

SERFF Tracking Number: WESA-125802658 State: Arkansas  
 Filing Company: Arch Insurance Company State Tracking Number: #30600 \$100  
 Company Tracking Number: ARCH-08-201-R  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2022 Other  
 Product Name: GAP Program  
 Project Name/Number: Submission of New Endorsements and Rating Exception/ARCH-08-201

## Filing at a Glance

Company: Arch Insurance Company  
 Product Name: GAP Program SERFF Tr Num: WESA-125802658 State: Arkansas  
 TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #30600 \$100  
 Sub-TOI: 17.2022 Other Co Tr Num: ARCH-08-201-R State Status: Fees verified and received  
 Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts  
 Author: Westmont Associates Disposition Date: 09/19/2008  
 Date Submitted: 09/05/2008 Disposition Status: Exempt from Review  
 Effective Date Requested (New): Effective Date (New):  
 Effective Date Requested (Renewal): On Approval Effective Date (Renewal):  
 State Filing Description:  
 Rate/rules exempt pursuant to de-reg 23-67-206

## General Information

Project Name: Submission of New Endorsements and Rating Exception Status of Filing in Domicile: Pending  
 Project Number: ARCH-08-201 Domicile Status Comments: Pending in Missouri  
 Reference Organization: None Reference Number: None  
 Reference Title: None Advisory Org. Circular: None  
 Filing Status Changed: 09/19/2008  
 State Status Changed: 09/19/2008 Deemer Date:  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 Enclosed please find Arch Insurance Company's (Arch) Guaranteed Auto Protection (GAP) endorsements and rating rule filing to be used with the Company's currently approved GAP program. The filing contained herein constitutes a filing of new materials for Arch and does not have any impact on any current insureds or policies. A letter permitting Westmont Associates, Inc. to submit this filing on Arch's behalf is enclosed.

SERFF Tracking Number: WESA-125802658 State: Arkansas  
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Please find enclosed the following endorsements for your review and approval:

Revised Definition – Unpaid Net Balance Deduction of Unearned Dealer and Lender Fees - AIC-GAP-FEE-CANC(08/08)

Revised Limits of Liability Endorsement - AIC-GAP-LOL 90%(08/08)

Coverage for Loans with Scheduled Non-Uniform Payments - AIC-GAP-PMTS(08/08)

Please refer to the attached filing memorandum and rating rule exception page for additional information. As these forms are optional, there is no rating impact on current insureds in your jurisdiction.

Your approval or acknowledgement otherwise of this submission is respectfully requested. Thank you for your attention to this matter.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, AVP wes@westmontlaw.com  
25 Chestnut Street (856) 216-0220 [Phone]  
Haddonfield, NJ 08033 (856) 216-0303[FAX]

### Filing Company Information

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri  
300 First Stamford Place Group Code: 1279 Company Type: Property and  
Casualty

5th Floor East  
Stamford, CT 06902 Group Name: State ID Number:  
(203) 388-3220 ext. [Phone] FEIN Number: 43-0990710  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00

*SERFF Tracking Number:* WESA-125802658      *State:* Arkansas  
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**Retaliatory?** No  
**Fee Explanation:** Arkansas - Fee - Rates  
**Per Company:** No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$0.00	09/05/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
30600	\$100.00	09/04/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	09/19/2008	09/19/2008

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## Disposition

Disposition Date: 09/19/2008  
 Effective Date (New):  
 Effective Date (Renewal):  
 Status: Exempt from Review  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Arch Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC loss cost data entry document	Accepted for Informational Purposes	Yes
Supporting Document	Rate/Rule Filing Schedule	Accepted for Informational Purposes	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	Letter of Authorization	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Rate	GAP Exception Page	Accepted for Informational Purposes	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** File and Use  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** Neutral  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:** None

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Arch Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	GAP Exception Page	Page 1 of 1	New	GAP Exception Page final.pdf

**ARCH INSURANCE COMPANY  
RATES EXCEPTIONS PAGE  
GAP PROGRAM**

The following additional rating rules will apply when the listed optional endorsement are selected. Factors are multiplicative if multiple endorsements are selected. For example, if both AIC-GAP-PMTS(08/08) and AIC-GAP-FEE-CANC(08/08) are selected, the final premium would be (otherwise applicable premium)\*1.35\*.92.

<b>Rule</b>	<b>Equipment Breakdown Endorsement</b>
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**Coverage for Loans with non-uniform payments AIC-GAP-PMTS(08/08)**

- Increase the otherwise applicable GAP premium by 35%

**Revised Limits of Liability Endorsement AIC-GAP-LOL-90%(08/08)**

- Reduce the otherwise applicable GAP premium by 2.5%.

**Revised Definition – Unpaid Net Balance – Deduction of Unearned Dealer and Lender Fees AIC-GAP-FEE-CANC(08/08)**

- Reduce the otherwise applicable GAP premium by 8.0%.

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## Supporting Document Schedules

**Bypassed -Name:** NAIC loss cost data entry document  
**Review Status:** Accepted for Informational Purposes 09/19/2008  
**Bypass Reason:** Not applicable.  
**Comments:**

**Satisfied -Name:** Rate/Rule Filing Schedule  
**Review Status:** Accepted for Informational Purposes 09/19/2008  
**Comments:** Attached is the NAIC transmittal set.  
**Attachment:** NAIC - Rates.pdf

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Accepted for Informational Purposes 09/19/2008  
**Comments:** Please review the NAIC documents.

**Satisfied -Name:** Letter of Authorization  
**Review Status:** Accepted for Informational Purposes 09/19/2008  
**Comments:** Attached is the letter of authorization  
**Attachment:** 2008 Use this Letter.pdf

**Satisfied -Name:** Cover Letter  
**Review Status:** Accepted for Informational Purposes 09/19/2008  
**Comments:** Cover letter.

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**Attachment:**

Cover Letter ARCH-08-201-R.pdf



## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (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 #:**  
**Amount:**

**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

## 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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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	

www.archinsurance.com



One Liberty Plaza  
53rd Floor  
New York, NY 10006

T 212.651.6500  
F 212.651.6499

January 1, 2008

Arch Insurance Company  
NAIC: #11150  
Letter of Authorization  
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Wesley Pohler and Westmont Associates are hereby authorized to file form, rate and rate filings on behalf of Arch Insurance Company.

Very truly yours,



Carol Kennedy  
Vice President & Director of Compliance

September 4, 2008

The Department of Insurance  
Property and Casualty Division  
Forms and Rates Review

**RE: Arch Insurance Company NAIC# 11150 FEIN 43-0990710  
Guaranteed Auto Protection (GAP) Product  
Rating Rule Submission  
Company Filing Number: ARCH-08-201-R  
Effective Date: Upon Earliest Possible Approval and/or Acknowledgement**

To Whom It May Concern:

Enclosed please find Arch Insurance Company's (Arch) Guaranteed Auto Protection (GAP) rating rule filing to be used with the Company's currently approved GAP program. The filing contained herein constitutes a filing of new materials for Arch and does not have any impact on any current insureds or policies. A letter permitting Westmont Associates, Inc. to submit this filing on Arch's behalf is enclosed.

The Company, in a separate submission, is introducing the following new endorsements:

- Revised Definition – Unpaid Net Balance Deduction of Unearned Dealer and Lender Fees - **AIC-GAP-FEE-CANC(08/08)**
- Revised Limits of Liability Endorsement - **AIC-GAP-LOL 90%(08/08)**
- Coverage for Loans with Scheduled Non-Uniform Payments - **AIC-GAP-PMTS(08/08)**

Please refer to the attached filing memorandum and rating rule exception page for additional information. As these forms are optional, there is no rating impact on current insureds in your jurisdiction.

The actual forms that will be used in coordination with the enclosed rating rule have been filed under separate cover as Company filing number ARCH-08-201-R.

Your approval or acknowledgement otherwise of this submission is respectfully requested. Thank you for your attention to this matter.

Respectfully submitted,

***Wesley Pohler***

Wesley Pohler  
AVP  
[wes@westmontlaw.com](mailto:wes@westmontlaw.com)

Enc.

Cc: M. O'Brien  
C. Kennedy