

SERFF Tracking Number: MRKA-125804063 State: Arkansas  
Filing Company: Markel American Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: ARORF-081  
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
Product Name: Off-Road Recreational Vehicle  
Project Name/Number: /

## Filing at a Glance

Company: Markel American Insurance Company

Product Name: Off-Road Recreational Vehicle SERFF Tr Num: MRKA-125804063 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0006 Other Personal Inland Marine

Co Tr Num: ARORF-081

State Status: Fees verified and received

Filing Type: Form

Co Status: Sent to DOI for Approval Reviewer(s): Alexa Grissom, Betty Montesi

Authors: Lisa Schuppner, Audrey Hanken

Disposition Date: 09/16/2008

Date Submitted: 09/15/2008

Disposition Status: Approved

Effective Date Requested (New): 12/15/2008

Effective Date (New): 12/15/2008

Effective Date Requested (Renewal): 03/15/2009

Effective Date (Renewal): 03/15/2009

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/16/2008

State Status Changed: 09/16/2008

Deemer Date:

Corresponding Filing Tracking Number: MRKA-125804064

Filing Description:

Our currently approved Motorcycle and Recreational Vehicle program is now being split into separate off-road recreational vehicle (i.e. all terrain vehicles, golf carts and snowmobiles) and on-road (motorcycle) programs. This filing contains the Off Road Recreational Vehicle Program materials. All of the forms for the Off Road Recreational Vehicle Program "me-too" the currently approved materials with the exceptions described in our filing memorandum. Please be advised that our off-road risks will be undergoing reclassification from Annual Statement Lines 19 and 21 (Private

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Passenger Auto) to Annual Statement Line 9 (Inland Marine). This program is being reclassified in your state as a result of our recent review and determination regarding the appropriate line(s) of business for reporting the off road risks. Our statutory accountants will handle the reclassification.

The last program revision, with a form impact, was filed and approved by your department on July 2, 2007 under your filing #AR-PC-07-025249 (our filing #ARRECF-071).

We are filing these final print form changes using your "prior approval" statutes with an effective date of December 15, 2008 for new business and March 15, 2009 for renewals. We understand this filing to be deemed approved if not disapproved within this time period. Please feel free to contact me if you have any questions or concerns regarding this filing.

## Company and Contact

### Filing Contact Information

Lisa Schuppner, Regulatory Compliance LSCHUPP@MARKELCORP.COM  
 P.O. Box 906 (800) 236-2862 [Phone]  
 Pewaukee, WI 53072-0906 (262) 548-9790[FAX]

### Filing Company Information

Markel American Insurance Company CoCode: 28932 State of Domicile: Virginia  
 P.O. Box 906 Group Code: 785 Company Type: Insurance  
 Company

N14 W23800  
 Pewaukee, WI 53072-0906 Group Name: State ID Number:  
 (800) 236-2862 ext. [Phone] FEIN Number: 54-1398877  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form filing.

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Our domicile of Virginia does not charge form filing fees.

*Per Company:* No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Markel American Insurance Company	\$50.00	09/15/2008	22496707

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	09/16/2008	09/16/2008

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## Disposition

Disposition Date: 09/16/2008

Effective Date (New): 12/15/2008

Effective Date (Renewal): 03/15/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<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>	Filing Memorandum	Approved	Yes
<b>Supporting Document</b>	Forms Listing	Approved	Yes
<b>Form</b>	Diminishing Deductible Endorsement	Approved	Yes
<b>Form</b>	Towing and Labor Costs Endorsement	Approved	Yes
<b>Form</b>	Agreed Value Endorsement	Approved	Yes
<b>Form</b>	Escort Service Endorsement	Approved	Yes
<b>Form</b>	Volunteer Service Endorsement	Approved	Yes
<b>Form</b>	Mechanical Breakdown Coverage Endorsement Arkansas	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Diminishing Deductible Endorsement	MT4200-1208		Endorsement/Amendment/Conditions			MT4200-1208.pdf
Approved	Towing and Labor Costs Endorsement	MT4005-1095		Endorsement/Amendment/Conditions	Replaced Form #: n/a Previous Filing #: MCFAR-971		
Approved	Agreed Value Endorsement	MT4006-1095		Endorsement/Amendment/Conditions	Replaced Form #: n/a Previous Filing #: MCFAR-971		
Approved	Escort Service Endorsement	MT4089-1095		Endorsement/Amendment/Conditions	Replaced Form #: n/a Previous Filing #: MCFAR-971		
Approved	Volunteer Service Endorsement	MT4090-1095		Endorsement/Amendment/Conditions	Replaced Form #: n/a Previous Filing #: MCFAR-971		
Approved	Mechanical Breakdown Coverage Endorsement Arkansas	MT4160-0806		Endorsement/Amendment/Conditions	Replaced Form #: n/a Previous Filing #: AR-PC-06-020923		



## DIMINISHING DEDUCTIBLE ENDORSEMENT

In consideration of the premium charge shown on the Declarations Page, it is hereby agreed and understood that Your Motorcycle Insurance Policy is amended as follows:

**V. DAMAGE TO YOUR MOTORCYCLE, Collision Coverage**, the following is deleted:

Any applicable collision deductible that is \$250 or less, will **double** if:

- A.** An at-fault collision accident occurs within the first 90 days coverage of a new policy; or
- B.** An at-fault collision accident occurs and the operator at the time of the at-fault collision is neither the insured nor named on the application as a secondary operator.

**V. DAMAGE TO YOUR MOTORCYCLE** the following is added:

If, during any policy period, You do not have a loss for which We have paid any amount under Collision or Comprehensive coverage, Your Collision and Comprehensive deductible for the following policy period will be reduced by the percentage in the following schedule:

After the 1st loss free term	25% of the Elected Deductible
After the 2nd consecutive loss free term	50% of the Elected Deductible
After the 3rd consecutive loss free term	75% of the Elected Deductible
After the 4th consecutive loss free term (and thereafter)	100% of the Elected Deductible

If You change the Elected Deductible shown on the Declarations Page for Collision or Comprehensive coverage, then all previously applied reductions will be eliminated. Thereafter, the deductible may again be reduced if the conditions set forth above are satisfied.

If You have a loss at any time for which We make a payment for any Insured Motorcycle then the Diminishing Deductible for all Insured Motorcycles will be 100% of their Elected Deductible until new consecutive loss free terms are accumulated.

Reductions and increases in the deductible under this provision will apply to all Insured Motorcycles which show the 'Diminishing Deductible' on the Declarations Page.

All other terms, conditions, and limitations of the policy remain unchanged.

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## **Rate Information**

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/16/2008

**Comments:**

The required information is contained in the General Information and Form Schedule tabs.

**Satisfied -Name:** Filing Memorandum **Review Status:** Approved 09/16/2008

**Comments:**

**Attachment:**

OFF - AR - 2008 - Forms Memo.pdf

**Satisfied -Name:** Forms Listing **Review Status:** Approved 09/16/2008

**Comments:**

**Attachment:**

OFF - AR - 2008 - Forms Listing.pdf

**ARKANSAS  
OFF ROAD RECREATIONAL VEHICLE PROGRAM  
FORM FILING MEMORANDUM**

The forms to be used with our Off Road Recreational Vehicle program will be identical to those previously approved by your department for our Motorcycle and Recreational Vehicle program, with the exceptions noted below.

The following form is added to the Off Road Recreational Vehicle Program:

1) **Diminishing Deductible Endorsement – MT4200-1208**

This mandatory endorsement removes the Double Deductible provision found under Part V., Collision Coverage and provides a diminishing deductible for insureds who have consecutive loss free policy terms. The identical form is pending with your department in the separate On Road (motorcycle) program form filing.

The following forms approved for our Motorcycle and Recreational Vehicle program will not be used with the Off Road Recreational Vehicle Program as they are used exclusively with the on road units in the Motorcycle Program, which is now filed under separate cover.

- 1) Towing and Labor Costs Endorsement – MT4005-1095
- 2) Agreed Value Endorsement – MT4006-1095
- 3) Escort Service Endorsement – MT4089-1095
- 4) Volunteer Service Endorsement – MT4090-1095
- 5) Mechanical Breakdown Endorsement – MT4151-0406

ARKANSAS (03)

Off Road Recreational Vehicle Forms Listing

Form Name	Form Number	Usage	Mandatory/Optional
Declarations Page	MT4000-1095	Restricts	Mandatory
Policy Provisions	MT4001-1095	Restricts	Mandatory
Recreational Vehicle Endorsement	MT4007-0599	Broadens	Mandatory
Amendatory Endorsement Arkansas	MT4108-1095	Restricts	Mandatory
Arkansas Underinsured Motorists Coverage	MT4109-1095	Broadens	Optional
Uninsured Motorists Coverage Arkansas	MT4110-1095	Broadens	Optional
Personal Injury Protection Coverage Arkansas	MT4111-1095	Broadens	Optional
Additional Insured Endorsement	MT4121-0497	Broadens	Optional
Funeral Expense Coverage Endorsement	MT4148-0306	Broadens	Optional
Diminishing Deductible Endorsement	MT4200-1208	Broadens	Mandatory
Uninsured Motorists Coverage Arkansas Selection/Rejection Form	RJ630AR-0804	Clarifies	Optional
Underinsured Motorists Bodily Injury Coverage Arkansas Selection/Rejection Form	RJ632AR-0707	Clarifies	Optional
Rejection of Personal Injury Protection Coverages Arkansas	RJPIPAR-0804	Clarifies	Optional