

SERFF Tracking Number: SAFA-125793500 State: Arkansas
Filing Company: Safeco Insurance Company of Illinois State Tracking Number: EFT \$50
Company Tracking Number: PL-200812-AR-MC-F
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: Motorcycle/PL-200812-AR-MC-F

Filing at a Glance

Company: Safeco Insurance Company of Illinois

Product Name: Motorcycle

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Form

Effective Date Requested (New): 12/04/2008

Effective Date Requested (Renewal): 01/08/2009

SERFF Tr Num: SAFA-125793500

SERFF Status: Closed

Co Tr Num: PL-200812-AR-MC-F

Co Status:

Authors: Layne Chinen, Judy Maddox

Date Submitted: 09/18/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi

Disposition Date: 09/22/2008

Disposition Status: Approved

Effective Date (New): 12/04/2008

Effective Date (Renewal): 01/08/2009

State Filing Description:

General Information

Project Name: Motorcycle

Project Number: PL-200812-AR-MC-F

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 09/22/2008

State Status Changed: 09/22/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: Safeco's Motorcycle Program – Form Filing

Legal Entity – Safeco Insurance Company of Illinois – NAIC #163-39012

Amendatory Endorsement, SA-2755/EP 12/08

Proposed Effective Date: December 4, 2008 - New Business

January 8, 2009 - Renewal Business

Status of Filing in Domicile:

Domicile Status Comments: This is a country wide form filing.

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

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Filing Number: PL-200812-AR-MC-F

With this filing, we introduce several changes to our Motorcycle policy via a new Amendatory Endorsement form referenced as our form number SA-2755/EP 12/08. This form replaces our previously approved SA-2755/EP 8/08 form which was never implemented (SERFF Tr Num: SAFA-125726934). Please refer to Exhibit I – Explanatory Memorandum for a detailed explanation of the new form.

We ask that this filing be approved for all policies effective on or after December 4, 2008 for new business and January 8, 2009 for renewal business. Should you have any questions or concerns, please feel free to contact me at our expense. Thank you, in advance, for your consideration

Sincerely,

Layne Chinen
Forms Analyst
Office of Regulatory Government Affairs
(206) 473-5634
FAX: (206) 473-6722
EMAIL: laychi@safeco.com

Company and Contact

Filing Contact Information

Judy Maddox, Product Management Specialist judmad@safeco.com
14123 Denver West Parkway (720) 497-9518 [Phone]
Golden, CO 80401 (720) 497-9495[FAX]

Filing Company Information

Safeco Insurance Company of Illinois CoCode: 39012 State of Domicile: Illinois
2800 West Higgins Road Group Code: 163 Company Type: P&C
Suite 1100

SERFF Tracking Number: SAFA-125793500 State: Arkansas
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Project Name/Number: Motorcycle/PL-200812-AR-MC-F

Hoffman Estates, IL 60195-5205
(800) 544-2614 ext. [Phone]

Group Name:
FEIN Number: 91-1115311

State ID Number:

SERFF Tracking Number: SAFA-125793500 State: Arkansas
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Safeco Insurance Company of Illinois	\$50.00	09/18/2008	22591950

SERFF Tracking Number: SAFA-125793500 State: Arkansas
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: SAFA-125793500 State: Arkansas
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TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: Motorcycle/PL-200812-AR-MC-F

Disposition

Disposition Date: 09/22/2008

Effective Date (New): 12/04/2008

Effective Date (Renewal): 01/08/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SAFA-125793500 State: Arkansas
 Filing Company: Safeco Insurance Company of Illinois State Tracking Number: EFT \$50
 Company Tracking Number: PL-200812-AR-MC-F
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
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 Project Name/Number: Motorcycle/PL-200812-AR-MC-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Amendatory Endorsement - Motorcycle	Approved	Yes

SERFF Tracking Number: SAFA-125793500 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement - Motorcycle	SA-2755/EP 12/08	12/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:41.00 SA-2755/EP 8/08 Previous Filing #: SAFA-125726934		SA_2755EP_122008.pdf

AMENDATORY ENDORSEMENT — MOTORCYCLE

It is agreed the policy is amended as follows:

PART D — COVERAGE FOR DAMAGE TO YOUR MOTORCYCLE

Under **Insuring Agreement**, item **C.** is deleted and replaced by the following:

- C.** If you pay a premium for comprehensive coverage, we will pay for damage to **custom parts or equipment** only if **custom parts or equipment** coverage is shown on the Declarations. All payments for loss to **custom parts or equipment** shall be reduced by the applicable deductible shown on the Declarations. However, only one deductible may be applied to any one loss in an accident which is covered under this Part (**D.**). No deductible will apply to a covered loss of safety riding apparel, including helmets. If you have valid and verifiable receipts there is coverage for newly acquired **custom parts or equipment** for a **covered motorcycle** on the date you become the owner if you ask us to insure them within 30 days.

The **Limit of Liability** section is deleted and replaced by the following:

LIMIT OF LIABILITY

Limit of Liability is deleted and replaced by the following:

A. Replacement Cost Coverage — Limited To New Harley-Davidson® Motorcycles

1. Definitions

For purposes of this coverage, the following definitions apply:

- a.** “**new Harley-Davidson motorcycle**” means a Harley-Davidson motorcycle:
- (1) manufactured and sold as the Harley-Davidson brand and you were the original owner; and
 - (2) is no more than two model years from the date of the **total loss**; and
 - (3) was purchased new from an authorized Harley-Davidson dealer and not previously titled.
- b.** “**Total Loss**” means the total cost of repairs to your **new Harley-Davidson motorcycle**, caused by a **motor vehicle** accident, exceeds the actual cash value of the damaged **new Harley-Davidson motorcycle** less the appropriate salvage value.

Total Loss does not include a **total loss** caused by theft or fire unless fire

ensues from a **motor vehicle** accident.

2. In the event of a **total loss** to your **new Harley-Davidson Motorcycle** we will pay for:

a. a replacement **motorcycle**:

(1) which is:

(a) the same or similar model; and

(b) at our option, the same model year or newer; and

(2) having the same or similar Harley-Davidson parts or equipment factory or dealer installed at the time of your purchase; and

(3) having any custom parts or equipment installed after purchase and shown on **Custom Parts or Equipment Coverage** form, **SA-2562**; or

- b.** the purchase price, as negotiated by us, of a replacement **motorcycle** as described in **2.a.(1)**, **2.a.(2)** and **2.a.(3)** above.

If the cost to replace or purchase the totaled **new Harley-Davidson® motorcycle** under **2.a.** or **2.b.** above exceeds your original purchase price, our limit of liability shall be no more than 120% of the **new Harley-Davidson motorcycle** purchase price.

We do not pay for any insurance or warranties purchased.

3. In the event of a total loss to your **new Harley-Davidson motorcycle** and you do not elect settlement as described in items **2.a.** or **2.b.** above, our limit of liability for loss will be as provided in Limit of Liability items **B.** and **C.** below.

4. Replacement cost coverage shall only be applicable for:

a. a **new Harley-Davidson motorcycle** which is a **total loss**; and

b. a **new Harley-Davidson motorcycle** that was insured with us within 30 days from the date of purchase through the date of **total loss** with no lapse in coverage.

If you select replacement cost coverage item **A.2.a.** above, and a replacement **motorcycle** has been purchased by us, you may not change your selection.

B. Actual Cash Value Coverage. For **motorcycles** not described in **Limit of Liability** item **A.**, above, our limit of liability for loss will be the lowest of the:

1. Actual cash value of the stolen or damaged property;
2. Amount necessary to repair or replace the property; or
3. Limit of liability shown in the Declarations.

However, the most we will pay for loss to a helmet is \$500. The most we will pay for loss to custom paint is \$2,000.

C. For **motorcycles** not described in **Limit of Liability** item **A.**, above, an adjustment for depreciation and physical condition will be made in determining actual cash value at the time of loss.

ADDITIONAL COVERAGES

This coverage replaces the terms of the **Roadside Assistance Coverage** found in your policy.

A. Roadside Assistance Coverage — Call 1-877-ROAD-101 (1-877-762-3101)

The following coverages only apply to each vehicle for which this coverage is shown in the Policy Declarations:

1. Each time **your covered motorcycle** is disabled due to mechanical or electrical breakdown we will pay reasonable and necessary expenses for the use of an **authorized service provider** for towing to the nearest qualified place where necessary repairs can be made during regular **business** hours.
2. Each time **your covered motorcycle** is disabled requiring:
 - a. Towing to dislodge the vehicle from its place of disablement within 100 feet of a public street or highway; or
 - b. Labor at the place of its breakdown; or
 - c. Delivery of fuel, oil, water or other fluids (we do not pay the costs of these items);

we will cover up to one (1) hour of labor for the use of an **authorized service provider** for service at the place of disablement.

3. Coverage is limited to no more than two occurrences per vehicle plus an additional two occurrences per policy in a 12 month

period for both coverages **1.** and **2.**, above.

Authorized service provider means a service provider contracted by us providing, at no charge to you, roadside assistance as described and limited above.

When service is provided by other than an authorized service provider, we will reimburse you up to a maximum of \$300 per occurrence.

No deductible applies to this coverage.

The following additional coverage is added:

B. TRIP INTERRUPTION COVERAGE — Call 1-800-332-3226

If you pay a premium for Roadside Assistance Coverage, you are eligible to be reimbursed up to \$400 for reasonable and necessary lodging, meals and transportation expenses when **your covered motorcycle** is disabled due to a covered comprehensive or collision loss and the loss occurs more than 100 miles from your primary residence.

Reimbursement will be paid subject to the following limitations:

1. up to \$50 per day for alternative transportation for you to continue to your destination or primary residence. The expenses must be incurred between the time of the loss and your arrival at your destination or primary residence or by the end of the fourth day from the loss, whichever comes first.
2. up to \$50 per day for meals necessary when the loss to **your covered motorcycle** causes a delay en route. The expenses must be incurred between the time of the loss and your arrival at your destination or primary residence or by the end of the fourth day from the loss, whichever comes first.
3. up to \$100 per day for lodging necessary when the loss to **your covered motorcycle** causes a delay en route. The expenses must be incurred between the time of the loss and your arrival at your destination or primary residence or by the end of the fourth day from the loss, whichever comes first.

As a condition to trip interruption reimbursement and as we reasonably require, you will provide us with receipts of purchase and other documents we request.

Trip Interruption Coverage is only available for covered **motorcycles** that are licensed and registered for street use.

No deductible applies to this coverage.

All other provisions of your policy apply.

SERFF Tracking Number: SAFA-125793500 *State:* Arkansas
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TOI: 19.0 Personal Auto *Sub-TOI:* 19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: Motorcycle/PL-200812-AR-MC-F

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SAFA-125793500 State: Arkansas
Filing Company: Safeco Insurance Company of Illinois State Tracking Number: EFT \$50
Company Tracking Number: PL-200812-AR-MC-F
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: Motorcycle
Project Name/Number: Motorcycle/PL-200812-AR-MC-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/22/2008

Comments:

Attachment:

TD-1 2007.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 09/22/2008

Comments:

Attachments:

FILING EXHIBIT I - EXPLANATORY MEMORANDUM 2.pdf

Side x Side.pdf

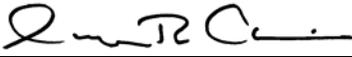
Property & Casualty Transmittal Document

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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #			
Safeco	163			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Safeco Insurance Company of Illinois	IL	163-39012	91-1115311	

5. Company Tracking Number	PL-200812-MC-AR-F
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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
	Layne Chinen Safeco Plaza Seattle, WA 98185	Forms Analyst	206-473-5634	206-473-6722	laychi@safeco.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Layne Chinen		

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

9.	Type of Insurance (TOI)	19.0000
10.	Sub-Type of Insurance (Sub-TOI)	19.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Motorcycle
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: 12-4-2008 Renewal: 1-8-2009
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	September 18, 2008
19.	Status of filing in domicile	<input 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 #	PL-200812-MC-AR-F
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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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With this filing, we introduce several changes to our Motorcycle policy via a new Amendatory Endorsement form referenced as our form number SA-2755/EP 12/08. This form replaces our previously approved SA-2755/EP 8/08 form which was never implemented (SERFF Tr Num: SAFA-125726934). Please refer to Exhibit I – Explanatory Memorandum for a detailed explanation of the new form which includes a side by side comparison.

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 #: Filing Fees submitted via EFT through SERFF
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 #	PL-200812-MC-AR-F
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	Amendatory Endorsement - MOTORCYCLE	SA-2755/EP 12/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SA-2755/EP 8/08	SERFF Tr Num: SAFA-125726934
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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	PL-200812-MC-AR-F
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	

**FILING EXHIBIT I
EXPLANATORY MEMORANDUM**

AMENDATORY ENDORSEMENT REVISIONS

With this filing, we introduce several changes to our Motorcycle policy via a new Amendatory Endorsement form referenced as our form number SA-2755/EP 12/08.

This form replaces our previously approved but never implemented form, SA-2755/EP 8/08.

Changes:

PART D – COVERAGE FOR YOUR DAMAGE TO YOUR MOTORCYCLE

Insuring Agreement

- Item C. under the insuring agreement has been revised to remove the collision coverage requirement for Custom Parts or Equipment.

Limit of Liability

- Replacement Cost Coverage is a new coverage for customers who insure a new Harley-Davidson motorcycles. A new Harley-Davidson motorcycle is a motorcycle manufactured and sold as the Harley-Davidson brand and the insured is the original owner, the motorcycle is no more than two model years from the date of the total loss, and the motorcycle was purchased new from an authorized Harley-Davidson dealer and not previously titled. If the motorcycle is not a Harley-Davidson or does not meet the conditions of a new Harley-Davidson motorcycle, the current limit of liability settlement conditions will apply.

ADDITIONAL COVERAGES

Roadside Assistance Coverage

- The new Roadside Assistance Coverage is replacing the current Roadside Assistance coverage listed under the Additional Coverages section of the policy. The differences between the two coverages are highlighted below. The new Roadside Assistance Coverage will be a benefit to our insureds as they will no longer have to pay tows or other labor performed at the place of disablement out of their pocket and then request reimbursement. We will pay for towing to the nearest repair that can perform the repairs or any repair they want to be towed to as long as it is within a 10 mile radius. So if they are stuck 200 miles from the nearest repair facility, we will pay to tow them 200 miles. We are limiting the coverage to no more than 2 occurrences per vehicle in a 12 month period, not to exceed a total limit of 4 occurrences in that 12 month term.

Trip Interruption Coverage

- Trip Interruption Coverage is a new coverage. If the policyholder pays a premium for Roadside Assistance Coverage, they are eligible to be reimbursed up to \$400 for reasonable and necessary lodging, meals and transportation expenses when the covered motorcycle is disabled due to a covered comprehensive or collision loss and the loss occurs more than 100 miles from the primary residence.

Text Comparison

Documents Compared

SA_2755EP_082008_FILE.pdf

SA_2755EP_122008_d2.pdf

Summary

1098 word(s) added

35 word(s) deleted

226 word(s) matched

2 block(s) matched

To see where the changes are, please scroll down.

~~ROADSIDE ASSISTANCE COVERAGE - MOTORCYCLE~~
~~CALL 1-877-ROAD 101 (1-877-762-3101)~~

~~This coverage replaces the Roadside Assistance Coverage under your policy.~~

~~The following coverages~~ apply to each vehicle for which this coverage is shown in the Policy Declarations:

1. Each time **your covered motorcycle** is disabled due to mechanical or electrical breakdown we will pay reasonable and necessary expenses for the use of an **authorized service provider** for towing to the nearest qualified place where necessary repairs can be made during regular **business** hours.
2. Each time **your covered motorcycle** is disabled requiring:
 - a. Towing to dislodge the vehicle from its place of disablement within 100 feet of a public street or highway; or
 - b. Labor at the place of its breakdown; or
 - c. Delivery of fuel, oil, water or other fluids (we do not pay the costs of these items);we will cover up to one (1) hour of labor for the use of an **authorized service provider** for service at the place of disablement.
3. Coverage is limited to no more than two occurrences per vehicle plus an additional two occurrences per policy in a 12 month period for both coverages **1.** and **2.**, above.

Authorized service provider means a service provider contracted by us providing, at no charge to you, roadside assistance as described and limited above.

When service is provided by other than an **authorized service provider**, we will reimburse you up to a ~~maximum~~ of \$300 per occurrence.

No deductible applies to this coverage.

AMENDATORY ENDORSEMENT — MOTORCYCLE

~~It is agreed the policy is amended as follows:~~

PART D — COVERAGE FOR DAMAGE TO YOUR MOTORCYCLE

~~Under Insuring Agreement, item C, is deleted and replaced by the following:~~

~~C. If you pay a premium for comprehensive coverage, we will pay for damage to **custom parts or equipment** only if **custom parts or equipment** coverage is shown on the Declarations. All payments for loss to **custom parts or equipment** shall be reduced by the applicable deductible shown on the Declarations. However, only one deductible may be applied to any one loss in an accident which is covered under this Part (D). No deductible will apply to a covered loss of safety riding apparel, including helmets. If you have valid and verifiable receipts there is coverage for newly acquired **custom parts or equipment** for a **covered motorcycle** on the date you become the owner if you ask us to insure them within 30 days.~~

~~The **Limit of Liability** section is deleted and replaced by the following:~~

LIMIT OF LIABILITY

~~Limit of Liability is deleted and replaced by the following:~~

A. Replacement Cost Coverage — Limited To New Harley-Davidson® Motorcycles

1. Definitions

~~For purposes of this coverage, the following definitions apply:~~

- ~~a. "**new Harley-Davidson motorcycle**" means a Harley-Davidson motorcycle:~~
- ~~(1) manufactured and sold as the Harley-Davidson brand and you were the original owner; and~~
 - ~~(2) is no more than two model years from the date of the **total loss**; and~~
 - ~~(3) was purchased new from an authorized Harley-Davidson dealer and not previously titled.~~
- ~~b. "**Total Loss**" means the total cost of repairs to your **new Harley-Davidson motorcycle**, caused by a **motor vehicle** accident, exceeds the actual cash value of the damaged **new Harley-Davidson motorcycle** less the appropriate salvage value.~~
- ~~**Total Loss** does not include a **total loss** caused by theft or fire unless fire~~

~~ensues from a **motor vehicle** accident.~~

~~2. In the event of a **total loss** to your **new Harley-Davidson Motorcycle** we will pay for:~~

~~a. a replacement **motorcycle**:~~

~~(1) which is:~~

~~(a) the same or similar model; and~~

~~(b) at our option, the same model year or newer; and~~

~~(2) having the same or similar Harley-Davidson parts or equipment factory or dealer installed at the time of your purchase; and~~

~~(3) having any custom parts or equipment installed after purchase and shown on **Custom Parts or Equipment Coverage** form, SA-2562; or~~

~~b. the purchase price, as negotiated by us, of a replacement **motorcycle** as described in 2 a (1), 2 a (2) and 2 a (3) above.~~

~~If the cost to replace or purchase the totaled **new Harley-Davidson motorcycle** under 2 a or 2 b above exceeds your original purchase price, our limit of liability shall be no more than 120% of the **new Harley-Davidson motorcycle** purchase price.~~

~~We do not pay for any insurance or warranties purchased.~~

~~3. In the event of a **total loss** to your **new Harley-Davidson motorcycle** and you do not elect settlement as described in items 2 a or 2 b above, our limit of liability for loss will be as provided in Limit of Liability items B and C below.~~

~~4. Replacement cost coverage shall only be applicable for:~~

~~a. a **new Harley-Davidson motorcycle** which is a **total loss**; and~~

~~b. a **new Harley-Davidson motorcycle** that was insured with us within 30 days from the date of purchase through the date of **total loss** with no lapse in coverage.~~

~~If you select replacement cost coverage item A 2 a above, and a replacement **motorcycle** has been purchased by us, you may not change your selection.~~

B. Actual Cash Value Coverage. For motorcycles not described in **Limit of Liability** item **A**, above, our limit of liability for loss will be the lowest of the:

- 1. Actual cash value of the stolen or damaged property;**
- 2. Amount necessary to repair or replace the property; or**
- 3. Limit of liability shown in the Declarations.**

However, the most we will pay for loss to a helmet is \$500. The most we will pay for loss to custom paint is \$2,000.

C. For motorcycles not described in Limit of Liability item A, above, an adjustment for depreciation and physical condition will be made in determining actual cash value at the time of loss.

ADDITIONAL COVERAGES

This coverage replaces the terms of the **Roadside Assistance Coverage** found in your policy.

A. Roadside Assistance Coverage — Call 1-877-ROAD-101 (1-877-762-3101)

The following coverages only apply to each vehicle for which this coverage is shown in the Policy Declarations:

- 1.** Each time **your covered motorcycle** is disabled due to mechanical or electrical breakdown we will pay reasonable and necessary expenses for the use of an **authorized service provider** for towing to the nearest qualified place where necessary repairs can be made during regular **business** hours.
- 2.** Each time **your covered motorcycle** is disabled requiring:
 - a.** Towing to dislodge the vehicle from its place of disablement within 100 feet of a public street or highway; or
 - b.** Labor at the place of its breakdown; or
 - c.** Delivery of fuel, oil, water or other fluids (we do not pay the costs of these items);

we will cover up to one (1) hour of labor for the use of an **authorized service provider** for service at the place of disablement.

- 3.** Coverage is limited to no more than two occurrences per vehicle plus an additional two occurrences per policy in a 12 month

All other provisions of your policy apply.

period for both coverages 1. and 2., above.

Authorized service provider means a service provider contracted by us providing, at no charge to you, roadside assistance as described and limited above.

When service is provided by other than an authorized service provider, we will reimburse you up to a **maximum** of \$300 per occurrence.

No deductible applies to this coverage.

The following additional coverage is added:

B. TRIP INTERRUPTION COVERAGE — Call 1-800-332-3226

If you pay a premium for Roadside Assistance Coverage, you are eligible to be reimbursed up to \$400 for reasonable and necessary lodging, meals and transportation expenses when **your covered motorcycle** is disabled due to a covered comprehensive or collision loss and the loss occurs more than 100 miles from your primary residence.

Reimbursement will be paid subject to the following limitations:

- 1.** up to \$50 per day for alternative transportation for you to continue to your destination or primary residence. The expenses must be incurred between the time of the loss and your arrival at your destination or primary residence or by the end of the fourth day from the loss, whichever comes first.
- 2.** up to \$50 per day for meals necessary when the loss to **your covered motorcycle** causes a delay en route. The expenses must be incurred between the time of the loss and your arrival at your destination or primary residence or by the end of the fourth day from the loss, whichever comes first.
- 3.** up to \$100 per day for lodging necessary when the loss to **your covered motorcycle** causes a delay en route. The expenses must be incurred between the time of the loss and your arrival at your destination or primary residence or by the end of the fourth day from the loss, whichever comes first.

As a condition to trip interruption reimbursement and as we reasonably require, you will provide us with receipts of purchase and other documents we request.

Trip Interruption Coverage is only available for covered **motorcycles** that are licensed and registered for street use.

No deductible applies to this coverage.