

SERFF Tracking Number: ACEH-125828359 State: Arkansas
First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-CA-2007888
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: 08-CA-2007888
Project Name/Number: Uninsured/Underinsured Motorists and Personal Injury Protection Reimbursement of Deductible Endoresment/08-CA-2007888

Filing at a Glance

Companies: ACE American Insurance Company, ACE Fire Underwriters Insurance Company, ACE Property & Casualty Insurance Company, Indemnity Insurance Company of North America

Product Name: 08-CA-2007888 SERFF Tr Num: ACEH-125828359 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto Co Tr Num: 08-CA-2007888 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Disposition Date: 09/23/2008
Authors: Ginny Boyles, Connie McFarlane, Viola McBride
Date Submitted: 09/23/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 09/23/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 09/23/2008

State Filing Description:

2 EFT for \$25 each. TOTAL \$50

General Information

Project Name: Uninsured/Underinsured Motorists and Personal Injury Protection Reimbursement of Deductible Endoresment Status of Filing in Domicile: Pending

Project Number: 08-CA-2007888

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/23/2008

State Status Changed: 09/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to submit the following new company independent endorsement for review and approval:

DA-25792 09.08 UNINSURED/UNDERINSURED MOTORISTS AND

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**PERSONAL INJURY PROTECTION REIMBURSEMENT OF DEDUCTIBLE ENDORSEMENT
 ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) BORNE ENTIRELY BY THE INSURED.**

The endorsement being submitted will be used by our National Accounts division, which writes insurance for "Fortune 1000" companies.

Our standard company practice for these large accounts is to send out all state Uninsured/Underinsured Motorists and Personal Injury Protection Coverage Selection/Rejection forms for completion at the time of quoting for both new business and renewal.

Quoting is done prior to policy inception and a Notice Of Election agreement is provided which outlines all the coverages, limits, deductibles, etc. Along with the quote, we include the individual selection/rejection forms for completion if quote is accepted by the insured. The Notice of Election (NOE) states the following with respect to these selection forms:

Company and Contact

Filing Contact Information

Viola McBride, Filing Technician
 436 Walnut Street
 Philadelphia, PA 19106
 viola.mcbride@ace-ina.com
 (215) 640-5238 [Phone]
 (215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-2371728	

ACE Fire Underwriters Insurance Company	CoCode: 20702	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 06-6032187	

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ACE Property & Casualty Insurance Company CoCode: 20699 State of Domicile: Pennsylvania
PO Box 1000 Group Code: 626 Company Type:
436 Walnut Street
Philadelphia, PA 19106 Group Name: State ID Number:
(215) 640-5123 ext. [Phone] FEIN Number: 06-0237820

Indemnity Insurance Company of North CoCode: 43575 State of Domicile: Pennsylvania
America Group Code: 626 Company Type:
PO Box 1000
436 Walnut Street Group Name: State ID Number:
Philadelphia, PA 19106 FEIN Number: 06-1016108
(215) 640-5123 ext. [Phone]

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$25.00	09/23/2008	22662379
ACE Fire Underwriters Insurance Company	\$0.00	09/23/2008	
ACE Property & Casualty Insurance Company	\$0.00	09/23/2008	
Indemnity Insurance Company of North America	\$0.00	09/23/2008	
ACE American Insurance Company	\$25.00	09/23/2008	22666377

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/23/2008	09/23/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fees	Note To Reviewer	Viola McBride	09/23/2008	09/23/2008
Filing Fee	Note To Filer	Llyweyia Rawlins	09/23/2008	09/23/2008

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Disposition

Disposition Date: 09/23/2008
Effective Date (New): 09/23/2008
Effective Date (Renewal): 09/23/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FILE MEMO	Approved	Yes
Form	Uninsured/Underinsured Motorists and Personal Injury Protection Reimbursement of Deductible Endorsement	Approved	Yes

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Note To Reviewer

Created By:

Viola McBride on 09/23/2008 01:52 PM

Subject:

Filing Fees

Comments:

Additional fee submitted. Thank you.

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Note To Filer

Created By:

Llyweyia Rawlins on 09/23/2008 01:15 PM

Subject:

Filing Fee

Comments:

Hello Viola

I show we received a \$25 filing fee. The requirement for Arkansas form filing is \$50. When can we expect the remaining \$25 balance?

Sincerely,

Llyweyia Rawlins

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Uninsured/Underinsured Motorists and Personal Injury Protection Reimbursement of Deductible Endorsement	DA-25792	(09/08)	Endorsement/Amendment/Conditions New		0.00	DA25792_UM UIM deductible.pdf

UNINSURED/UNDERINSURED MOTORISTS AND PERSONAL INJURY PROTECTION

REIMBURSEMENT OF DEDUCTIBLE ENDORSEMENT

ALLOCATED LOSS ADJUSTMENT EXPENSE (“ALAE”) BORNE ENTIRELY BY THE INSURED

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
GARAGE COVERAGE FORM**

- I) This endorsement supersedes the provisions of any other Deductible Endorsement or Reimbursement of Deductible Endorsement attached to this policy but only with respect to Uninsured or Underinsured Motorists coverage and Personal Injury Protection (or equivalent No Fault) coverage.

II) DEDUCTIBLE AMOUNT

The Deductible Per “Accident” is equal to the Limit of Insurance for Uninsured Motorists, Underinsured Motorists or Personal Injury Protection (or equivalent No Fault) coverage provided by this policy and applies separately to:

- 1) all "losses" under the Uninsured Motorists or Underinsured Motorists coverage provided by this policy; and
- 2) all "losses" under the Personal Injury Protection (or equivalent No Fault) coverage provided by this policy.

plus all “Allocated Loss Adjustment Expense”.

III) ADDITIONAL PROVISIONS

- 1) “We” will pay all sums that “we” become legally obligated to pay for Uninsured Motorists, Underinsured Motorists and Personal Injury Protection (or equivalent No Fault) coverage provided by this policy, up to the Limit of Insurance under this policy.
- 2) “You” must reimburse us up to the Deductible Amount for any amounts we have paid for Uninsured Motorists, Underinsured Motorists and Personal Injury Protection (or equivalent No Fault) coverage under this policy.
- 3) The Deductible Amount shown in Section II of this endorsement will apply per “accident”, regardless of the number of claimants, Insureds, claims made or “suits” brought, or persons or organizations making claims or bringing “suits”.
- 4) If “you” fail to reimburse “us” for any amount due under this endorsement, or fail to provide “us” any collateral that “we” require, “you” will be in default of “your” obligations to “us”, and “we” may take any steps “we” deem necessary to enforce our rights against “you”, including but not limited to drawing on any amount of collateral “we” hold or canceling this policy, if permitted by law.

- 5) Each Named Insured is jointly and severally liable for all amounts reimbursable under this endorsement.
- 6) If "we" recover any payment "we" make under this policy from anyone liable for damages or "ALAE", the amount "we" recover will first be applied to any payments "we" made in excess of the Deductible Amount and to "our" expenses in obtaining the recovery. The remainder of the recovery, if any, will reduce the amount that is reimbursable by "you".

IV) ALLOCATED LOSS ADJUSTMENT EXPENSE DEFINITION

"Allocated Loss Adjustment Expense(s)" or "ALAE" means such claim expenses, costs and any interest provided for under the Supplementary Payments provision of this policy, that are incurred in connection with the investigation, administration, adjustment, settlement or defense of any claim or lawsuit arising under Uninsured, Underinsured Motorists and Personal Injury Protection (or equivalent No Fault) coverage that we, under our accounting practices, directly allocate to a particular claim, whether or not a payment indemnifying the claimant(s) is made. Such expenses include, but are not limited to, subrogation, all court costs, fees and expenses; fees for service of process; fees and expenses to attorneys for legal services; the cost of services of undercover operations and detectives; fees to obtain medical cost containment services; the cost of employing experts for the purpose of preparing maps, photographs, diagrams, and chemical or physical analysis, or for expert advice or opinion; the cost of obtaining copies of any public records; and the cost of depositions and court reporters or recorded statements, provided, however, that Allocated Loss Adjustment Expense shall not include the salaries and traveling expenses of our employees or our overhead and adjusters' fees.

V) NO OTHER CHANGES

All other terms of this policy, including those with respect to:

- (a) Our right and duty to defend any "insured" against a "suit" asking for damages to which this insurance applies, and
- (b) Limit of Insurance, and
- (c) Your duties in the event of an accident, claim, suit or loss

remain unchanged.

Authorized Agent

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/23/2008

Comments:

Attachment:

AR NAIC Transmittal.pdf

Satisfied -Name: FILE MEMO **Review Status:** Approved 09/23/2008

Comments:

Attachment:

Filing Memorandum.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
ACE INA	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728
ACE Fire Underwriters Insurance Company	PA	20702	06-6032187
ACE Property & Casualty Ins. Co.	PA	20699	06-0237820
Indemnity Ins. Co. of North America	PA	43575	06-1016108

5. Company Tracking Number	08-CA-2007888
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Viola McBride 510 Walnut street WB04G Philadelphia, PA 19106	Regulatory Associate	(215) 640-5238		viola.mcbride@ace-ina.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Viola McBride

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

9.	Type of Insurance (TOI)	Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	Liability
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Upon approval X Renewal: Upon approval X

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	09/23/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08-CA-2007888
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to submit the following new company independent endorsement for review and approval:

**DA-25792 09.08 *UNINSURED/UNDERINSURED MOTORISTS AND
PERSONAL INJURY PROTECTION REIMBURSEMENT OF DEDUCTIBLE
ENDORSEMENT
ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) BORNE ENTIRELY BY THE
INSURED.***

The endorsement being submitted will be used by our National Accounts division, which writes insurance for "Fortune 1000" companies.

Our standard company practice for these large accounts is to send out all state Uninsured/Underinsured Motorists and Personal Injury Protection Coverage Selection/Rejection forms for completion at the time of quoting for both new business and renewal.

Quoting is done prior to policy inception and a Notice Of Election agreement is provided which outlines all the coverages, limits, deductibles, etc. Along with the quote, we include the individual selection/rejection forms for completion if quote is accepted by the insured. The Notice of Election (NOE) states the following with respect to these selection forms:

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]
<p>Check #: EFT Amount: 25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to 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 #	08-CA-2007888			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Uninsured/Underinsured Motorist and Personal Injury Protection Reimbursement of Deductible Endt.	DA-25792 (09/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Filing Memorandum

The purpose of this filing is to submit the following new company independent endorsement for review and approval:

**DA-25792 09.08 UNINSURED/UNDERINSURED MOTORISTS AND
PERSONAL INJURY PROTECTION REIMBURSEMENT OF
DEDUCTIBLE ENDORSEMENT
ALLOCATED LOSS ADJUSTMENT EXPENSE (ALAE) BORNE
ENTIRELY BY THE INSURED.**

The endorsement being submitted will be used by our National Accounts division, which writes insurance for "Fortune 1000" companies.

Our standard company practice for these large accounts is to send out all state Uninsured/Underinsured Motorists and Personal Injury Protection Coverage Selection/Rejection forms for completion at the time of quoting for both new business and renewal.

Quoting is done prior to policy inception and a Notice Of Election agreement is provided which outlines all the coverages, limits, deductibles, etc. Along with the quote, we include the individual selection/rejection forms for completion if quote is accepted by the insured. The Notice of Election (NOE) states the following with respect to these selection forms:

Uninsured / Underinsured Motorist Insurance & Personal Injury Protection: Returning of Required Executed Selection Forms

The terms of this Notice of Election pertaining to Automobile Liability will be amended as provided in this paragraph if we do not receive properly executed state coverage selection forms prior to the effective date. Failure to return all required selection forms shall be deemed your consent and acceptance that the auto policy (ices) will be issued and rated to include the limits of UM/UIM coverage equal to the policy limits, or equal to the maximum limits required by law if lower than policy limits, and the limit for PIP coverage that we are required to offer for each state. In the event we do not receive the properly executed forms within thirty days after the effective date of the Policies and we apply UM/UIM and PIP limits, we will issue a Reimbursement of Deductible endorsement to your Policies that requires you to reimburse us for all amounts that we pay in respect of any UM/UIM or PIP losses under such Policies.

While we are required by law to extend a proper offer of UM/UIM coverage, often we find that the required selection forms are not being completed, signed and returned by the insured in a timely manner or at all. Failure to receive these forms can cause claims issues, and also complicates the processing of the necessary endorsements to the policy when the completed forms finally are returned. Our original quote is based upon the coverages and limits that the insured has requested in their submission. If we have to issue the insured's policy with higher limits, or with limits in those states that permit coverage rejection, because the necessary rejection/selection form is not returned, we must charge an additional premium for this coverage, which the insured will not wish to

pay. In this situation, rather than charge an additional premium, we wish to endorse the policy with the attached reimbursement endorsement and thereby make these losses subject to a reimbursement obligation of the insured. Our liability for this coverage is unaffected by this endorsement as we are still responsible for all losses under the policy.

This endorsement will properly address the inclusion of a UM/UIM and/or PIP deductible as per the NOE, in the event that the signed coverage selection/rejection forms are not returned to us within the time period allotted. If the completed forms are returned subsequent to the 30 day time frame provided, the underwriter will address each situation individually as to the changes needed to the policy.

There is no rate effect for the use of this new endorsement.

We appreciate your review and approval of the submitted endorsements using the earliest effective date allowable by the state.