

SERFF Tracking Number: AOIC-125958718 State: Arkansas
Filing Company: Auto-Owners Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: EUM-AR-01-01/07/2009-01
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: Executive Umbrella
Project Name/Number: Accidental Death Benefit/EUM-AR-01-01/07/2009-01

Filing at a Glance

Company: Auto-Owners Insurance Company

Product Name: Executive Umbrella

TOI: 17.0 Other Liability-Occ/Claims Made

Sub-TOI: 17.0021 Personal Umbrella and Excess

Filing Type: Rule

SERFF Tr Num: AOIC-125958718

SERFF Status: Closed

Co Tr Num: EUM-AR-01-01/07/2009-01

Co Status:

Authors: Jennifer Smith, Debbie Garofalo, Brent Kolhoff, Margot Calcut

Date Submitted: 01/09/2009

State: Arkansas

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 01/16/2009

Disposition Status: Filed

Effective Date (New): 04/01/2009

Effective Date (Renewal): 05/07/2009

Effective Date Requested (New): 04/01/2009

Effective Date Requested (Renewal): 05/07/2009

State Filing Description:

General Information

Project Name: Accidental Death Benefit

Project Number: EUM-AR-01-01/07/2009-01

Reference Organization:

Reference Title:

Filing Status Changed: 01/16/2009

State Status Changed: 01/16/2009

Corresponding Filing Tracking Number:

Filing Description:

Auto-Owners Insurance Company of Lansing, Michigan submits for your review a rule revision to our Executive Umbrella program.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The effective dates for this filing are as follows:

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New Business: April 1, 2009

Renewal Business: May 7, 2009

We are making the following rule revision with this filing:

AOU7Z017 (Umbrella Coverage)

We are adding a \$10,000 Accidental Death Benefit.

Company and Contact

Filing Contact Information

Jennifer Smith, Assistant Manager smith.jennifer.l@aoins.com
 P.O. Box 30660 (800) 346-0346 [Phone]
 Lansing, MI 48909-8160 (517) 323-8796[FAX]

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$0.00	01/09/2009	
Auto-Owners Insurance Company	\$25.00	01/14/2009	25027549

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	01/16/2009	01/16/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	01/14/2009	01/14/2009	Debbie Garofalo	01/14/2009	01/15/2009

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Disposition

Disposition Date: 01/16/2009

Effective Date (New): 04/01/2009

Effective Date (Renewal): 05/07/2009

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125958718 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Executive Umbrella Rule	Filed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/14/2009
Submitted Date 01/14/2009
Respond By Date

Dear Jennifer Smith,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: The filing fee of \$25 was not included with this filing.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/14/2009
Submitted Date 01/15/2009

Dear Becky Harrington,

Comments:

Response 1

Comments: Sorry we have inadvertently excluded in are original SERFF filing. Please find the EFT information in this amendment. Please confirm that you received the fee.

Related Objection 1

Comment:

The filing fee of \$25 was not included with this filing.

Changed Items:

SERFF Tracking Number: AOIC-125958718 *State:* Arkansas
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No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Brent Kolhoff, Debbie Garofalo, Jennifer Smith, Margot Calcut

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Executive Umbrella Rule	AOU7Z017	Replacement	AOU7Z017.pdf

[Introduction](#)
[Umbrella Coverage](#)
[Limits of Liability](#)
[Policy Term](#)
[Forms and Underwriting Guide](#)

INTRODUCTION

The Executive Umbrella policy is a broad coverage liability policy specifically designed for business persons, executives, professionals, and all other persons who wish to protect their financial assets. It is written in the name of an individual only.

For rating information, refer to {{AR PUMB Executive Rating}}

UMBRELLA COVERAGE

1. The policy at basic limits provides:
 - a. \$1,000,000 insurance over an insured's automobile, homeowners, watercraft and aircraft liability policies;
 - b. \$1,000,000 insurance over a self-insured retention of \$250 on a number of perils not usually included under the standard forms of liability insurance. This includes:
 1. Personal injury, such as
 - mental anguish
 - false arrest
 - false imprisonment
 - wrongful eviction
 - libel
 - slander
 - defamation of character
 - invasion of privacy
 2. property rented to, used by, or in the care, custody or control of the insured;
 3. blanket contractual liability;
 4. liquor law liability;
 5. worldwide coverage;
 6. legal defense in all of the above areas when coverage is not provided by primary liability insurance.
 - c. **Note: The \$250 Self-Insured retention is waived when the underlying automobile and homeowners policies are written with an Auto-Owners Insurance Group company.**

A \$10,000 Accidental Death Benefit is included in policies written in Auto-Owners Insurance Company. Refer to Accidental Death Benefit, form {{26773 (AR)}}.
 - d. Optional Coverages
 1. eligible Incidental Business Coverage (covered by Comprehensive Personal Liability or Homeowners);
 2. office premises occupied by the insured;
 3. other business property owned but not occupied or operated by the insured (limited to a maximum of 2 buildings);
 4. apartments and/or rental dwellings (apartments or dwellings having over 10 units are not eligible under the Executive Umbrella);
 5. joint tenancy – provides coverage for jointly held property (land, buildings, watercraft, automobiles, etc.). Refer to Underwriting Bulletin {{Umbrella 02-83}} for a complete description of this coverage and

the proper underwriting procedures.

6. eligible Incidental Farm Liability up to 1000 acres (covered by Incidental Farm Coverage on a Comprehensive Personal Liability or Homeowners).

Note: Professional liability and/or Errors and Omissions coverage is not available under the Executive Umbrella.

LIMITS OF LIABILITY

1. Executive Umbrella Liability Limits

This insurance may be purchased for any of the following limits of liability:

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Limits in excess of \$5,000,000 may be arranged. Please contact your branch underwriting office.

The single liability limit is applicable to each occurrence in excess of the underlying primary insurance or specified self-insured retention limit.

2. Required Limits of Underlying Insurance

The following minimum underlying limits of insurance are required. Such underlying insurance may be with Auto-Owners or any other company with either an A.M. Best Co. rating of "B+" or better or a Demotech, Inc. rating of "A" or better licensed to do business in the state where the policy is issued. Exception: Owners Insurance Company umbrellas require the underlying automobile liability to be written with an Auto Owners Group Company

Coverage	Required Limits of Underlying Insurance
Automobile Liability (all automobiles owned, leased or regularly used by the named insured spouse and resident relatives including motorcycles, mopeds, and other road licensed vehicles, such as golf carts and dune buggies)	\$500,000/500,000 BI and \$100,000 PD or \$500,000 CSL
Personal Liability (Family Liability or a Liability Section of Homeowners Policy)	\$300,000
Recreational Vehicles (including snowmobiles, dune buggies, minibikes, trailbikes or other vehicles not licensed for road use)	\$300,000/300,000 BI and \$50,000 PD or \$300,000 CSL
Aircraft Liability including Aircraft Passenger Liability	\$1,000,000 including \$500,000 per seat, subject to a minimum limit of \$1,000,000 for two seats or less
Watercraft Liability (boats 26' or greater in length, or more than 44 M.P.H.)	\$500,000
All other watercraft	\$300,000
Employers Liability Provided by Homeowners or Part Two of Workers Compensation Policy	\$300,000 \$100,000/500,000/100,000
Office occupied by the insured (off premises), Incidental Business Coverage (on premises), or Other Business Property (apartments, rental dwellings, investment property, leased buildings, etc.)	\$300,000 BI and \$50,000 PD or \$300,000 CSL

POLICY TERM

All policies will be written for a term of one year.

FORMS AND UNDERWRITING GUIDE**Coverage Form**

Refer to Executive Umbrella Policy, Form {{26029 (AR)}}

Aircraft

Refer to "Aircraft Liability" in the Umbrella Underwriting Guide {{UUG Coverages Aircraft (rw)}}

Refer to Amendment of Aircraft Exclusion, Form {{2678 (AR)}}

Recreational Vehicle

Refer to Recreational Vehicle Following Form {{26081 (AR)}}

Watercraft

Refer to "Watercraft Liability" in the Umbrella Underwriting Guide {{UUG Coverages Watercraft (rw)}}

Refer to Designated Watercraft Exclusion, Form {{26634 (AR)}}

Refer to Watercraft Exclusion, Form {{26055 (AR)}}

Refer to Watercraft Liability Following Form {{26256 (AR)}}

Refer to Water Skiing Following Form {{26082 (AR)}}

Application

Refer to Executive Umbrella Application, Form {{26469 (AR)}}

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Filed 01/16/2009

Comments:

Attachment:

Transmittal 2008 (Executive).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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:
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.)

1.	This filing transmittal is part of Company Tracking #	
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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	