst. Product Manager	305-398-4730 ext 2811	786-363-0597	mmiller@starcasualty.com

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

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

9.	Type of Insurance (TOI)	19.0 Personal Auto
10.	Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto (PPA)
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	☐ Rate/Loss Cost ☐ Rules ☑ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	Effective Date(s) Requested	New: 9/11/08 Renewal:
15.	Reference Filing?	☐ Yes ☑ No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	☐ Not Filed ☐ Pending ☑ Authorized ☐ Disapproved

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELFCERT

I, Matthew Miller, Ast. Product Manager of
(Name) *(Title of Authorized Officer)*

Star Casualty Insurance
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:
   a. Arkansas Code Annotated;
   b. Arkansas Rules and Regulations;
   c. Arkansas Insurance Bulletins, Directives and Orders;
   d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
   e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? *(Yes or No)* ▶ Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number SCIC AR 200809

Signature of Authorized Officer ▶

Name of Authorized Officer ▶ Matthew Miller

Title of Authorized Officer ▶ Asst. Product Manager

Email address of Authorized Officer ▶ mmiller@starcasualty.com

Telephone # of Authorized Officer ▶ 305-398-4730 Date ▶ 8/11/08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@arkansas.gov

AID PC SelfCert (4/30/03)

Effective March 1, 2007

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

RECEIVED
AUG 14 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

3.	Group Name	Group NAIC #
	Star Casualty Insurance Company	32387

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
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	Matthew Miller 5539 SW 8th ST Coral Gables, FL 33134	Asst. Product Manager	305-398-4730 ext 2811	786-363-0597	mmiller@starcasualty.com

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

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

9.	**Type of Insurance (TOI)**	19.0 Personal Auto
10.	**Sub-Type of Insurance (Sub-TOI)**	19.0001 Private Passenger Auto (PPA)
11.	**State Specific Product code(s)**(if applicable)[See State Specific Requirements]	
12.	**Company Program Title** (Marketing title)	
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☑ Rates/Rules ☐ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: 9/11/08 Renewal:
15.	**Reference Filing?**	☐ Yes ☑ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	
19.	**Status of filing in domicile**	☐ Not Filed ☐ Pending ☑ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SCIC AR 200809

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

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 #: 17819
Amount: $100.00

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.)**

Property & Casualty Transmittal Document—

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View Complete Filing Description

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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 #**	SCIC AR 200809
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.)**	File & Use

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)
Star Casualty	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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)	N/A	
5b	Overall percentage rate impact for this filing	N/A	
5c	Effect of Rate Filing – Written premium change for this program	N/A	
5d	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rate Pages	☑ New ☐ Replacement ☐ Withdrawn	
02	Rule Pages	☑ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

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 #**	SCIC AR 200809
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.)**	File & Use

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)
Star Casualty	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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)	N/A	
5b	Overall percentage rate impact for this filing	N/A	
5c	Effect of Rate Filing – Written premium change for this program	N/A	
5d	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rate Pages	☑ New ☐ Replacement ☐ Withdrawn	
02	Rule Pages	☑ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

Explanatory Memorandum

Differences of Rate

Insurance Scoring

In our Rate Calculation, Star Casualty will introduce insurance scoring to obtain the rate. Based upon analysis of competitiveness within the market, we view this to be an essential tool to gain a share of the market. The scoring model that will be used is the TUIRS Model from TransUnion. The selected factors are based on the retro study of our Florida book of business, which is the only state in which we currently do business. The factors were selected against book average, and then rebased so that the highest amount would be a 1.0 factor.

Discounts

Star Casualty increased the discount cap to further target and capture segments of the market.

Base Rate

As mentioned above, we re-based our insurance score pricing factors such that the maximum factor is 1.00. This results in an expected average insurance scoring factor of 0.78 based on the distribution of TUIRS scores for the population of Arkansas. To ensure an adequate overall price level we have adjusted base rates up by 20% to achieve an average combined base rate times insurance score factor of 0.94. We believe that this 6% lower rate level is justified given the increased segmentation provided by insurance scoring plus the overall profitability of the Alfa Vision program.

Liability Symbols

We will not be using liability symbols in our Rate Calculation.

Limit Factors

Star Casualty will use Progressive Northwestern's Limit Factors of BI, PD, UMBI, and UMPD in the calculation of our quoted rates. The purpose for the usage of Progressive instead of Alfa Vision, Progressive offers 500 CSL and 250/500 limits which Alfa does not.

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	**SCIC AR 200809**

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	

		Company Name		Company NAIC Number
3.	A.	**Star Casualty Insurance Company**	B.	**32387**

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	**Personal Auto**	B.	**Private Passenger Auto(PPA)**

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY (D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
TOTAL OVERALL EFFECT	**N/A**						

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
N/A	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

7.

Expense Constants	Selected Provisions
A. Total Production Expense	**N/A**
B. General Expense	**N/A**
C. Taxes, License & Fees	**N/A**
D. Underwriting Profit & Contingencies	**N/A**
E. Other (explain)	**N/A**
F. TOTAL	**N/A**

8. **Y** Apply Lost Cost Factors to Future filings? (Y or N)
9. **N/A** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. **N/A** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

ARKANSAS INSURANCE DEPARTMENT

FORM A-1
Rev. 4/98

PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submission that do not alter the information contained herein need not include this form.

Company Name Star Casualty Insurance
NAIC No. 32387 Group No. _____

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?
No

2. Do you furnish a market for young drivers? Yes
Over age 65 drivers? Yes

3. Do you require collateral business to support a youthful driver risk? No

4. Do you insure driver with an international or foreign driver's license? Yes

5. Specify the percentage you allow in credit or discounts for the following:

a.	Driver Over 55	5	%
b.	Good Student Discount	5	%
c.	Multi-car Discount	31	%
d.	Accident Free Discount*	0	%
	*Please Specify Qualification for Discount _____		
e.	Anti-theft Discount	0	%
f.	Other (specify)		%
	Transfer	23-10	%
	Renewal	10	%
	Paid in Full	10	%

6. Do you have an installment payment plan for automobile insurance? Yes
If so, what is the fee for installment payments? $8 for direct bill or $3 for EFT

7. Does you company utilize a tiered rating plan? No If so, list the programs and percentage difference. _____ State the current volume for each program.

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature

Asst. Product Manager
Title

(877) STAR -210
Telephone Number

AID PC A-1 (4/98)

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELFCERT

I, Matthew Miller, Ast. Product Manager of
(Name) *(Title of Authorized Officer)*

Star Casualty Insurance
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:
   a. Arkansas Code Annotated;
   b. Arkansas Rules and Regulations;
   c. Arkansas Insurance Bulletins, Directives and Orders;
   d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
   e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

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Does this Certification apply to all the companies in this filing? *(Yes or No)* ▶ Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number SCIC AR 200809

Signature of Authorized Officer ▶	
Name of Authorized Officer ▶	Matthew Miller
Title of Authorized Officer ▶	Asst. Product Manager
Email address of Authorized Officer ▶	mmiller@starcasualty.com
Telephone # of Authorized Officer ▶	305-398-4730 Date ▶ 8/11/08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@arkansas.gov

AID PC SelfCert (4/30/03)

Table of Contents

Exhibits:

STAR CASUALTY

Explanatory Memorandum

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In our Rate Calculation, Star Casualty will introduce insurance scoring to obtain the rate. Based upon analysis of competitiveness within the market, we view this to be an essential tool to gain a share of the market. The scoring model that will be used is the TUIRS Model from TransUnion. The selected factors are based on the retro study of our Florida book of business, which is the only state in which we currently do business. The factors were selected against book average, and then rebased so that the highest amount would be a 1.0 factor.

Discounts

Star Casualty increased the discount cap to further target and capture segments of the market.

Base Rate

As mentioned above, we re-based our insurance score pricing factors such that the maximum factor is 1.00. This results in an expected average insurance scoring factor of 0.78 based on the distribution of TUIRS scores for the population of Arkansas. To ensure an adequate overall price level we have adjusted base rates up by 20% to achieve an average combined base rate times insurance score factor of 0.94. We believe that this 6% lower rate level is justified given the increased segmentation provided by insurance scoring plus the overall profitability of the Alfa Vision program.

Liability Symbols

We will not be using liability symbols in our Rate Calculation.

Limit Factors

Star Casualty will use Progressive Northwestern's Limit Factors of BI, PD, UMBI, and UMPD in the calculation of our quoted rates. The purpose for the usage of Progressive instead of Alfa Vision, Progressive offers 500 CSL and 250/500 limits which Alfa does not.

Rates

Enclosed rate sheet

- Base Rates with BI, PD, Comp and Collision
- Relativities in territory, driver class, model year, points, symbols, deductible and PD limits

Rules

Enclosed Rules Manual

STAR CASUALTY

Annual Base Rates	
Liability BI	146.04
Liability PD	145.32
UM BI	35.76
UIM BI	30.96
UM PD	33.84
PIP Medical	153.60
PIP Income	60.00
PIP Death	60.00
Comp	73.20
Collision	165.48
Rental Reimbursement	28.30
Towing & Labor	6.00
~~Accidental Death~~	~~20.00~~
Add'l Equip.	See Schedule

Discounts	
Transfer(No Lapse)	23%
Transfer(Lapse<7 days)	15%
Transfer(Lapse<30 days)	10%
Renewal	10%
Multi-car	31%
Homeowner Ins.	5%
Senior Op.	5%
College Grad.	5%
Good Student	5%
Non Owner	10%
Drivers Ed	5%
Paid in Full*	10%
Maximum	41%
*Not subject to mas discount	

Surcharges	
Business Use	20%
Inelligible Risk	100%
Fees	
Installment	8
Installment-ETF	3
NSF	20
Reinstatement	5
SR-22	15
Policy Fee six month	30
Plicy Fee Annual	60

Commission Program		
Ultra-15	n	1.00
Select- 12.5*	r	0.97
*Renewals Only		

Payment Plan Tier	
Value Tier (1 mo down)	1.00
All Other	1.00
Term	
6	1.00
12	2.00

Limits BI	
25/50	1.00
50/100	1.10
100/300	1.55
250/500	1.86
500 CSL	1.99

Limits PD	
25	1.00
50	1.05
100	1.09
500 CSL	1.14

nits UMB/UIM	
25/50	1.00
50/100	1.50
100/300	2.05
250/500	2.40
500 CSL	3.01

Limits UMPD	
25	1.00
50	1.52
100	2.27
500 CSL	3.79

Deductibles		
	Comp	Coll
100	1.40	1.40
250	1.18	1.18
500	1.00	1.00
750	0.85	0.85
1000	0.80	0.80

tional Equipment		
0	500	48
501	1000	72
1001	1500	108
1501	2500	168
2501	3500	192
3501	4500	240
4501	5000	300

Territory						
	BI	PD	UM/UIM	PIP	COMP	COLL
5	1.062	0.959	1.390	0.120	1.187	0.997
8	1.163	1.390	1.020	1.100	1.197	1.052
9	1.176	1.176	0.940	1.100	1.103	1.245
10	1.154	1.368	1.080	1.100	0.867	0.909
19	0.862	0.912	0.920	1.100	1.169	0.960
21	2.011	1.643	1.770	1.550	1.395	1.500
22	1.335	1.224	1.100	1.200	1.203	0.969
23	1.489	1.474	1.610	1.500	1.390	1.347
26	1.516	1.560	1.770	1.240	1.114	1.231
36	1.300	1.300	1.070	1.100	0.943	1.078
40	1.140	1.220	1.040	1.050	0.783	0.774
101	1.618	1.618	1.460	1.200	0.956	1.286
102	1.487	1.409	1.330	1.100	0.825	1.041
103	2.070	1.984	1.580	1.100	1.158	1.331
104	1.554	1.596	1.410	1.150	0.920	1.013
105	1.261	1.385	1.290	1.150	0.782	1.039
111	0.733	0.737	0.920	1.050	1.109	0.858
112	0.924	0.873	0.920	1.050	1.050	0.922
113	0.966	0.869	0.940	1.000	1.165	1.021
141	1.294	1.055	0.990	1.100	1.206	1.038
142	1.021	0.918	1.050	1.100	1.009	1.009
143	0.860	0.879	0.970	1.100	0.938	0.807
144	1.068	0.938	1.030	1.150	1.271	1.114
145	1.131	0.953	1.050	1.100	1.127	0.951
146	0.937	0.855	0.970	1.100	1.107	1.064
150	1.152	1.152	0.960	1.000	0.856	1.046
151	0.838	0.899	0.950	1.000	1.020	1.015
152	0.818	0.810	0.960	1.000	1.045	1.090
301	1.057	1.265	0.940	1.000	0.999	0.952
302	0.712	0.905	0.970	1.000	0.751	0.837
601	1.516	1.560	1.180	1.100	1.098	1.239
602	1.277	1.329	1.040	1.100	1.016	1.099
603	1.433	1.468	1.060	1.100	0.965	1.183

Model Yr			
Year	BI/PD	Comp	Coll
1	0.828	0.720	0.660
1950	0.828	0.720	0.660
1951	0.828	0.720	0.660
1952	0.828	0.720	0.660
1953	0.828	0.720	0.660
1954	0.828	0.720	0.660
1955	0.828	0.720	0.660
1956	0.828	0.720	0.660
1957	0.828	0.720	0.660
1958	0.828	0.720	0.660
1959	0.828	0.720	0.660
1960	0.828	0.720	0.660
1961	0.828	0.720	0.660
1962	0.828	0.720	0.660
1963	0.828	0.720	0.660
1964	0.828	0.720	0.660
1965	0.828	0.720	0.660
1966	0.828	0.720	0.660
1967	0.828	0.720	0.660
1968	0.828	0.720	0.660
1969	0.828	0.720	0.660
1970	0.828	0.720	0.660
1971	0.828	0.720	0.660
1972	0.828	0.720	0.660
1973	0.828	0.720	0.660
1974	0.828	0.720	0.660
1975	0.828	0.720	0.660
1976	0.828	0.720	0.660
1977	0.828	0.720	0.660
1978	0.828	0.720	0.660
1979	0.828	0.720	0.660
1980	0.828	0.720	0.660
1981	0.828	0.720	0.660
1982	0.828	0.720	0.660
1983	0.828	0.720	0.660
1984	0.828	0.720	0.660
1985	0.828	0.720	0.660
1986	0.828	0.720	0.660
1987	0.828	0.720	0.660
1988	0.828	0.720	0.660
1989	0.828	0.720	0.660
1990	0.837	0.720	0.660
1991	0.846	0.720	0.660
1992	0.856	0.760	0.660
1993	0.865	0.763	0.690
1994	0.940	0.791	0.760
1995	0.960	0.870	0.800
1996	0.960	0.900	0.850
1997	0.970	0.950	0.900
1998	0.980	1.000	1.000
1999	0.990	1.050	1.050
2000	1.000	1.120	1.120
2001	1.010	1.230	1.230
2002	1.020	1.360	1.390
2003	1.030	1.450	1.490
2004	1.040	1.500	1.535
2005	1.040	1.550	1.710
2006	1.140	1.720	1.760
2007	1.161	1.838	1.880
2008	1.183	1.967	2.020
2009	1.204	2.107	2.160
2010	1.230	2.257	2.313

Points			
	BI/PD	Comp	Coll
0	1.00	1.00	1.00
1	1.18	1.18	1.18
2	1.24	1.24	1.24
3	1.27	1.27	1.27
4	1.31	1.31	1.31
5	1.38	1.38	1.38
6	1.56	1.56	1.56
7	1.61	1.61	1.61
8	1.72	1.72	1.72
9	1.88	1.88	1.88
10	1.93	1.93	1.93
11	1.98	1.98	1.98
12	2.08	2.08	2.08
13	2.29	2.29	2.29
14	2.52	2.52	2.52
15	2.77	2.77	2.77
16	3.05	3.05	3.05
17	3.36	3.36	3.36
18	3.69	3.69	3.69
19	4.06	4.06	4.06
20	4.47	4.47	4.47
21	4.92	4.92	4.92
22	5.41	5.41	5.41
23	5.95	5.95	5.95
24	6.54	6.54	6.54
25	7.19	7.19	7.19
26	7.59	7.59	7.59
27	8.35	8.35	8.35
28	9.19	9.19	9.19
29	10.11	10.11	10.11
30	11.12	11.12	11.12
31	12.23	12.23	12.23
32	13.45	13.45	13.45
33	14.80	14.80	14.80

Symbols		
1990 +	Comp	Coll
1	0.62	0.67
2	0.68	0.68
3	0.76	0.76
4	0.81	0.81
5	0.88	0.92
6	0.88	0.92
7	1.00	1
8	1.05	1.05
10	1.12	1.12
11	1.12	1.14
12	1.20	1.24
13	1.29	1.24
14	1.34	1.41
15	1.45	1.47
16	1.64	1.62
17	1.64	1.62
18	1.82	1.82
19	1.96	1.96
20	2.17	2.33
21	2.33	2.33
22	2.71	2.71
23	2.82	2.82
24	3.40	3.4
25	3.66	3.66
26	3.66	3.66
27	3.66	3.66

Liab Symbol - Version 2003A	
a	1.00
b	1.05
c	1.15
j	1.00
k	1.05
l	1.15
y	1.00
z	1.00

Exposure Factor					
	BI/PD	PIP	UM/UIM	Comp	Coll
d=v	1.000	1.000	1.000	1.000	1.000
d>v	1.100	1.100	1.100	1.100	1.100
d<v	0.980	0.980	0.980	0.980	0.980

BI/PD Symbol	
250	0.88
255	0.88
260	0.88
265	0.88
270	0.88
275	0.88
280	0.88
285	0.91
290	0.94
295	0.97
300	1.00
305	1.03
310	1.06
315	1.09
320	1.12
325	1.15
330	1.15
335	1.15
340	1.15
345	1.15
350	1.15
355	1.15
360	1.15
365	1.15
370	1.15
375	1.15
380	1.15
385	1.15
390	1.15
970	1.00
980	1.00
990	1.00

PIP/UM Symbol	
450	0.88
455	0.88
460	0.88
465	0.88
470	0.88
475	0.88
480	0.88
485	0.91
490	0.94
495	0.97
500	1.00
505	1.03
510	1.06
515	1.09
520	1.12
525	1.15
530	1.15
535	1.15
540	1.15
545	1.15
550	1.15
555	1.15
560	1.15
565	1.15
570	1.15
575	1.15
580	1.15
585	1.15
590	1.15
595	1.00
600	1.00
605	1.00

BI/PD	Driver Class 1	2	3	4
Age	MM	MF	SM	SF
14	2.688	2.150	3.999	2.741
15	2.688	2.150	3.999	2.741
16	2.688	2.150	3.999	2.741
17	2.688	2.150	3.999	2.741
18	2.688	2.150	3.999	2.688
19	2.043	1.430	2.795	2.250
20	2.043	1.430	2.795	2.100
21	1.163	1.312	2.000	1.600
22	1.163	1.220	2.000	1.600
23	1.344	1.183	1.650	1.350
24	1.290	1.100	1.650	1.236
25	1.150	1.075	1.310	1.236
26	1.150	1.075	1.310	1.236
27	1.150	1.075	1.310	1.236
28	1.150	1.000	1.310	1.150
29	1.150	1.000	1.310	1.150
30	1.020	1.000	1.170	1.150
31	1.020	1.000	1.170	1.150
32	1.020	1.000	1.170	1.150
33	1.020	1.000	1.170	1.150
34	1.020	1.000	1.170	1.150
35	1.020	1.000	1.150	1.100
36	1.075	1.000	1.150	1.100
37	1.075	1.000	1.150	1.100
38	1.075	1.000	1.150	1.100
39	1.000	1.000	1.150	1.100
40	1.000	1.000	1.100	1.050
41	1.000	1.000	1.100	1.050
42	1.000	1.000	1.100	1.050
43	1.000	1.000	1.100	1.050
44	1.000	1.000	1.100	1.050
45	1.000	1.000	1.050	1.050
46	1.000	1.000	1.050	1.050
47	1.000	1.000	1.050	1.050
48	1.000	1.000	1.050	1.050
49	1.000	1.000	1.050	1.050
50	1.000	0.950	1.000	1.100
51	1.000	0.950	1.000	1.023
52	1.000	0.950	1.000	1.023
53	1.000	0.950	1.000	1.023
54	1.000	0.950	1.000	1.050
55	1.000	0.950	1.000	1.050
56	1.000	0.950	1.050	1.050
57	1.000	0.950	1.050	1.050
58	1.000	0.950	1.050	1.050
59	1.000	0.950	1.129	1.050
60	1.075	1.000	1.150	1.050
61	1.075	1.000	1.150	1.050
62	1.075	1.000	1.150	1.050
63	1.075	1.000	1.150	1.050
64	1.075	1.000	1.150	1.050
65	1.236	1.100	1.398	1.200
66	1.236	1.100	1.398	1.200
67	1.236	1.100	1.398	1.200
68	1.236	1.100	1.398	1.200
69	1.236	1.100	1.398	1.200
70	1.400	1.300	1.600	1.349
71	1.400	1.300	1.600	1.349
72	1.400	1.300	1.600	1.349
73	1.400	1.300	1.600	1.349
74	1.400	1.300	1.600	1.349
75	1.720	1.450	1.900	1.600
76	1.720	1.450	1.900	1.600
77	1.720	1.450	1.900	1.600
78	1.720	1.450	1.900	1.600
79	1.720	1.450	1.900	1.600
80	1.720	1.450	1.900	1.600
81	1.720	1.450	1.900	1.600
82	1.720	1.450	1.900	1.600
83	1.720	1.450	1.900	1.600
84	1.720	1.450	1.900	1.600
85	1.720	1.450	1.900	1.600
86	1.720	1.450	1.900	1.600
87	1.720	1.450	1.900	1.600
88	1.720	1.450	1.900	1.600
89	1.720	1.450	1.900	1.600
90	1.720	1.450	1.900	1.600
91	1.720	1.450	1.900	1.600
92	1.720	1.450	1.900	1.600
93	1.720	1.450	1.900	1.600
94	1.720	1.450	1.900	1.600
95	1.720	1.450	1.900	1.600
96	1.720	1.450	1.900	1.600
97	1.720	1.450	1.900	1.600
98	1.720	1.450	1.900	1.600

CP	Driver Class 1	2	3	4
Age	MM	MF	SM	SF
14	1.806	1.600	1.881	1.613
15	1.806	1.600	1.881	1.613
16	1.806	1.600	1.881	1.613
17	1.806	1.600	1.881	1.613
18	1.806	1.600	1.881	1.613
19	1.806	1.451	1.774	1.451
20	1.806	1.451	1.774	1.451
21	1.550	1.290	1.666	1.344
22	1.442	1.200	1.666	1.290
23	1.350	1.200	1.505	1.290
24	1.350	1.200	1.505	1.290
25	1.200	1.129	1.505	1.236
26	1.200	1.129	1.505	1.236
27	1.200	1.129	1.398	1.236
28	1.200	1.129	1.398	1.236
29	1.200	1.129	1.398	1.236
30	1.183	1.129	1.344	1.183
31	1.183	1.129	1.344	1.183
32	1.183	1.129	1.344	1.183
33	1.183	1.129	1.344	1.183
34	1.183	1.129	1.344	1.183
35	1.129	1.129	1.236	1.183
36	1.050	1.129	1.236	1.183
37	1.050	1.129	1.236	1.183
38	1.050	1.129	1.236	1.183
39	1.050	1.129	1.236	1.183
40	1.000	1.075	1.183	1.129
41	1.000	1.075	1.183	1.129
42	1.000	1.075	1.183	1.129
43	1.000	1.075	1.183	1.129
44	1.000	1.075	1.183	1.129
45	1.000	1.075	1.183	1.129
46	1.000	1.075	1.183	1.129
47	1.000	1.075	1.183	1.129
48	0.930	1.000	1.000	1.129
49	0.930	1.000	1.000	1.129
50	0.930	1.000	1.000	1.000
51	0.930	1.000	1.000	1.000
52	0.930	1.000	1.000	1.000
53	0.930	1.000	1.000	1.000
54	0.930	1.000	1.000	1.000
55	0.930	0.930	1.000	1.000
56	0.930	0.930	1.000	1.000
57	0.930	0.930	1.023	1.000
58	0.930	0.930	1.023	1.000
59	0.930	0.930	1.023	1.000
60	0.930	0.930	1.023	1.000
61	0.930	0.930	1.023	1.000
62	0.930	0.930	1.023	1.000
63	0.930	0.930	1.023	1.000
64	0.930	0.930	1.023	1.000
65	0.930	0.930	1.023	1.000
66	0.930	0.930	1.023	1.000
67	0.930	0.930	1.023	1.000
68	0.930	0.930	1.023	1.000
69	0.930	0.930	1.023	1.000
70	0.930	0.930	1.023	1.000
71	0.930	0.930	1.023	1.000
72	0.930	0.930	1.023	1.000
73	0.930	0.930	1.023	1.000
74	0.930	0.930	1.023	1.000
75	0.930	0.930	1.023	1.000
76	0.930	0.930	1.023	1.000
77	0.930	0.930	1.023	1.000
78	0.930	0.930	1.023	1.000
79	0.930	0.930	1.023	1.000
80	0.930	0.930	1.023	1.000
81	0.930	0.930	1.023	1.000
82	0.930	0.930	1.023	1.000
83	0.930	0.930	1.023	1.000
84	0.930	0.930	1.023	1.000
85	0.930	0.930	1.023	1.000
86	0.930	0.930	1.023	1.000
87	0.930	0.930	1.023	1.000
88	0.930	0.930	1.023	1.000
89	0.930	0.930	1.023	1.000
90	0.930	0.930	1.023	1.000
91	0.930	0.930	1.023	1.000
92	0.930	0.930	1.023	1.000
93	0.930	0.930	1.023	1.000
94	0.930	0.930	1.023	1.000
95	0.930	0.930	1.023	1.000
96	0.930	0.930	1.023	1.000
97	0.930	0.930	1.023	1.000
98	0.930	0.930	1.023	1.000

CL	Driver Class 1	2	3	4
Age	MM	MF	SM	SF
14	2.580	2.043	3.600	2.750
15	2.580	2.043	3.600	2.750
16	2.580	2.043	3.600	2.750
17	2.580	2.043	3.600	2.750
18	2.580	2.043	3.500	2.750
19	2.150	1.666	3.225	2.200
20	2.150	1.666	3.000	2.200
21	1.720	1.398	2.473	1.720
22	1.720	1.398	2.300	1.600
23	1.613	1.290	2.000	1.400
24	1.500	1.200	1.860	1.400
25	1.250	1.150	1.581	1.300
26	1.250	1.150	1.581	1.300
27	1.200	1.100	1.500	1.300
28	1.116	1.100	1.395	1.209
29	1.116	1.100	1.395	1.209
30	1.116	1.050	1.395	1.163
31	1.116	1.050	1.395	1.163
32	1.116	1.050	1.395	1.163
33	1.116	1.050	1.395	1.163
34	1.116	1.050	1.395	1.163
35	1.100	1.000	1.300	1.163
36	1.100	1.075	1.300	1.200
37	1.100	1.075	1.300	1.200
38	1.100	1.075	1.300	1.200
39	1.100	1.075	1.300	1.200
40	1.000	1.075	1.236	1.150
41	1.000	1.075	1.236	1.150
42	1.000	1.000	1.150	1.070
43	1.000	1.000	1.150	1.070
44	1.000	1.000	1.150	1.070
45	1.000	1.000	1.120	1.023
46	1.000	1.000	1.120	1.023
47	1.000	1.000	1.120	1.023
48	1.075	1.075	1.204	1.100
49	1.075	1.075	1.204	1.100
50	1.000	1.000	1.150	1.100
51	1.000	1.000	1.150	1.100
52	1.000	1.000	1.150	1.100
53	1.000	1.000	1.150	1.100
54	1.000	1.000	1.150	1.100
55	1.000	1.000	1.150	1.100
56	1.000	1.000	1.150	1.100
57	1.000	1.000	1.150	1.100
58	1.000	1.000	1.150	1.100
59	1.000	1.000	1.150	1.100
60	1.000	1.000	1.150	1.100
61	1.000	1.000	1.150	1.100
62	1.000	1.000	1.150	1.100
63	1.000	1.000	1.150	1.100
64	1.000	1.000	1.150	1.100
65	1.100	1.050	1.250	1.100
66	1.100	1.050	1.250	1.100
67	1.100	1.050	1.250	1.100
68	1.100	1.050	1.250	1.100
69	1.100	1.050	1.250	1.100
70	1.200	1.290	1.400	1.200
71	1.200	1.290	1.400	1.200
72	1.200	1.290	1.400	1.200
73	1.290	1.290	1.505	1.290
74	1.290	1.290	1.505	1.290
75	1.505	1.398	1.720	1.398
76	1.505	1.398	1.720	1.398
77	1.505	1.398	1.720	1.398
78	1.505	1.398	1.720	1.398
79	1.505	1.398	1.720	1.398
80	1.505	1.398	1.720	1.398
81	1.505	1.398	1.720	1.398
82	1.505	1.398	1.720	1.398
83	1.505	1.398	1.720	1.398
84	1.505	1.398	1.720	1.398
85	1.505	1.398	1.720	1.398
86	1.505	1.398	1.720	1.398
87	1.505	1.398	1.720	1.398
88	1.505	1.398	1.720	1.398
89	1.505	1.398	1.720	1.398
90	1.505	1.398	1.720	1.398
91	1.505	1.398	1.720	1.398
92	1.505	1.398	1.720	1.398
93	1.505	1.398	1.720	1.398
94	1.505	1.398	1.720	1.398
95	1.505	1.398	1.720	1.398
96	1.505	1.398	1.720	1.398
97	1.505	1.398	1.720	1.398
98	1.505	1.398	1.720	1.398

TUIRS SCORE				FL Retro Study								
Min	Max	Group	Records	Distribution as % of Scored Records	Distribution of All FL Retro Study Policies	Distribution of AR Population	Earned Premium	Incurred Loss	Loss Ratio	Loss Ratio Relativity	Selected Rebased Factors	Combined Base Rate Adjustment * Selected Factor
490	730	1	1,891	4.9%	3.3%	5.1%	1,253,842	655,672	52.3%	1.25	1.00	1.20
731	765	2	3,745	9.6%	6.6%	8.3%	2,524,369	1,218,618	48.3%	1.15	0.92	1.11
766	790	3	5,131	13.2%	9.1%	9.8%	3,557,590	1,560,071	43.9%	1.05	0.84	1.01
791	805	4	4,534	11.6%	8.0%	17.5%	3,030,084	1,304,026	43.0%	1.03	0.82	0.99
806	825	5	5,293	13.6%	9.3%	10.2%	3,781,558	1,580,218	41.8%	1.00	0.80	0.96
826	850	6	7,603	19.5%	13.4%	13.2%	5,430,526	2,112,682	38.9%	0.93	0.74	0.89
851	880	7	6,384	16.4%	11.3%	18.9%	4,628,163	1,753,957	37.9%	0.91	0.72	0.87
881	905	8	3,165	8.1%	5.6%	12.7%	2,352,778	806,767	34.3%	0.82	0.66	0.79
906	950	9	1,224	3.1%	2.2%	4.2%	880,551	281,672	32.0%	0.77	0.61	0.73
H		No Hit	54,891	n/a	96.9%		35,809,288	15,127,943	42.2%	1.01	0.81	0.97
S		No Score	1,785	n/a	3.1%		1,079,360	487,937	45.2%	1.08	0.86	1.04
		total	56,676	100.0%	100.0%	100.0%	64,328,109	26,889,563	41.8%	1.00		
										avg ex H,S	0.78	0.94
										Adjusted Base Rate	1.20	

Zip	Name	Star Territory
71601	Pine Bluff	26
71602	White Hall	26
71603	Pine Bluff	26
71630	Arkansas City	19
71631	Banks	111
71635	Crossett	19
71638	Dermott	19
71639	Dumas	19
71640	Eudora	19
71642	Fountain Hill	19
71643	Gould	19
71644	Grady	19
71646	Hamburg	19
71647	Hermitage	111
71651	Jersey	111
71652	Kingsland	111
71653	Lake Village	19
71654	MC Gehee	19
71655	Monticello	19
71656	Monticello	19
71658	Montrose	19
71660	New Edinburg	111
71661	Parkdale	19
71662	Pickens	19
71663	Portland	19
71665	Rison	19
71666	MC Gehee	19
71667	Star City	19
71670	Tillar	19
71671	Warren	111
71674	Watson	19
71675	Wilmar	19
71676	Wilmot	19
71677	Winchester	19
71678	Yorktown	19
71701	Camden	111
71720	Bearden	111
71722	Bluff City	113
71725	Carthage	111
71726	Chidester	111
71730	El Dorado	111
71740	Emerson	113
71742	Fordyce	111
71743	Gurdon	111
71744	Hampton	111
71745	Harrell	111
71747	Huttig	111
71748	Ivan	111
71749	Junction City	111
71751	Louann	111

Zip	Name	Star Territory
71752	MC Neil	113
71753	Magnolia	113
71758	Mount Holly	111
71762	Smackover	111
71763	Sparkman	111
71764	Stephens	111
71765	Strong	111
71766	Thornton	111
71770	Waldo	113
71801	Hope	113
71822	Ashdown	112
71825	Blevins	112
71826	Bradley	113
71827	Buckner	113
71828	Cale	113
71831	Columbus	112
71832	De Queen	112
71833	Dierks	112
71834	Doddridge	113
71835	Emmet	113
71836	Foreman	112
71837	Fouke	113
71838	Fulton	111
71839	Garland City	113
71841	Gillham	112
71842	Horatio	112
71845	Lewisville	113
71846	Lockesburg	112
71847	MC Caskill	112
71851	Mineral Springs	112
71852	Nashville	112
71853	Ogden	112
71854	Texarkana	113
71855	Ozan	112
71857	Prescott	113
71858	Rosston	113
71859	Saratoga	112
71860	Stamps	113
71861	Taylor	113
71862	Washington	112
71864	Willisville	113
71865	Wilton	112
71866	Winthrop	112
71901	Hot Springs National Park	8
71909	Hot Springs National Park	8
71913	Hot Springs National Park	8
71921	Amity	112
71922	Antoine	112
71923	Arkadelphia	111

Zip	Name	Star Territory
71929	Bismarck	112
71933	Bonnerdale	112
71935	Caddo Gap	112
71937	Cove	112
71940	Delight	112
71941	Donaldson	111
71942	Friendship	143
71943	Glenwood	112
71944	Grannis	112
71945	Hatfield	112
71949	Jessieville	152
71950	Kirby	112
71952	Langley	112
71953	Mena	112
71956	Mountain Pine	152
71957	Mount Ida	112
71958	Murfreesboro	112
71959	Newhope	112
71960	Norman	112
71961	Oden	112
71962	Okolona	111
71964	Pearcy	112
71965	Pencil Bluff	112
71968	Royal	112
71969	Sims	112
71970	Story	112
71971	Umpire	112
71972	Vandervoort	112
71973	Wickes	112
71998	Arkadelphia	111
71999	Arkadelphia	111
72001	Adona	152
72002	Alexander	102
72003	Almyra	146
72004	Altheimer	146
72005	Amagon	143
72006	Augusta	141
72007	Austin	121
72010	Bald Knob	141
72011	Bauxite	601
72012	Beebe	141
72013	Bee Branch	152
72014	Beedeville	143
72015	Benton	601
72016	Bigelow	152
72017	Biscoe	146
72019	Benton	601
72020	Bradford	141
72021	Brinkley	146
72022	Bryant	601

Zip	Name	Star Territory
72023	Cabot	104
72024	Carlisle	146
72025	Casa	152
72026	Casscoe	146
72027	Center Ridge	152
72028	Choctaw	152
72029	Clarendon	146
72030	Cleveland	152
72031	Clinton	152
72032	Conway	150
72034	Conway	150
72035	Conway	150
72036	Cotton Plant	146
72038	Crocketts Bluff	146
72039	Damascus	152
72040	Des Arc	146
72041	De Valls Bluff	146
72042	De Witt	146
72044	Edgemont	142
72045	El Paso	141
72046	England	603
72047	Enola	152
72048	Ethel	146
72051	Fox	19
72052	Garner	141
72055	Gillett	146
72057	Grapevine	111
72058	Greenbrier	152
72060	Griffithville	146
72063	Hattieville	152
72064	Hazen	146
72065	Hensley	603
72066	Hickory Plains	146
72067	Higden	142
72068	Higginson	141
72069	Holly Grove	146
72070	Houston	152
72072	Humnoke	146
72073	Humphrey	142
72076	Jacksonville	104
72079	Jefferson	26
72080	Jerusalem	152
72081	Judsonia	141
72082	Kensett	141
72083	Keo	603
72084	Leola	602
72086	Lonoke	104
72087	Lonsdale	601
72088	Fairfield Bay	152
72099	Little Rock Air Force Base	36

Zip	Name	Star Territory
72101	MC Crory	141
72102	MC Rae	141
72103	Mabelvale	102
72104	Malvern	111
72105	Jones Mill	111
72106	Mayflower	150
72110	Morrilton	150
72111	Mount Vernon	152
72112	Newport	141
72113	Maumelle	105
72114	North Little Rock	101
72116	North Little Rock	101
72117	North Little Rock	101
72118	North Little Rock	103
72120	Sherwood	104
72121	Pangburn	142
72122	Paron	152
72125	Perry	152
72126	Perryville	152
72127	Plumerville	150
72128	Poyen	602
72129	Prattsville	602
72130	Prim	142
72131	Quitman	142
72132	Redfield	26
72133	Reydell	146
72134	Roe	146
72135	Roland	105
72136	Romance	141
72137	Rose Bud	152
72140	Saint Charles	146
72141	Scotland	152
72142	Scott	103
72143	Searcy	141
72149	Searcy	141
72150	Sheridan	602
72152	Sherrill	26
72153	Shirley	152
72156	Solgohachia	152
72157	Springfield	302
72160	Stuttgart	146
72165	Thida	142
72166	Tichnor	142
72167	Traskwood	601
72168	Tucker	603
72170	Ulm	146
72173	Vilonia	150
72175	Wabbaseka	146
72176	Ward	146

Zip	Name	Star Territory
72179	Wilburn	142
72199	North Little Rock	105
72201	Little Rock	21
72202	Little Rock	21
72204	Little Rock	21
72205	Little Rock	21
72206	Little Rock	21
72207	Little Rock	101
72209	Little Rock	101
72210	Little Rock	101
72211	Little Rock	101
72212	Little Rock	101
72223	Little Rock	101
72227	Little Rock	102
72301	West Memphis	5
72310	Armorel	144
72311	Aubrey	22
72313	Bassett	143
72315	Blytheville	144
72320	Brickeys	22
72321	Burdette	144
72324	Cherry Valley	143
72326	Colt	22
72327	Crawfordsville	5
72328	Crumrod	23
72329	Driver	144
72330	Dyess	143
72331	Earle	5
72333	Elaine	23
72335	Forrest City	22
72338	Frenchmans Bayou	142
72339	Gilmore	5
72340	Goodwin	22
72341	Haynes	22
72342	Helena	23
72346	Heth	22
72347	Hickory Ridge	143
72348	Hughes	22
72350	Joiner	142
72351	Keiser	144
72354	Lepanto	143
72355	Lexa	22
72358	Luxora	144
72360	Marianna	22
72364	Marion	5
72365	Marked Tree	143
72366	Marvell	23
72367	Mellwood	23
72368	Moro	22
72369	Oneida	23

Zip	Name	Star Territory
72370	Osceola	144
72372	Palestine	22
72373	Parkin	143
72374	Poplar Grove	23
72376	Proctor	5
72379	Snow Lake	146
72384	Turrell	5
72386	Tyronza	143
72390	West Helena	23
72392	Wheatley	22
72394	Widener	22
72395	Wilson	144
72396	Wynne	143
72401	Jonesboro	9
72404	Jonesboro	143
72410	Alicia	142
72411	Bay	143
72412	Beech Grove	145
72413	Biggers	145
72414	Black Oak	143
72415	Black Rock	142
72416	Bono	142
72417	Brookland	143
72419	Caraway	143
72421	Cash	142
72422	Corning	145
72424	Datto	145
72425	Delaplaine	145
72426	Dell	144
72428	Etowah	143
72429	Fisher	143
72430	Greenway	145
72432	Harrisburg	143
72433	Hoxie	142
72434	Imboden	142
72435	Knobel	145
72436	Lafe	145
72437	Lake City	143
72438	Leachville	144
72440	Lynn	142
72441	MC Dougal	145
72442	Manila	142
72443	Marmaduke	143
72444	Maynard	145
72445	Minturn	142
72447	Monette	143
72449	O Kean	145
72450	Paragould	145
72453	Peach Orchard	145
72454	Piggott	145

Zip	Name	Star Territory
72455	Pocahontas	145
72456	Pollard	145
72457	Portia	142
72458	Powhatan	142
72459	Ravenden	142
72460	Ravenden Springs	142
72461	Rector	145
72464	Saint Francis	145
72465	Sedgwick	142
72466	Smithville	142
72467	State University	143
72469	Strawberry	142
72470	Success	145
72471	Swifton	142
72472	Trumann	143
72473	Tuckerman	142
72476	Walnut Ridge	145
72478	Warm Springs	145
72479	Weiner	143
72482	Williford	142
72501	Batesville	142
72512	Horseshoe Bend	142
72513	Ash Flat	142
72515	Bexar	142
72517	Brockwell	142
72519	Calico Rock	151
72520	Camp	142
72521	Cave City	142
72522	Charlotte	142
72523	Concord	142
72524	Cord	142
72527	Desha	142
72528	Dolph	142
72529	Cherokee Village	142
72530	Drasco	142
72531	Elizabeth	142
72532	Evening Shade	142
72533	Fifty Six	151
72534	Floral	142
72536	Franklin	151
72537	Gamaliel	112
72538	Gepp	142
72539	Glencoe	142
72540	Guion	142
72542	Hardy	142
72543	Heber Springs	142
72544	Henderson	151
72546	Ida	142
72550	Locust Grove	142

Zip	Name	Star Territory
72553	Magness	142
72554	Mammoth Spring	142
72555	Marcella	142
72556	Melbourne	142
72560	Mountain View	151
72561	Mount Pleasant	142
72562	Newark	142
72564	Oil Trough	142
72565	Oxford	142
72566	Pineville	142
72567	Pleasant Grove	142
72568	Pleasant Plains	142
72569	Poughkeepsie	142
72571	Rosie	142
72572	Saffell	142
72573	Sage	142
72576	Salem	142
72577	Sidney	142
72578	Sturkie	142
72579	Sulphur Rock	142
72581	Tumbling Shoals	142
72583	Viola	142
72584	Violet Hill	142
72585	Wideman	142
72587	Wiseman	142
72601	Harrison	151
72611	Alpena	151
72616	Berryville	151
72617	Big Flat	151
72619	Bull Shoals	151
72623	Clarkridge	151
72624	Compton	151
72626	Cotter	151
72628	Deer	151
72629	Dennard	152
72631	Eureka Springs	151
72632	Eureka Springs	151
72633	Everton	151
72634	Flippin	151
72635	Gassville	151
72638	Green Forest	151
72639	Harriet	151
72640	Hasty	151
72641	Jasper	151
72642	Lakeview	151
72644	Lead Hill	151
72645	Leslie	151
72648	Marble Falls	151
72650	Marshall	151
72651	Midway	151

Zip	Name	Star Territory
72653	Mountain Home	151
72655	Mount Judea	151
72658	Norfork	151
72660	Oak Grove	151
72661	Oakland	151
72662	Omaha	151
72663	Onia	151
72666	Parthenon	151
72668	Peel	151
72669	Pindall	151
72670	Ponca	151
72675	Saint Joe	151
72679	Tilly	152
72680	Timbo	151
72682	Valley Springs	151
72683	Vendor	151
72685	Western Grove	151
72686	Witts Springs	151
72687	Yellville	151
72701	Fayetteville	302
72703	Fayetteville	302
72704	Fayetteville	302
72712	Bentonville	301
72714	Bella Vista	301
72715	Bella Vista	301
72717	Canehill	302
72718	Cave Springs	301
72719	Centerton	301
72721	Combs	151
72722	Decatur	301
72727	Elkins	302
72729	Evansville	302
72730	Farmington	302
72732	Garfield	301
72734	Gentry	301
72736	Gravette	301
72738	Hindsville	151
72739	Hiwasse	301
72740	Huntsville	301
72742	Kingston	151
72744	Lincoln	302
72745	Lowell	301
72747	Maysville	301
72749	Morrow	302
72751	Pea Ridge	301
72752	Pettigrew	151
72753	Prairie Grove	302
72756	Rogers	301
72758	Rogers	301
72760	Saint Paul	151

Zip	Name	Star Territory
72761	Siloam Springs	302
72762	Springdale	302
72764	Springdale	302
72768	Sulphur Springs	301
72769	Summers	302
72773	Wesley	151
72774	West Fork	302
72776	Witter	151
72801	Russellville	150
72802	Russellville	150
72820	Alix	152
72821	Altus	152
72823	Atkins	150
72824	Belleville	152
72826	Blue Mountain	152
72827	Bluffton	152
72828	Briggsville	152
72830	Clarksville	152
72832	Coal Hill	152
72833	Danville	152
72834	Dardanelle	152
72835	Delaware	152
72837	Dover	152
72838	Gravelly	152
72839	Hagarville	152
72840	Hartman	152
72841	Harvey	152
72842	Havana	152
72843	Hector	152
72845	Knoxville	152
72846	Lamar	152
72847	London	152
72851	New Blaine	152
72852	Oark	152
72853	Ola	152
72854	Ozone	152
72855	Paris	152
72856	Pelsor	152
72857	Plainview	152
72858	Pottsville	150
72860	Rover	152
72863	Scranton	152
72865	Subiaco	152
72901	Fort Smith	10
72903	Fort Smith	10
72904	Fort Smith	10
72905	Fort Smith	10
72908	Fort Smith	10
72916	Fort Smith	10
72921	Alma	40

Zip	Name	Star Territory
72923	Barling	10
72926	Boles	112
72927	Booneville	152
72928	Branch	152
72930	Cecil	152
72932	Cedarville	40
72933	Charleston	152
72934	Chester	40
72936	Greenwood	40
72937	Hackett	40
72938	Hartford	152
72940	Huntington	40
72941	Lavaca	40
72943	Magazine	152
72944	Mansfield	152
72946	Mountainburg	40
72947	Mulberry	152
72948	Natural Dam	40
72949	Ozark	152
72950	Parks	152
72951	Ratcliff	152
72952	Rudy	40
72955	Uniontown	40
72956	Van Buren	10
72958	Waldron	152
72959	Winslow	302

Star Casualty Insurance Company – Private Passenger Auto Rules

Table of Private Passenger Auto Rules

Rule Number: 01
Rule Description: SR-22 Filings

- You have the authority to issue SR-22s in your office
- There is a $15 fee for each filing. No additional points are charged for filings
- The name on the filing must appear exactly as it reads on the driver's license.
- Liability limits must meet the statutory limits for the state
- We will file SR-22s in Arkansas only.
- Drivers with a SR-22 may not have an unverifiable driving record.

Rule Number: 02
Rule Description: Named Driver Exclusion

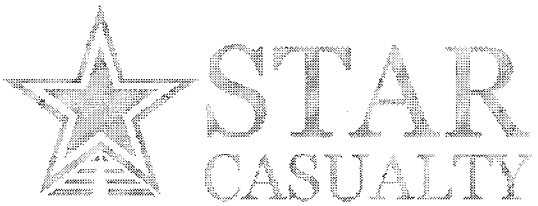
1. Endorsements excluding coverage while a named individual or several individuals are operating an insured motor vehicle are permitted.
2. **NEW BUSINESS:** The named insured must sign the application excluding the specifically named operator(s) from coverage and complete and sign and date the Driver(s) Exclusion form 00PA US EX. This exclusion will apply to the current policy term and all renewals and may only be superceded by an endorsement request to add the excluded person(s) to the policy as a driver.
3. **IN-FORCE POLICIES:** to exclude specific individuals during the policy term, submit the current edition of Form 00 PA US EX, properly completed, showing the effective date of the changed and observing proper binding rules. An amended declaration page will be issued. The endorsement will only be superceded by a request to add the excluded person(s) to the policy as a driver.
4. Two policies in one household are not acceptable

STAR CASUALTY

Rule Number: 03

Rule Description: Brokering or Sub-brokering

You may not broker or sub-broker business from other producers. Do not give ID cards or underwriting materials to other producers, and do not accept application from them for risks that they have underwritten or will service outside of your office.



Rule Number: 04

Rule Description: Binding Authority

Binding authority for physical damage coverage is suspended during a tornado, hurricane, flood, hail, or winter storm watch or warning. During the watch or warning, an agent may not bind any new risk for physical damage, lower the deductible, or add physical damage to any existing liability policy. For 48 hours after the watch or warning is lifted, the agent must personally inspect every proposed risk to ensure that no loss has taken place. The agent should note on the application that the inspection was made.

Rule Number: 05
Rule Description: Cancellation Procedures

Cancellation requests must be signed by the named insured. Cancellations may be requested by returning the original policy to Star Casualty or by submitting a written request. No flat cancellations are allowed without Star Casualty's approval. All policies are subject to short rate cancellation if the policy is refused by the insured or the insured requests cancellation. In all other cases, the policy will be canceled pro rata. We are required to give advance notice to the lienholder unless the lienholder also signs the cancellation request.

After the sixty (60) days of the policy period, Star Casualty will nonrenew the policy with a twenty (20) day written notice provided that the nonrenewal is for one or more of the following reasons:

Misrepresentation by the insured of any material fact in the procurement or renewal of this policy or in the submission of claims under this policy:

Non-Payment of premium (due to written notice will be mailed or delivered as required by Arkansas statute)

In the event the policy has three (3) losses, where loss is defined as money paid out to an insured or third party in satisfaction of a claim, during a 12 month period will be non-renewed giving at least thirty (30) day advance notice.

Rule Number: 06
Rule Description: Endorsement Procedures

Address changes may be phoned in. All other endorsements must be mailed or faxed. An endorsement that reduces coverage or deletes a vehicle without substitution requires the signature of the named insured or spouse on the Star Casualty endorsement and must be agent processed on the system, and will be effective immediately after processed. An endorsement to add a newly acquired auto to a policy must be mailed to Star within 30 days of purchase. If we are notified within 30 days, coverage will begin from the date the vehicle was acquired. If we are not notified within 30 days, coverage will begin at 12:01 a.m. on the day after the postmark date. Endorsements for the following will be effective at 12:01 a.m. on the day after the postmark.

A) Adding physical damage to a vehicle that currently carries liability only.
B) Adding rental reimbursement, towing & labor or additional equipment; or
C) Reducing a physical damage deductible.
D) Rejection of PIP, UM and UIM

A policy may not be endorsed mid-term for changes in:

A) Named insured (policy assignment) except to a surviving spouse;
B) Producer of record;
C) Driver age, experience, or points;
D) Payment plan;
E) Policy term;
F) Discounts; or
G) Commission program

Any change that affects premium will be calculated at rates that were in effect on the term effective date. The premium will be pro-rated. We will bill for any additional premium due. If a change results in additional premium, however, a cancellation notice is likely to generate unless a portion of the increase is submitted with the change request. We recommend submitting 50% of the premium difference at the time of the endorsement. Return premium of $10.00 or less will not be refunded unless requested in writing by the insured. A reduction in coverage will require the insureds signature.

Rule Number: 07

Rule Description: Material Misrepresentation

- The insured is responsible and obligated to truthfully and fully complete an application for insurance. Material misrepresentation on the application may effect the insureds eligibility to receive the benefits of the insurance contract
- Star Casualty has the right to not pay a claim on a policy if the misinformation resulted in Star Casualty charging a premium which was not the same as would have been charged with accurate information or if Star Casualty would not have accepted the application if we had known the correct information.
- Among the information most often misrepresented
    - Drivers (list or exclude all persons age 14 and older in the household)
    - Driving record
    - Vehicle Type and Use
    - Garaging Address
    - State of Residency (must live in Arkansas at least 10 months of the year)

Rule Number: 08

Rule Description: Liability Bodily Injury/Property Damage (BI/PD)

- Limits must be the same on each vehicle of a multi-car risk. Available limits 25/50/25, 100/300/50, 250/500/100and 500 CSL. You may bind coverage on any acceptable risk for limits up to 50/100/50.
- 100/300/50 Underwriting rules:
  To be eligible for 100/300/50 limits or higher, the risk must qualify under the following rules:
  1. Drivers age 21 and older may have no more than 5 points during the prior 36-month period.
  2. Drivers age 20 and younger must be free of at-fault accidents and violations (0) during the prior 36-month period.
  3. The named insured must be 25 years of age or older.

STAR CASUALTY

Rule Number: 09

Rule Description: Uninsured Motorists Bodily Injury (UM BI)

UM BI must be included on all liability policies, unless the named insured signs the rejection statement on the back of the application. If UM is rejected, subsequent renewal policies will not include UM unless the named insured requests the coverage in writing. UM limits must be equal to or less than the Liability BI limits. Selected limits will apply to all vehicles and drivers on the policy. Coverage and limits must be the same on each vehicle of a multi-car risk.

Rule Number: 10

Rule Description: Underinsured Motorists Bodily Injury (UIM BI)

Every policy with UM BI, must include UIM BI unless the named insured signs the rejection on the back of the application (UIM BI may not be purchased if UM BI is rejected). If UIM is rejected, subsequent renewal policies will not include UIM unless the named insured requests the coverage in writing. UIM limits must be equal to or less than the UM BI limits (for limits less than UM BI, the named insured must sign the rejection). Coverage and limits must be the same on each vehicle of a multi-car risk.

Rule Number: 11

Rule Description: Uninsured Motorists Property Damage (UM PD)

Every policy with UM BI must include UM PD unless the named insured signs the rejection on the application. (UM PD may not be purchased if UM BI is rejected) if UM PD is rejected, subsequent renewals will not include UM PD unless the insured requests coverage in writing. Coverage and limits must be the same on each vehicle of a multi-car risk.

Rule Number: 12

Rule Description: Personal Injury Protection (PIP)

Every policy with BI/PD must include PIP unless the named insured signs the rejection on the back of the application. Coverage and limits must be the same on each vehicle of a multi-car risk.

Rule Number: 13

Rule Description: Comprehensive

Comprehensive may not be written alone. It is available only when BI/PD and Collision are purchased. Available deductibles are $250, $500, and $1000. Deductible chosen must be the same for Comprehensive and Collision.

Rule Number: 14
Rule Description: Collision

Collision may not be written alone. It is available only when BI/PD and comprehensive are purchased. Available deductibles are $100, $250, $500, and $1000. Deductible chosen must be the same for Comprehensive and Collision.

Rule Number: 15

Rule Description: Rental Reimbursement

Rental Reimbursement covers the cost of a rental car needed due to a loss to an insured vehicle. It is available only when physical damage coverages have been purchased. The limit is $20 per day, up to a maximum of $600.

Rule Number: 16
Rule Description: Additional Equipment

1. Custom parts or Equipment coverage provides physical damage protection to custom parts or equipment, devices, accessories, enhancements, and changes, other than those that are originally manufacturer installed, which alter the appearance or performance of a vehicle. This includes any electronic equipment, antennas, and other devices used exclusively to send or receive audio, visual, or data signals or play back recorded media, other than those which are original manufacturer installed, that are permanently installed in a covered vehicle using bolts or brackets, including slide-out brackets. Radar detectors are excluded.
2. Coverage will extend to the lesser of the actual cash value, declared value or actual cost to repair. The insured will be required to maintain and present proof of purchase and proper installation and present it upon request.
3. Vehicle may not have Custom Parts or Equipment coverage without purchasing Physical Damage coverage.
4. The Limit of Additional Equipment coverage is $2,500.

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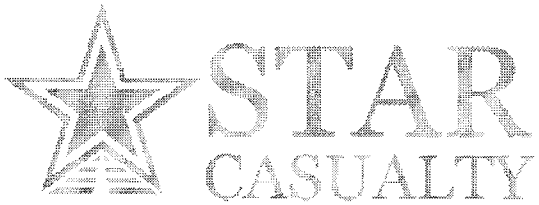
Rule Number: 17

Rule Description: Accidental Death

Accidental Death Benefit covers an eligible person(as defined in the policy) in the event of death that is caused by an accident and result from the maintenance or use of a motor vehicle. Principle sum amount will be paid in the amount of $5,000. This coverage is not permitted if Personal Injury Protection coverage is selected on the policy.



Rule Number : 18
Rule Description: General

All risks are subject to final underwriting approval by Star Casualty. It is impossible to put in writing all situations that may arise and our response to each, but we have attempted to cover as many as possible in the following guidelines. Nevertheless, Star Casualty reserves the right to decline any risk.

Rule Number: 19
Rule Description: Policy Terms

Six (6) month policy terms are available.

Rule Number: 20
Rule Description: Vehicles Insured

All vehicles registered to the named insured must be listed as insured vehicles on the policy. The named insured may be someone other than the registered owner of the vehicle if that person has an insurable interest in the vehicle. In this case, the registered owner must be listed on the policy, but he may be excluded from coverage. All bills, cancellation notices, and other correspondence will be mailed only to the named insured, not necessarily to the registered owner of the vehicle.

Rule Number: 21

Rule Description: Physical Damage Inspection

Each vehicle must be inspected if physical damage coverage is requested. Any existing damage must be noted in the Vehicle Condition section of the application. We encourage the producer to physically inspect each vehicle; however, if a physical inspection by the producer is not possible, the applicant may report the vehicle condition on the application (initials required). We reserve the right to request photos at the underwriter's discretion.

Rule Number: 22
Rule Description: Listed Operators

We must be notified of:

1. All residents of the insured's household, whether they hold an operator's or learner's license or are not licensed, MUST be either rated, excluded, or remarked on the policy. Only drivers under the age of 16 can have a license status of "Not Licensed". All operators age 16 and older must be rated or excluded. This applies to students living away from home and persons in the Armed Services, and any children or dependents of the applicant or applicant's spouse, between the age of 14 and 21, who do not reside in the household without a permit or license should be listed under the "Dependent" section of application.
2. Residents, regular or occasional operators, 15 years of age and under, may be Not Licensed, rated with a learner's Permit or Excluded.
3. Residents, regular or occasional operators, 16 to 18 years old, may be Licensed, rated with a Learner's Permit or Excluded.
4. Residents, regular or occasional operators, 19 years of age or older, may be Licensed or Excluded.
5. If there are more cars than drivers, we will rate the extra vehicles using the lowest driver class of all drivers on the policy. No points will be charged to the extra vehicle.
6. Failure to report all regular and occasional operators to the Company may constitute material misrepresentation of risk.
7. We accept International Licenses only, not Foreign Licenses and these operators will not be required to get an Arkansas Licenses. There will be subject to a 3 point surcharge. Insured's coming to us with a license from another state will be required to obtain an Arkansas License within 30 days.

Rule Number: 23
Rule Description: Out-of-State Risks

The named insured must reside in Arkansas and the vehicles must be garaged in Arkansas for at least ten (10) months of the year. If the named insured moves out of state or the vehicle is moved out of state during the policy period, we will cancel the policy effective the date of the move. If one of the drivers or vehicles on the policy moves out of state but the named insured (and his other owned vehicles) remains in the state, we will request that the out-of-state vehicle be removed from the policy and an appropriate policy be obtained in the new state for that vehicle.

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Rule Number: 24
Rule Description: Students

Students away from home are acceptable provided they attend school (and the vehicle is garaged) in Arkansas the entire policy period.

Rule Number: 25
Rule Description: Business Use

We will accept limited, local artisan and small business use involving the insured's use of vehicle to travel to and from job sites or locations where business is conducted. Examples of acceptable business use include sales reps, contractors, gardeners, landscapers, electricians, painters, plumbers, etc. The vehicle may contain toolboxes & other equipment necessary to perform the business involved, but it may not contain signage or company logos. The vehicle must be registered to an individual, not to a business, and it may not be driven by employees. A business use surcharge will be applied.

Rule Number: 26
Rule Description: Unacceptable Policies

1. The named insured does not reside in Arkansas, or the vehicles are not principally garaged in Arkansas
2. A business, partnership, corporation, organization, or anyone other than a private individual as the named insured.
3. Premium financed policies (unless authorized by Company)
4. Applicant/First Named Insured who is a minor (under age 18). The parent or legal guardian must be the applicant and named insured who signs the application if a minor is a driver
5. The policy does not include all titled/registered vehicles of the named insured.
6. Any policy where any insured has been convicted of insurance fraud.
7. Any policy with an unacceptable driver or unacceptable vehicle.

Rule Number: 27
Rule Description: Unacceptable Drivers

1. Drivers under age 16 (except those with a valid license permit).
2. Drivers resident in the state less than ten (10) months per year (including migratory risks, transients, and seasonal workers).
3. Drivers without a garaging address
4. Military risks stationed outside the state.
5. Students attending school in another state.
6. Drivers without a valid license over the age of 18(except those actively seeking to regain their license).
7. Entertainers, celebrities, athletes, or any other well-known persons.

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Rule Number: 28
Rule Description: Unacceptable Vehicles

1. Vehicles garaged outside the state
2. Commercial, emergency, public livery, or for-hire vehicles
3. Racing vehicles
4. Gray market vehicles (vehicles imported to the U.S. and not meeting safety standards).
5. Vehicles with more or less than four (4) wheels. (Duallies with six (6) wheels with a load capacity of one ton or less are acceptable.
6. Vehicles with load capacity greater than 1 ton (2,000 pounds).
7. Kit cars, custom-built cars, dune buggies, bajas, buses, limousines, motor homes, camper vans, or travel trailers.
8. Flatbed, stake, panel, or tow trucks.
9. Motorcycles, ATVs, snowmobiles, or golf carts.
10. Recreational vehicles, including all motor homes, and off-road vehicles (4x4s and dune buggies used off-road).
11. Parade or show cars, antiques, or classics.
12. Vehicles rented or leased to others.
13. Vehicles owned, rented, or leased in a company name.
14. Vehicles equipped for snow plowing.
15. Vehicles not licensed for highway use.
16. Vehicles older than 1981.

STAR CASUALTY

Rule Number: 29

Rule Description: Unacceptable Business Use

1. Livery risks including, but not limit to: taxi or limousine service, school or day care transportation, church transportation, worker transportation (except car pool), hotel or motel transportation, group or retirement home resident transportation, medical patient transportation.
2. Retail or wholesale delivery, including but not limited to: laundry, mail, magazine, newspaper, or package delivery.
3. Pizza delivery or any other type of food delivery. Drivers whose occupation involves pizza or food delivery.
4. Wide or oversized load escort service.
5. Employee use of a vehicle.
6. Vehicles used in auto business operations (the selling, servicing, transporting, storing, parking, or fueling of motor vehicles).
7. Vehicles used for towing, repossession, driver training, security work, or law enforcement.
8. Hauling for hire (debris, junk, etc.).

Rule Number: 30

Rule Description: Unacceptable for Physical Damage

1. Stated-Value policy.
2. Vehicles more than fifteen (15) years old on new business. (Renewals of these vehicles will be rated as 15-year-old vehicles.)
3. Conversion vehicles (Vans, pickups, or utility vehicles which have conversion packages of more than $5,000).
4. Vehicles with custom changes including, but not limited to, mechanical or structural additions or substitutions.
5. Trailers of any kind.
6. The following excluded equipment (cannot be written even as additional equipment): Mobile radios, scanning monitor receivers, radar detectors, television sets, VCRs, VCPs, computers, antennas or accessories for preceding.
7. ACV exceeding $70,000.
8. Aluminum, fiberglass, or composite body
9. Salvaged or rebuilt vehicles
10. Physical Damage only policies

STAR CASUALTY

Rule Number 31
Rule Description: Territory/Zip Code

1. Use the ZIP code where the vehicle is principally garaged.
2. Rate using garaging ZIP code, not mailing ZIP code.
3. If mailing address and garaging address differ, both should be listed in the appropriate section of the application.
4. Principal place of garaging must be in Arkansas at least ten (10) months a year for at least one (1) vehicle on the policy.
5. If Star Casualty is notified that the insured has moved out-of-state, the policy will be either canceled or non-renewed based on the specific time remaining in the policy period and applicable Arkansas statutes. Further, the insured will also be subject to an Ineligible Risk Surcharge (Refer to Rule 38 – Surcharges).

STAR CASUALTY

Rule Number: 32
Rule Description: Symbols

1. Star Casualty uses vehicle symbols which are automatically generated by our rating software.
2. To ensure an accurate quote, please ensure that the Vehicle Model Year and Vehicle Identification Number (VIN) are correct, since symbols will be assigned based, in part, on the model year and VIN
3. Unlisted New Models: Contact the Underwriting department for correct symbol information.

STAR CASUALTY

Rule Number: 33

Rule Description: Driver Assignment

Drivers are assigned to vehicles for rating purposes by assigning the highest-rated driver to the highest-rated vehicle, the second-highest-rated driver to the second-highest-rated vehicle, etc. if there are more vehicles than drivers, we will rate the extra vehicles using the lowest driver classification of all drivers on the policy. No points will be charged to the extra vehicle.

Rule Number: 34

Rule Description: Driver Classification

Age is determined by birthday. However, if a driver's birthday falls within thirty (30) days of the term effective date, we will rate on the new age. To qualify as married, the insured and spouse must be legally married and reside in the same household. The spouse must be listed under "Drivers" section to qualify for the married rate. An explanation is required if he or she is not licensed. Drivers over age 70 must submit a medical certification to be eligible for coverage.

Rule Number: 35
Rule Description: Driving Record

- Points are charged for each driver for each violation, conviction, or at-fault accident occurring during the 36 months preceding the policy effective date. We charge for all violations that occurred while the operator was operating a private passenger auto, commercial auto, motorcycle, or recreational vehicle. Charges are based on the occurrence date, not the conviction date. (Violations due to drop off within 30 days of the policy effective date will be waived.) For multiple point count charges arising out of one occurrence, charge only for the item with the highest point charge. Please record all violations on the application, even if points are not charged.
- We do not charge for non-chargeable accidents, equipment violations, or non-moving violations (including vehicle registration and parking)
- Violations and accidents incurred operating either a company or a personal vehicle during hours of employment are chargeable. However, accidents incurred by an emergency or law enforcement officer while on duty are not chargeable.

Rule Number: 36

Rule Description: Point Charges

Type	Description	First	Each Add'l
Speeding	All speeding violations	1	1
Minor	All other moving violations not otherwise listed(incl. eat belt & child restraint violations)	1	2
Major	Felony involving a motor vehicle Homicide, assault, or manslaughter Racing, speed contests or exhibitions Hit-and-run or failure to stop at the scene of an accident Fleeing or eluding the police	4	5
Alcohol/Reckless	Any alcohol-or drug-related violation Refusal of chemical test, Careless or reckless driving	2	6
At-Fault	All accidents are considered at-fault unless proof otherwise Accident is submitted by: A police report; Proof of another company's payment A CLUE or UNCLE report; or A letter from the prior company	2	4
Misc.	No MVR Unobtainable or Invalid MVR Suspended or revoked license	4	-
Clean DUI	A single alcohol violation where there are no other violations or accidents of any type and the driver is twenty-five (25) or older. If at any point the driver does not qualify under these rules, it will be rated under the "Alcohol/Reckless" point type	1	-
Foreign/International License	Foreign/ International License	2	-

Rule Number: 37
Rule Description: Discounts

Unless otherwise indicated, all discounts apply to BI/PD, Comprehensive and Collision

Transfer

- Proof of six months prior coverage (up to a 30-day lapse) must be submitted with the application. Does not apply if transferring between companies managed by the vision insurance group.
- Acceptable proof includes the prior policy's declarations page, a current renewal offer, a company-issued ID card, or any other document that shows both the effective date and the expiration or cancellation date. A current installment invoice which shows both dates is acceptable.
- The named insured or spouse must be listed on the prior policy. Applies to all vehicles on the policy.
- Transfer discount percentages will vary based on lapse period between policies.

Renewal

The policy must have been in force with Star Casualty Insurance, for at least 12 months preceding renewal date. Does not apply of the policy has a Transfer Discount. Applies to all vehicles on the policy. The renewal discount will be applicable if the policy is renewed within fourteen (14) days of the expiration date. The policy must be claims free for 12 months.

Multi-Car

The policy must insure more than one vehicle. Applies to all vehicles on the policy.

Homeowner

The named insured must own a house, condominium, or mobile home. Vacation, commercial or investment property does not qualify. Renters do not qualify.

- A copy of the deed, homeowner's insurance declaration page, mortgage payment book or coupon, escrow statement, tax appraisal, or other document showing home ownership must accompany the application.
- The insured's name and on the homeowner's proof must be the same as the name and mailing address on our policy. Applies to all vehicles on the policy.

Senior Operator

The driver must be 55 years of age or older and must have completed within the last three (3) years an accident-prevention course approved by the state of Arkansas.

- Proof of course completion must be submitted with the application.
- The discount does not apply of the course is attended as a penalty imposed by a court or other governmental entity.

College Graduate

The driver must be single, under the age of 25, and had graduated college with at least a 3.0 GPA.

Named Operator

Applies to any named operator policy. Used when the insured needs coverage only for personal operation of a vehicle not owned by him/her or a family member.

Good Student

The driver must be a full-time student, under age 25, with at least a B (3.0) average. A copy of the current report card must be submitted each semester to verify the discount.

Driver Education

The driver must be under the age of 25 and must complete a formal driver's education course within the previous 36 months. Proof of course completion must be submitted with application.

Paid in Full

The full 6 or 12-month premium must be paid in full before the effective date. Applies to all vehicles on the policy. Does not apply to premium financed policies. Not subject to maximum discount.

Maximum

- There is a maximum discount per coverage (see rate factors for percentage). Discounts are multiplicative not additive.

Credit Score

There will also be a discount applied after a credit score is obtained, dependent upon the score.

Rule Number: 38
Rule Description: Surcharge

Unless otherwise noted, all surcharges apply to all coverages (except Accidental Death).

Business Use
Applies to any vehicle used in business. Note that some businesses use is unacceptable; please refer to the "underwriting rules" and "unacceptable risks" sections for further information.

Ineligible Risk
Applies to a policy that becomes ineligible after the first 60 days due to a policy change.

Rule Number: 39

Rule Description: Ineligible Risk Surcharge

If an endorsement to a current policy makes the risk unacceptable, we will cancel or non-renew at the first available opportunity, within the limits of the cancellation and nonrenewal laws. We will apply an ineligible risk surcharge from the effective date of the endorsement until the cancellation or nonrenewal. The ineligible risk surcharge applies only to current policies which become unacceptable due to an endorsement. It does not apply to new business.

Rule Number: 40
Rule Description: Installment Billing Plans

At the time of application, you must collect the entire down payment due, including upfront fees. We will bill the insured approximately every 30 days for the remaining installments. If we adjust (uprate) the premium at the time of original application processing, or if additional premiums result from endorsements, we will send an uprate notice to the insured explaining the reasons for the uprate. Any additional amounts due will be billed directly to the insured. If the insured does not make the installment payments on time, the policy is subject to cancellation for nonpayment. The following billing plans are available:

6-month	% Down	# Pymts	Rules
1	100	-	N/A
4	25	4	18.75% Same day each month
39	20	5	16.00% 1st payment due in 25 days; then same day each month
37	16.67	5	16.67% 1st payment due in 25 days; then same day each month (Application must be uploaded or faxed same day.)

Rule Number: 41
Rule Description: Renewal Offers

Renewal offers will be mailed to the insured prior to the expiration date of the policy. Installment policies will be billed on a continuous monthly billing cycle or can be paid in full.

Rule Number: 42

Rule Description: Return Premiums

Return premiums will be applied to any unpaid balance. Remaining return premiums will be mailed to the named insured at the address in the Declarations. Premium adjustments of less than $10.00 will be waived unless requested in writing by the insured. Minimum earned $250.00 plus fees.

Rule Number: 43

Rule Description: Reinstatements/Rewrites

To reinstate a policy in effect for 90 days or less and cancelled for non-payment of an installment within 10 days including the date of cancellation, two (2) payments may be required, depending on equity in the policy. Agents must obtain a signed No-Loss Statement for his records, and new pictures of vehicle(s) when there is physical damage. A policy is NOT considered reinstated unless STAR has agreed to the reinstatement.

Rule Number: 44

Rule Description: Returned Checks

If the bank returns an applicant's check for a new or renewal policy, the policy will be voided from the term inception of the new or renewal policy and no coverage will exist. If the bank returns a check tendered to pay an installment or to effect reinstatement of a policy under cancellation, the reinstatement will be deemed invalid, and the policy will be cancelled as of the last notice date.

Rule Number: 45

Rule Description: Fees

All fees are fully earned at the time they are charged

Fee	Amt	Descpription
SR-22	$ 15.00	Applied to each new, renewal, or rewritten policy for each driver filling.
Policy Fee	$30 6-month	Applied to each new, renewal, or rewritten policy
Reinstatement	$ 5.00	Applied when coverage is reinstated following a cancellation or lapse for the current term policy
NSF	$ 20.00	Applied to each time the bank returns a payment check
Non EFT Installment	$ 8.00	Applied to each premium payment, including downpayment, installment billing, renewal billing and payment to pay in full
EFT Installment	$ 3.00	Applied to each installement payment made via Electronic Funds Transfer
Convienence Fee	$ 5.00	Applied to each installement payment made via Credit Card

Rule Number: 46

Rule Description: Third Party Checks

We do not accept third-party checks.

Rule Number: 47
Rule Description: New Business Upload

1. All applications must be completed and uploaded via Star Casualty's proprietary web-based portal at http://www.starcasualty.com to upload an application by using a comparative rater, choose the bridge option from your comparative software. This will take you to our internet-enable application, where you will communicate directly with our server. Upon completing the transaction, you can print the final application and associated documents, and the application will be submitted immediately to our main processing system.

- Please maintain all other documents in your producer files.

2. Changes to uploaded policies. Any changes required after the application should be endorsed by an agent using the system. Do not retransmit the application to us. Retransmitting will result in multiple policies being issued for the same individual.
3. Voided transactions. If an application is electronically transmitted to us and must be voided, or if an application is transmitted more than once, please notify us immediately. We will make every effort to keep any additional fees from accuring. However, some fees may accrue as soon as the application is transmitted to us. You will be responsible for any fees that accrue due to your error. We will deduct such accrued fees from your monthly statement as necessary.

STAR CASUALTY

Rule Number: 48
Rule Description: File Maintenance Requirements

- Since you will no longer be forwarding applications and many of the associated documents to Star, we will be performing occasional File Compliance Audits to makes sure the required documents are properly maintained in the producer files. This ensures that your interests and ours are protected in the event of a claim or legal issue.
- When you upload an application, you must maintain the following documents in your insured's file. We may request these items at any time when they are needed for underwriting, claims handling, or other purposes. We will audit your files from time to time to verify that the information is available and complete.
    1. The original, signed application;
    2. A copy of the payment receipt;
    3. Copies of vehicle registration for all vehicles on the policy;
    4. Copies of driver's licenses for all drivers on the policy;
    5. A copy of the rating service quote; and
    6. A copy of preinsurance inspection report (when required)
    7. Copies of any and all proofs required for discounts

STAR CASUALTY

Rule Number: 49

Rule Description: Audit Requirements

Audits may be performed via fax or in person, on randomly selected policies. Normal audit frequency will be no more than once per quarter, unless previous audits were failed. Audits may include cancelled or non-renewed policies. Failure to comply with all upload requirements may result in loss of upload privileges.