

SERFF Tracking Number: AGMK-125793736 State: Arkansas  
First Filing Company: AIU Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number:  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Private Auto  
Project Name/Number: AR-PIP (8/08)/08-03-815-411

## Filing at a Glance

Companies: AIU Insurance Company, American Home Assurance Company, American International Insurance Company, AIG Casualty Company, National Union Fire Insurance Company of Pittsburgh, PA, The Insurance Company of the State of Pennsylvania

Product Name: Personal Private Auto	SERFF Tr Num: AGMK-125793736	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author: John Shellenberger	Disposition Date: 09/04/2008
	Date Submitted: 09/02/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 01/01/2009

State Filing Description:

## General Information

Project Name: AR-PIP (8/08)	Status of Filing in Domicile: Not Filed
Project Number: 08-03-815-411	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/04/2008	
State Status Changed: 09/02/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Arkansas Insurance Department	
1200 West Third Street	
Little Rock, AR 72201	

Re: AIU Insurance Company, NAIC# 19399, FEIN# 13-530-3710

SERFF Tracking Number: AGMK-125793736 State: Arkansas  
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American Home Assurance Company, NAIC# 19380, FEIN# 13-512-4990  
American International Insurance Company, NAIC# 32220, FEIN# 13-333-3609  
AIG Casualty Company, NAIC# 19402, FEIN# 25-111-8791  
National Union Fire Insurance Company of Pittsburgh, PA, NAIC# 19445, FEIN# 25-068-7550  
The Insurance Company of the State of Pennsylvania, NAIC# 19429, FEIN# 13-554-0698

#### Personal Auto Forms Filing

Company File Number: 08-03-815-411

SERFF Tracking Number: AGMK-125793736

Dear Sir or Madam,

The above captioned American International Companies are hereby submitting a personal automobile form filing for your review and approval. Arkansas Personal Injury Protection Selection/Rejection of Coverage AR-PIP (8/08) is being submitted to replace the current version AR PIP (3/03).

With this revision we have deleted all selection options for, and references to, PIP Medical Payment Benefit limits less than \$5,000 and updated the edition date of the form.

The proposed effective date for this filing is November 1, 2008 for New Business and January 3, 2009 for Renewals.

## Company and Contact

### Filing Contact Information

John Shellenberger, Contract Analyst john.shellenberger@aig.com  
One AIG Center (302) 252-3962 [Phone]  
Wilmington, DE 19803 (302) 252-2455[FAX]

### Filing Company Information

AIU Insurance Company	CoCode: 19399	State of Domicile: New York
One AIG Center	Group Code: 12	Company Type: Property & Casualty
Wilmington, DE 19803	Group Name: AIGM	State ID Number:

SERFF Tracking Number: AGMK-125793736 State: Arkansas  
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 Product Name: Personal Private Auto  
 Project Name/Number: AR-PIP (8/08)/08-03-815-411

(302) 252-2165 ext. [Phone]	FEIN Number: 13-5303710 -----	
American Home Assurance Company One AIG Center  Wilmington, DE 19803 (302) 252-2165 ext. [Phone]	CoCode: 19380 Group Code: 12  Group Name: AIGM FEIN Number: 13-5124990 -----	State of Domicile: New York Company Type: Property & Casualty State ID Number:
American International Insurance Company One AIG Center  Wilmington, DE 19803 (302) 252-2165 ext. 2165[Phone]	CoCode: 32220 Group Code: 12  Group Name: AIGM FEIN Number: 13-3333609 -----	State of Domicile: New York Company Type: Property & Casualty State ID Number:
AIG Casualty Company One AIG Center  Wilmington, DE 19803 (302) 252-2165 ext. [Phone]	CoCode: 19402 Group Code: 12  Group Name: AIGM FEIN Number: 25-1118791 -----	State of Domicile: Pennsylvania Company Type: Property & Casualty State ID Number:
National Union Fire Insurance Company of Pittsburgh, PA One AIG Center  Wilmington, DE 19803 (302) 252-2165 ext. [Phone]	CoCode: 19445  Group Code: 12  Group Name: AIGM FEIN Number: 25-0687550 -----	State of Domicile: Pennsylvania  Company Type: Property & Casualty State ID Number:
The Insurance Company of the State of Pennsylvania One AIG Center  Wilmington, DE 19803 (302) 252-2165 ext. [Phone]	CoCode: 19429  Group Code: 12  Group Name: AIGM FEIN Number: 13-5540698 -----	State of Domicile: Pennsylvania  Company Type: Property & Casualty State ID Number:

*SERFF Tracking Number:* AGMK-125793736      *State:* Arkansas  
*First Filing Company:* AIU Insurance Company, ...      *State Tracking Number:* EFT \$50  
*Company Tracking Number:*  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* Personal Private Auto  
*Project Name/Number:* AR-PIP (8/08)/08-03-815-411

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIU Insurance Company	\$50.00	09/02/2008	22240823
American Home Assurance Company	\$0.00	09/02/2008	
American International Insurance Company	\$0.00	09/02/2008	
AIG Casualty Company	\$0.00	09/02/2008	
National Union Fire Insurance Company of Pittsburgh, PA	\$0.00	09/02/2008	
The Insurance Company of the State of Pennsylvania	\$0.00	09/02/2008	

SERFF Tracking Number: AGMK-125793736

State: Arkansas

First Filing Company: AIU Insurance Company, ...

State Tracking Number: EFT \$50

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Private Auto

Project Name/Number: AR-PIP (8/08)/08-03-815-411

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	09/04/2008	09/04/2008

SERFF Tracking Number: AGMK-125793736 State: Arkansas  
First Filing Company: AIU Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number:  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: Personal Private Auto  
Project Name/Number: AR-PIP (8/08)/08-03-815-411

## Disposition

Disposition Date: 09/04/2008  
Effective Date (New): 11/01/2008  
Effective Date (Renewal): 01/01/2009  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

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

SERFF Tracking Number: AGMK-125793736 State: Arkansas  
 First Filing Company: AIU Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number:  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: Personal Private Auto  
 Project Name/Number: AR-PIP (8/08)/08-03-815-411

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Form Filing Schedule	Approved	Yes
<b>Supporting Document</b>	AR-PIP (3/03) with changes	Approved	Yes
<b>Form</b>	Arkansas Personal Injury Protection Selection/Rejection of Coverage	Approved	Yes

SERFF Tracking Number: AGMK-125793736

State: Arkansas

First Filing Company: AIU Insurance Company, ...

State Tracking Number: EFT \$50

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Private Auto

Project Name/Number: AR-PIP (8/08)/08-03-815-411

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Personal Injury Protection Selection/Rejection of Coverage	AR-PIP	8/08	Election/Rejection/Supplemental Application	Replaced Form #: AR-PIP 3/03 Previous Filing #: 04-03-815-453		AR PIP 808.pdf

## ARKANSAS PERSONAL INJURY PROTECTION SELECTION/REJECTION OF COVERAGE

Arkansas law requires every automobile liability insurance policy to provide minimum medical and hospital benefits, income disability, and accidental death benefits without regard to fault, unless you reject the coverage, **in writing**. This coverage is called Personal Injury Protection (PIP). It covers you and members of your family residing in the same household who are injured in a motor vehicle accident, passengers injured while occupying the insured motor vehicle, and pedestrians struck by the insured motor vehicle. The coverage options are listed below. Please read the options carefully and make your selection/s in **each** of the boxes. Return the completed and signed form to the Servicing Office that is listed on your Declarations Page.

If you have already completed and returned this form with your application there is no need to complete it again. If you now want to make changes to your current coverage you may use this form to do so.

### PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFITS

**Statutory Limit:** \$5,000 per person

- I select the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 per person.
- I reject the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 so that I may choose a higher limit (**YOU MUST REJECT THE STATUTORY LIMIT TO CHOOSE A HIGHER LIMIT**).
- I select the Personal Injury Protection Medical Payment Benefit limit of:  
(Make sure that you first select to reject the statutory limit above)
- |  |   |
|--|---|
| <input type="checkbox"/> \$10,000 per person | <input type="checkbox"/> \$75,000 per person  |
| <input type="checkbox"/> \$25,000 per person | <input type="checkbox"/> \$100,000 per person |
| <input type="checkbox"/> \$50,000 per person |   |
- I reject Personal Injury Protection Medical Payment Benefits **entirely** and understand that this coverage will not be provided on my policy.

In addition and separate from your selection of PIP Medical Payment Benefits above, you will be provided with both Income Disability (Work Loss Coverage) and Accidental Death Benefit unless you reject either or both of these coverages, **in writing**.

### INCOME DISABILITY (WORK LOSS COVERAGE)

**Maximum Limits per person:**

- (1) For income earner - 70% if loss of income for maximum limit of \$140 per week for up to 52 weeks.
- (2) For non-income earner - maximum limit of \$70 per week for up to 52 weeks.

- I select Work Loss Coverage.
- I reject Work Loss Coverage and understand that this coverage will not be provided on my policy.

See the back of this form for additional coverage options and acknowledgment.

**ACCIDENTAL DEATH BENEFIT**

**Limit per person: \$5,000**

- I select the Accidental Death Benefit.
- I reject the Accidental Death Benefit and understand that this coverage will not be provided on my policy.

IF YOU DO NOT MAKE VALID SELECTIONS IN THE OPTION BOXES ABOVE, YOUR POLICY WILL BE PROVIDED WITH THE MINIMUM STATUTORY LIMITS FOR PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFIT, WORK LOSS BENEFIT AND ACCIDENTAL DEATH BENEFIT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

*SERFF Tracking Number:* AGMK-125793736

*State:* Arkansas

*First Filing Company:* AIU Insurance Company, ...

*State Tracking Number:* EFT \$50

*Company Tracking Number:*

*TOI:* 19.0 Personal Auto

*Sub-TOI:* 19.0001 Private Passenger Auto (PPA)

*Product Name:* Personal Private Auto

*Project Name/Number:* AR-PIP (8/08)/08-03-815-411

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AGMK-125793736

State: Arkansas

First Filing Company: AIU Insurance Company, ...

State Tracking Number: EFT \$50

Company Tracking Number:

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Personal Private Auto

Project Name/Number: AR-PIP (8/08)/08-03-815-411

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved 09/04/2008

**Comments:**

**Attachment:**

Transmittal Form AR PIP 0808.pdf

**Satisfied -Name:** Form Filing Schedule

**Review Status:**

Approved 09/04/2008

**Comments:**

**Attachment:**

Form Filing Schedule AR PIP 0808.pdf

**Satisfied -Name:** AR-PIP (3/03) with changes

**Review Status:**

Approved 09/04/2008

**Comments:**

**Attachment:**

AR PIP 0303 with changes.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<b>2. Insurance Department Use only</b>	
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	

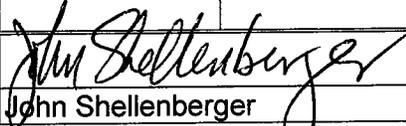
<b>3. Group Name</b>	<b>Group NAIC #</b>
American International Group	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
AIG Casualty Company	PA	19402	25-111-8791	
AIU Insurance Company	NY	19399	13-530-3710	
American Home Assurance Company	NY	19380	13-512-4990	
American International Insurance Company	NY	32220	13-333-3609	
National Union Fire Insurance Company of Pittsburgh, PA	PA	19445	25-068-7550	
The Insurance Company of the State of Pennsylvania	PA	19429	13-554-0698	

<b>5. Company Tracking Number</b>	<b>08-03-815-411</b>
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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
	John Shellenberger One AIG Center Wilmington, DE 19803	Contract Analyst	302-252-3962	302-252-2455	john.shellenberger@aig.com

7. Signature of authorized filer	
8. Please print name of authorized filer	John Shellenberger

**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)	

<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 11/1/08 Renewal: 1/3/09
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	9/2/08
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	08-03-815-411
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The above captioned American International Companies are hereby submitting a personal automobile form filing for your review and approval. Arkansas Personal Injury Protection Selection/Rejection of Coverage AR-PIP (8/08) is being submitted to replace the current version AR-PIP (3/03).

With this revision we have deleted all selection options for, and references to, PIP Medical Payment Benefit limits less than \$5,000 and updated the edition date of the form.

The proposed effective date for this filing is November 1, 2008 for New Business and January 3, 2009 for Renewals.

<b>22. Filing Fees</b> (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 #:** N/A

**Amount:** \$50

EFT

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>08-03-815-411</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
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	Arkansas Personal Injury Protection Selection/Rejection of Coverage	AR-PIP 8/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PIP 3/03	04-03-815-453
02			<input type="checkbox"/> New <input checked="" 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		

# ARKANSAS PERSONAL INJURY PROTECTION SELECTION/REJECTION OF COVERAGE

Arkansas law requires every automobile liability insurance policy to provide minimum medical and hospital benefits, income disability, and accidental death benefits without regard to fault, unless you reject the coverage, **in writing**. This coverage is called Personal Injury Protection (PIP). It covers you and members of your family residing in the same household who are injured in a motor vehicle accident, passengers injured while occupying the insured motor vehicle, and pedestrians struck by the insured motor vehicle. The coverage options are listed below. Please read the options carefully and make your selection/s in **each** of the boxes. Return the completed and signed form to the Servicing Office that is listed on your Declarations Page.

If you have already completed and returned this form with your application there is no need to complete it again. If you now want to make changes to your current coverage you may use this form to do so.

## PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFITS

**Statutory Limit:** \$5,000 per person

- I select the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 per person.
- I reject the **statutory** Personal Injury Protection Medical Payment Benefit limit of \$5,000 so that I may choose a higher ~~or lower~~ limit **(YOU MUST REJECT THE STATUTORY LIMIT TO CHOOSE A HIGHER OR LOWER LIMIT)**. *delete*
- I select the Personal Injury Protection Medical Payment Benefit limit of:  
(Make sure that you first select to reject the statutory limit above)
 

<input type="checkbox"/> <del>\$500 per person</del>	<input type="checkbox"/> \$25,000 per person
<input type="checkbox"/> <del>\$1,000 per person</del>	<input type="checkbox"/> \$50,000 per person
<input type="checkbox"/> <del>\$2,000 per person</del>	<input type="checkbox"/> \$75,000 per person
<input type="checkbox"/> \$10,000 per person	<input type="checkbox"/> \$100,000 per person
- I reject Personal Injury Protection Medical Payment Benefits **entirely** and understand that this coverage will not be provided on my policy.

In addition and separate from your selection of PIP Medical Payment Benefits above, you will be provided with both Income Disability (Work Loss Coverage) and Accidental Death Benefit unless you reject either or both of these coverages, **in writing**.

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See the back of this form for additional coverage options and acknowledgment.

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IF YOU DO NOT MAKE VALID SELECTIONS IN THE OPTION BOXES ABOVE, YOUR POLICY WILL BE PROVIDED WITH THE MINIMUM STATUTORY LIMITS FOR PERSONAL INJURY PROTECTION MEDICAL PAYMENT BENEFIT, WORK LOSS BENEFIT AND ACCIDENTAL DEATH BENEFIT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number