

SERFF Tracking Number: BRWS-125969813 State: Arkansas  
Filing Company: Bristol West Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: AK-2008Q4-SYM-2.0  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Select 2.0  
Project Name/Number: Symbols Filing/AR-2008Q4-SYM-2.0

## Filing at a Glance

Company: Bristol West Insurance Company

Product Name: AR Select 2.0

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto  
(PPA)

Filing Type: Rate/Rule

SERFF Tr Num: BRWS-125969813 State: Arkansas

SERFF Status: Closed

Co Tr Num: AK-2008Q4-SYM-2.0

Co Status:

Authors: Lisa Patty, Eric Schauer

Date Submitted: 12/30/2008

State Tr Num: EFT \$25

State Status: Fees verified and  
received

Reviewer(s): Alexa Grissom, Betty  
Montesi

Disposition Date: 01/08/2009

Disposition Status: Filed

Effective Date Requested (New): 12/30/2008

Effective Date Requested (Renewal): 12/30/2008

Effective Date (New): 01/19/2009

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Symbols Filing

Project Number: AR-2008Q4-SYM-2.0

Reference Organization:

Reference Title:

Filing Status Changed: 01/08/2009

State Status Changed: 01/08/2009

Corresponding Filing Tracking Number:

Filing Description:

Please find enclosed, on behalf of Bristol West Insurance Company, a filing of additional vehicle symbols for our current Select 2.0 Program.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Eric Schauer, Product Manager

eric.shauer@bristolwest.com

SERFF Tracking Number: BRWS-125969813 State: Arkansas  
Filing Company: Bristol West Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: AK-2008Q4-SYM-2.0  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Select 2.0  
Project Name/Number: Symbols Filing/AR-2008Q4-SYM-2.0

Bristol West Insurance Group (888) 888-0080 [Phone]  
Independence, OH 44131 (216) 674-7116[FAX]

**Filing Company Information**

Bristol West Insurance Company CoCode: 19658 State of Domicile: Ohio  
5990 West Creek Rd. Group Code: 814 Company Type: Stock  
Rockside Center III  
Independence, OH 44131 Group Name: Bristol West Ins Grp State ID Number:  
(888) 888-0080 ext. [Phone] FEIN Number: 38-1865162  
-----

SERFF Tracking Number: BRWS-125969813 State: Arkansas  
Filing Company: Bristol West Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: AK-2008Q4-SYM-2.0  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Select 2.0  
Project Name/Number: Symbols Filing/AR-2008Q4-SYM-2.0

## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bristol West Insurance Company	\$25.00	12/30/2008	24769151

SERFF Tracking Number: BRWS-125969813 State: Arkansas  
Filing Company: Bristol West Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: AK-2008Q4-SYM-2.0  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: AR Select 2.0  
Project Name/Number: Symbols Filing/AR-2008Q4-SYM-2.0

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	01/08/2009	01/08/2009

*SERFF Tracking Number:* BRWS-125969813      *State:* Arkansas  
*Filing Company:* Bristol West Insurance Company      *State Tracking Number:* EFT \$25  
*Company Tracking Number:* AK-2008Q4-SYM-2.0  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* AR Select 2.0  
*Project Name/Number:* Symbols Filing/AR-2008Q4-SYM-2.0

## **Disposition**

Disposition Date: 01/08/2009

Effective Date (New): 01/19/2009

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BRWS-125969813 State: Arkansas  
 Filing Company: Bristol West Insurance Company State Tracking Number: EFT \$25  
 Company Tracking Number: AK-2008Q4-SYM-2.0  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: AR Select 2.0  
 Project Name/Number: Symbols Filing/AR-2008Q4-SYM-2.0

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	A-1 Private Passenger Auto Abstract	Filed	Yes
<b>Supporting Document</b>	APCS-Auto Premium Comparison Survey	Filed	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Rate</b>	Symbols	Filed	Yes

*SERFF Tracking Number:* BRWS-125969813      *State:* Arkansas  
*Filing Company:* Bristol West Insurance Company      *State Tracking Number:* EFT \$25  
*Company Tracking Number:* AK-2008Q4-SYM-2.0  
*TOI:* 19.0 Personal Auto      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* AR Select 2.0  
*Project Name/Number:* Symbols Filing/AR-2008Q4-SYM-2.0

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: BRWS-125969813 State: Arkansas  
 Filing Company: Bristol West Insurance Company State Tracking Number: EFT \$25  
 Company Tracking Number: AK-2008Q4-SYM-2.0  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: AR Select 2.0  
 Project Name/Number: Symbols Filing/AR-2008Q4-SYM-2.0

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
----------------	---------------	-------------------	-------------	---

Filed	Symbols		New	SELECT 2.0 VERSION 1 ALL VINS.pdf
-------	---------	--	-----	---

*SERFF Tracking Number:* BRWS-125969813                      *State:* Arkansas  
*Filing Company:* Bristol West Insurance Company                      *State Tracking Number:* EFT \$25  
*Company Tracking Number:* AK-2008Q4-SYM-2.0  
*TOI:* 19.0 Personal Auto                      *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)  
*Product Name:* AR Select 2.0  
*Project Name/Number:* Symbols Filing/AR-2008Q4-SYM-2.0

Attachment "SELECT 2.0 VERSION 1 ALL VINS.pdf" is larger than 3MB and cannot be reproduced here.

SERFF Tracking Number: BRWS-125969813 State: Arkansas  
 Filing Company: Bristol West Insurance Company State Tracking Number: EFT \$25  
 Company Tracking Number: AK-2008Q4-SYM-2.0  
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
 Product Name: AR Select 2.0  
 Project Name/Number: Symbols Filing/AR-2008Q4-SYM-2.0

## Supporting Document Schedules

<b>Bypassed -Name:</b>	A-1 Private Passenger Auto Abstract	<b>Review Status:</b>	Filed	01/08/2009
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	APCS-Auto Premium Comparison Survey	<b>Review Status:</b>	Filed	01/08/2009
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Filed	01/08/2009
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	<b>Review Status:</b>	Filed	01/08/2009
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	Filed	01/08/2009
<b>Comments:</b>				
<b>Attachment:</b>	Form A-1 Q42008.pdf			

**Property & Casualty Transmittal Document**

**Reset Form**

**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

<b>3. Group Name</b>	<b>Group NAIC #</b>
Bristol West Insurance Group	814

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Bristol West Insurance Company	Ohio	19658	38-1865162	

<b>5. Company Tracking Number</b>	2008Q1-SYM-AR-2.0
-----------------------------------	-------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Eric Schauer	Product Manager	216-446-4502	216-674-7116	eric.schauer@bristolwest.com
<small>Rockside Center III 5990 West Creek Road Independence, Ohio 44131</small>				

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

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)	19.0001 Private Passenger Auto (PPA)
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing title)	Private Passenger Auto
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: 12/30/08      Renewal: 12/30/08
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	12/30/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # AK-2008Q4-SYM-2.0

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

Please find enclosed, on behalf of Bristol West Insurance Company, a filing of additional vehicle symbols for our current Select 2.0 Program.

[View Complete Filing Description](#)

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: 25.00

Filing fee submitted via EFT.

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
-----------	--	--

<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
------------	---

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>
------------	--

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>
-----------	--

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

<b>6.</b>	Overall percentage of last rate revision	
-----------	--	--

<b>7.</b>	Effective Date of last rate revision	
-----------	--------------------------------------	--

<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

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	