

SERFF Tracking Number: ELEC-125825962 State: Arkansas
Filing Company: Electric Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: EIC-2008-0922
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: auto
Project Name/Number: customized equipment/

Filing at a Glance

Company: Electric Insurance Company

Product Name: auto

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Rule

SERFF Tr Num: ELEC-125825962 State: Arkansas

SERFF Status: Closed

Co Tr Num: EIC-2008-0922

Co Status:

Author: Nancy Swasey

Date Submitted: 09/22/2008

State Tr Num: EFT \$25

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi

Disposition Date: 09/23/2008

Disposition Status: Filed

Effective Date Requested (New): 01/01/2009

Effective Date Requested (Renewal): 02/15/2009

Effective Date (New): 01/01/2009

Effective Date (Renewal):
01/15/2009

State Filing Description:

General Information

Project Name: customized equipment

Project Number:

Reference Organization: ISO

Reference Title: Custom Equipment Coverage

Filing Status Changed: 09/23/2008

State Status Changed: 09/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Electric Insurance Company is filing to adopt ISO's Custom Equipment Exclusion and Related Optional Endorsement.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: n/a in
Massachusetts.

Reference Number: PP-2008-RCERU

Advisory Org. Circular: LI-PA-2008-187

Deemer Date:

Company and Contact

Filing Contact Information

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Nancy Swasey, State Filing Analyst
75 Sam Fonzo Drive
Beverly, MA 01915

Nancy.Swasey@electricinsurance.com
(800) 227-2757 [Phone]
(978) 236-5648[FAX]

Filing Company Information

Electric Insurance Company
75 Sam Fonzo Drive

CoCode: 21261
Group Code: 57

State of Domicile: Massachusetts
Company Type: Property &
Casualty

Beverly, MA 01915
(800) 227-2757 ext. [Phone]

Group Name: Electric
FEIN Number: 04-2422119

State ID Number:

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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 #
Electric Insurance Company	\$25.00	09/22/2008	22638487

SERFF Tracking Number: ELEC-125825962

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	09/23/2008	09/23/2008

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Disposition

Disposition Date: 09/23/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/15/2009

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELEC-125825962 State: Arkansas
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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

SERFF Tracking Number: ELEC-125825962

State: Arkansas

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Company Tracking Number: EIC-2008-0922

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Product Name: auto

Project Name/Number: customized equipment/

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name:	A-1 Private Passenger Auto Abstract	Review Status: Filed	09/23/2008
Bypass Reason:	This form was recently filled out in our 5/5/08 rate filing and the information has not changed.		
Comments:			
Bypassed -Name:	APCS-Auto Premium Comparison Survey	Review Status: Filed	09/23/2008
Bypass Reason:	This is not a rate filing.		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Filed	09/23/2008
Bypass Reason:	This is not a loss cost filing.		
Comments:			
Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status: Filed	09/23/2008
Bypass Reason:	This is not a loss cost filing.		
Comments:			
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Filed	09/23/2008
Comments:			
Attachment:	transmittal custom equip.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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Electric Insurance Company	MA	21261	04-2422119	

5. Company Tracking Number	EIC 2008-0922
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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
	Nancy Swasey 75 Sam Fonzo Drive Beverly, MA 01915	State Filing Analyst	(800) 227-2757 ext. 5468	978-236-5468	nancy.swasey@electricinsurance.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Nancy Swasey

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

9.	Type of Insurance (TOI)	19.0
10.	Sub-Type of Insurance (Sub-TOI)	19.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Personal Auto Policy
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 1/1/09 Renewal: 2/15/09

Property & Casualty Transmittal Document----

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	PP-2008-RCERU
18.	Company's Date of Filing	9/22/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	
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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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Electric Insurance Company is filing to adopt ISO's Custom Equipment rule to use with the forms filed on our behalf.

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 #: 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.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.