

SERFF Tracking Number: REGU-125829568 State: Arkansas
First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-2450
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile Forms Filing
Project Name/Number: /2008-2450

Filing at a Glance

Companies: Technology Insurance Company, Inc., Wesco Insurance Company

Product Name: Commercial Automobile Forms SERFF Tr Num: REGU-125829568 State: Arkansas

Filing

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: 2008-2450

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Joanne Sullivan

Disposition Date: 09/23/2008

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:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number: 2008-2450

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:

Technology Insurance Company, Inc. (TIC) and Wesco Insurance Company (WIC) members of Insurance Services Office Inc. (ISO) are submitting a form filing in order to file the Arkansas Rejection Of Personal Injury Protection Coverage form UA 217 Ed. 6-01. This is a Uniform Information Services, Inc form approved for use in Arkansas.

An EFT in the amount of \$50.00 has been initiated to cover the required filing fee. .

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We ask that this filing become effective for all policies effective upon approval.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)
 Joanne Sullivan, joannesullivan@ircllc.com
 50 Broad Street (212) 571-3989 [Phone]
 New York, NY 10004

Filing Company Information

Technology Insurance Company, Inc.	CoCode: 42376	State of Domicile: New Hampshire
55 Capital Boulevard	Group Code: 2538	Company Type: P&C
6th Floor		
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 02-0449082	

Wesco Insurance Company	CoCode: 25011	State of Domicile: Delaware
55 Capital Boulevard	Group Code: 2538	Company Type:
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 85-0165753	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR fee is \$50.00 form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Technology Insurance Company, Inc.	\$50.00	09/23/2008	22668072
Wesco Insurance Company	\$0.00	09/23/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	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

SERFF Tracking Number: REGU-125829568 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Rejection of Personal Injury Protection Coverage Arkansas	UA 217	06 01	Other	New			UA217 Ed 6-01.pdf

**REJECTION OF PERSONAL INJURY PROTECTION COVERAGE
(ARKANSAS)**

Arkansas Insurance Laws (Section 23-89-202 of the Arkansas Code) require an insurer to offer Personal Injury Protection Coverage to its policyholders. The benefits provided by Personal Injury Protection Coverage consist of: (1) **medical and hospital expenses**, (2) **income disability benefits** and (3) **accidental death benefits**.

Under Arkansas Insurance Laws (Section 23-89-203 of the Arkansas Code) you, the insured named in the policy, have the option of rejecting all or any one of the above-mentioned coverages.

The undersigned and each of them –

(Mark applicable item(s) with an “X”)

- agrees that the offering of the Personal Injury Protection Coverage **medical and hospital expenses** portion is hereby REJECTED.
- agrees that the offering of the Personal Injury Protection Coverage **income disability benefits** part is hereby REJECTED.
- agrees that the offering of the Personal Injury Protection Coverage **accidental death benefits** portion is hereby REJECTED.

Signature of Insured

Signature of Insured

Date

Date

Policy number (if known)

SERFF Tracking Number: *REGU-125829568* *State:* *Arkansas*
First Filing Company: *Technology Insurance Company, Inc., ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-2450*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Commercial Automobile Forms Filing*
Project Name/Number: */2008-2450*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125829568 State: Arkansas
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Supporting Document Schedules

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

Comments:

Attachment:

AR NAIC Trans & RRS.pdf

Satisfied -Name: Auth Letters
Review Status: Approved 09/23/2008

Comments:

Attachments:

Auth Letter TIC.pdf

Auth Letter WIC.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="text-align: center;">New Business</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

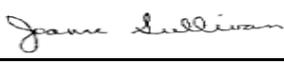
3. Group Name	Group NAIC #
Amtrust	2538

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Technology Insurance Company, Inc.	NH	42376	02-0449082	
Wesco Insurance Company	DE	25011	85-0165753	

5. Company Tracking Number	2008-2450
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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
	Joanne Sullivan Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Analyst	(212) 571-3989	(212) 571-2502	joannesullivan@ircllc.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Joanne Sullivan

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

9. Type of Insurance (TOI)	20.0 - Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
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 Renewal:
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	9/23/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 2008-2450

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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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]

Check #: 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.)**

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 #	2008-2450			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	Rejection of Personal Injury Protection Coverage - Arkansas	UA 217 Ed. 6-01	<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		



Technology Insurance Company
An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

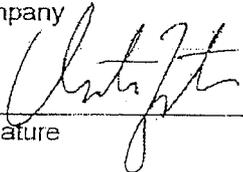
This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Technology Insurance Company, Inc. This authorization extends to all correspondence regarding this filing.

Christopher Zerfner
Name

9/23/08
Date

Vice President, Compliance
Title

Technology Insurance Company, Inc.
Company


Signature

646-458-7922
Telephone #

Re: Technology Insurance Company –
NAIC #: 2538-42376; FEIN #: 02-0449082
Commercial Automobile Forms Filing



Wesco Insurance Company
An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Wesco Insurance Company**. This authorization extends to all correspondence regarding this filing

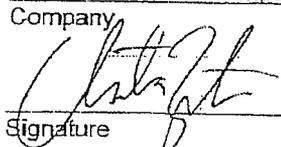
Christopher Zentner
Name

9/23/08

Date

Vice President, Compliance
Title

Wesco Insurance Company
Company


Signature

646-458-7922,
Telephone #

Re: **Wesco Insurance Company –**
NAIC #: 2538-25011; FEIN #: 85-0165753
Commercial Automobile Forms Filing