

SERFF Tracking Number: PRGS-125818552 State: Arkansas
First Filing Company: Progressive Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: L080230-AR-MT-1
TOI: 19.0 Personal Auto Sub-TOI: 19.0003 Recreational Vehicle
Product Name: Recreational Vehicle - Motor Home
Project Name/Number: Form 3687 AR (03/03)/L080230-AR-MT-1

Filing at a Glance

Companies: Progressive Casualty Insurance Company, Progressive Direct Insurance Company, Progressive Northwestern Insurance Company

Product Name: Recreational Vehicle - Motor Home SERFF Tr Num: PRGS-125818552 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 19.0003 Recreational Vehicle

Co Tr Num: L080230-AR-MT-1

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi

Author: Pdpq 4

Disposition Date: 09/22/2008

Date Submitted: 09/17/2008

Disposition Status: Approved

Effective Date Requested (New): 10/20/2008

Effective Date (New): 10/20/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Form 3687 AR (03/03)

Status of Filing in Domicile: Not Filed

Project Number: L080230-AR-MT-1

Domicile Status Comments: This is an Arkansas-specific form and will not be filed in domicile states.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/22/2008

State Status Changed: 09/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This form is substantively identical to the 3687 AR (08/03) that it replaced. 3687 AR (08/03) was previously filed as part of the ProRater Application - Form 1241 AR (08/03) that your office approved on November 20, 2003.

We have included the required NAIC Property & Casualty Transmittal Document. The required filing fee in the amount

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of \$50.00 is being submitted via SERFF EFT.

We request approval effective as of October 20, 2008. We will notify you if this date changes.

If you have any comments or questions with respect to this filing, please feel free to e-mail me at the address below or call me at 800-321-9843, network extension 625-3013. Thank you in advance for your attention to this filing.

Sincerely,

Edward P. Simms

Senior Counsel

Direct: (440) 395-3013

FAX: (440) 395-3790

E-mail: edward_p_simms@progressive.com

Company and Contact

Filing Contact Information

Edward P. Simms, Senior Counsel edward_p_simms@progressive.com
6300 Wilson Mills Rd. N72B (440) 395-3013 [Phone]
Mayfield Village, OH 44143 (440) 395-3790[FAX]

Filing Company Information

Progressive Casualty Insurance Company CoCode: 24260 State of Domicile: Ohio
6300 Wilson Mills Road Group Code: 155 Company Type:
Mayfield Village, OH 44143 Group Name: State ID Number:
(440) 461-5000 ext. [Phone] FEIN Number: 34-6513736

Progressive Direct Insurance Company CoCode: 16322 State of Domicile: Ohio
6300 Wilson Mills Rd, N72 Group Code: 155 Company Type:
Cleveland, OH 44143 Group Name: State ID Number:
(440) 461-5000 ext. [Phone] FEIN Number: 34-1524319

Progressive Northwestern Insurance Company CoCode: 42919 State of Domicile: Ohio
6300 Wilson Mills Road Group Code: 155 Company Type:

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Mayfield Village, OH 44143
(440) 461-5000 ext. [Phone]

Group Name:
FEIN Number: 91-1187829

State ID Number:

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Progressive Casualty Insurance Company	\$50.00	09/17/2008	22565563
Progressive Direct Insurance Company	\$0.00	09/17/2008	
Progressive Northwestern Insurance Company	\$0.00	09/17/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	09/22/2008	09/22/2008

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Disposition

Disposition Date: 09/22/2008
Effective Date (New): 10/20/2008
Effective Date (Renewal):
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
Form	Personal Injury Protection Coverage Rejection	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Injury Protection Coverage Rejection	3687 AR	03/03	Election/Rejection/Supplemental Applications	Replaced Form #: 3687 AR (08/03) Previous Filing #:		3687_AR_03_03_DriveEFF.pdf

Personal Injury Protection Coverage Rejection

The following Personal Injury Protection Coverage options have been offered to me: Medical and Hospital Benefits Coverage, Income Disability Benefits Coverage, and Accidental Death Benefits Coverage.

Medical and Hospital Benefits Coverage applies to cover reasonable and necessary expenses because of bodily injury sustained by an insured person and incurred within two (2) years from the date of an accident. Medical and Hospital Benefits Coverage includes coverage for medical, hospital, nursing, dental, surgical, ambulance, funeral expenses and prosthetic services.

Income Disability Benefits Coverage provides coverage for work loss because of bodily injury sustained by an insured person caused by an accident arising out of the ownership, maintenance or use of a motor vehicle. Income Disability Benefits Coverage provides up to seventy percent (70%) of weekly gross income for up to fifty-two (52) weeks, with a maximum limit of one hundred forty dollars (\$140) per week if the insured person is employed at the time of the accident or seventy dollars (\$70) per week if the insured person is not employed at the time of the accident.

Accidental Death Benefits Coverage applies to cover death benefits, if an insured person dies within one (1) year from the date of an accident because of bodily injury caused by the accident and arising out of the ownership, maintenance or use of a motor vehicle.

My rejection(s) are shown below:

I reject Medical and Hospital Benefits Coverage.

I reject Income Disability Benefits Coverage.

I reject Accidental Death Benefits Coverage.

I understand and agree that my rejection(s) of Personal Injury Protection Coverage options shall be binding on all persons insured under the policy, and that this election shall also apply to any renewal, reinstatement, substitute, amended, or replacement policy with this company or any affiliated company, unless a named insured submits a request to add the coverage and pays the additional premium.

Signature of Named Insured

Date

X DMG12 AR

December 12, 2006

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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

09/22/2008

Comments:

Attachment:

NAIC P&C Transmittal Document - AR MT.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: 60%;">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 #
The Progressive Group of Insurance Companies	155

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Progressive Casualty Insurance Company	OH	24260	34-6513736	
Progressive Direct Insurance Company	OH	16322	34-1524319	
Progressive Northwestern Insurance Company	OH	24919	91-117829	

5. Company Tracking Number	L080230-AR-MT-1
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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
	Edward P. Simms 6300 Wilson Mills Rd N72B Mayfield Village, OH 44143	Senior Counsel	440-395-3013	440-395-3790	Edward_P_Simms@Progressive.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Edward P. Simms

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)	19.0003 Recreational Vehicle
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	N/A
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: 10-20-2008 Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	09-17-2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	L080230-AR-MT-1
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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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This form is substantively identical to the 3687 AR (08/03) that it replaced. 3687 AR (08/03) was previously filed as part of the ProRater Application – Form 1241 AR (08/03) that your office approved on November 20, 2003.

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]
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Check #: SERFF EFT
Amount: \$50.00

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.)**

PC TD-1 pg 2 of 2

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 #	L080230-AR-MT-1			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	Personal Injury Protection Coverage Rejection	3687 AR (03/03)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	3687 AR (08/03)	
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		