

Property & Casualty Division

Phone: (501) 371-2800

Fax: (501) 371-2748

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NOTICE

**THIS FILING HAS BEEN WITHDRAWN BY
THE FILER EFFECTIVE JANUARY 12, 2009.**

Please refer to [HART-125910096](#) for details of the original filing which never became effective due to this withdrawal.

SERFF Tracking Number: HART-125910096 State: Arkansas
Filing Company: Sentinel Insurance Company Limited State Tracking Number: EFT \$50
Company Tracking Number: FF.15.001.2008.01
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Forms A-5894-0, A-6073-1, A-6086-0, and A-6099-0 for Sentinel
Project Name/Number: Private Passenger Auto/FF.15.001.2008.01

Filing at a Glance

Company: Sentinel Insurance Company Limited

Product Name: Forms A-5894-0, A-6073-1, A-6086-0, and A-6099-0 for Sentinel
SERFF Tr Num: HART-125910096 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Co Tr Num: FF.15.001.2008.01

State Status: Fees verified and received

Filing Type: Form

Co Status: Initial Filing

Reviewer(s): Alexa Grissom, Betty Montesi

Authors: Joyce Driscoll, Marilu Gonzalez, David Logan, Angela Isaac

Disposition Date: 01/12/2009

Date Submitted: 11/19/2008

Disposition Status: Approved

Effective Date Requested (New): 03/07/2009

Effective Date (New): 01/12/2009

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Private Passenger Auto

Status of Filing in Domicile:

Project Number: FF.15.001.2008.01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/12/2009

State Status Changed: 12/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We herewith submit for approval:

A-5894-0, Replacement Cost Coverage for New Cars, and A-6099-0, DRP Collision Deductible Reduction Provision, will be replacing current endorsement A-5708-0, Personal Auto Insurance Program Special Extensions of Coverage. A-5894-0 and A-6099-0 contain the same language as in A-5708-0, which has been split into these two standalone

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endorsements.

A-6086-0, No Drop Promise, and A-6073-1, Emergency Expense and Accident Forgiveness Coverage, will be replacing current endorsement A-6402-0, The Hartford Platinum Auto Coverage. A-6086-0 and A-6073-1 contain benefits similar to those currently included in A-6402-0, which has been split into these two standalone endorsements.

Company and Contact

Filing Contact Information

Joyce Driscoll, Filing Analyst
 1 Hartford Plaza
 Hartford, CT 06155

joyce.driscoll@thehartford.com
 (860) 547-3468 [Phone]
 (860) 547-5941[FAX]

Filing Company Information

Sentinel Insurance Company Limited
 Hartford Plaza
 Hartford, CT 06115
 (860) 547-5000 ext. [Phone]

CoCode: 11000
 Group Code: 91
 Group Name:
 FEIN Number: 06-1552103

State of Domicile: Connecticut
 Company Type: Property
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentinel Insurance Company Limited	\$50.00	11/19/2008	24027342

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	01/12/2009	01/12/2009
Approved	Alexa Grissom	12/02/2008	12/02/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
REQUEST TO WITHDRAW	Note To Reviewer	Joyce Driscoll	01/09/2009	01/09/2009

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Disposition

Disposition Date: 01/12/2009

Effective Date (New): 01/12/2009

Effective Date (Renewal):

Status: Approved

Comment: Per our Director, I am "approving" your request to "withdraw."

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125910096 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Replacement Cost Coverage For New Cars	Approved	Yes
Form	Emergency Expense and Accident Forgiveness Coverage	Approved	Yes
Form	No Drop Promise	Approved	Yes
Form	DRP Collision Deductible Reduction Program	Approved	Yes

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Disposition

Disposition Date: 12/02/2008

Effective Date (New): 03/07/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Note To Reviewer

Created By:

Joyce Driscoll on 01/09/2009 07:48 AM

Subject:

REQUEST TO WITHDRAW

Comments:

Good Morning Alexa:

Since this project will not be implemented, we wish to withdraw this filing.

Thank you.

Joyce Driscoll

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Replacement Cost Coverage For New Cars	A-5894-0	2/02	Endorsement/Amendment/Conditions	Replaced Form #: A-5708-0 (Ed. 12/99) Previous Filing #: AR-PC-06-019927		A-5894-0.pdf
Approved	Emergency Expense and Accident Forgiveness Coverage	A-6073-1	10/07	Endorsement/Amendment/Conditions	Replaced Form #: A-6402-0 (Ed. 6/06) Previous Filing #: FF.15.001.2002.08		A-6073-1.pdf
Approved	No Drop Promise	A-6086-0	11/07	Endorsement/Amendment/Conditions	Replaced Form #: A-6402-0 (Ed. 6/06) Previous Filing #: FF.15.001.2002.08		A-6086-0 non-stack.pdf
Approved	DRP Collision Deductible Reduction Program	A-6099-0	6/08	Endorsement/Amendment/Conditions	Replaced Form #: A-5708-0 (Ed. 12/99) Previous Filing #: AR-PC-06-019927		A-6099-0.pdf

Replacement Cost Coverage For New Cars



This endorsement applies only if the Declarations indicate that Other Than Collision Coverage or Other Than Collision Coverage and Collision Coverage is provided for the **covered auto**.

The provisions and exclusions that apply to Part D also apply to this endorsement except as modified herein.

LIMIT OF LIABILITY

If, within fifteen (15) months of date of purchase of a new **covered auto**, or 15,000 miles, whichever occurs first, the auto suffers a total loss under either Other Than Collision Coverage or Collision Coverage, the Limit of Liability section of Coverage D is deleted and replaced by the following:

LIMIT OF LIABILITY

Our limit of liability for loss will be the lesser of the:

1. Replacement cost of your stolen or damaged **covered auto**; or
2. Amount necessary to replace the **covered auto**.

We reserve the right to replace the **covered auto** or to pay the loss in money.

APPRAISAL

The term "actual cash value" in Part D APPRAISAL is replaced by "replacement cost".

EXCLUSIONS

There is no coverage under this endorsement for:

1. Any **non-owned auto** or temporary substitute auto;
2. Any **covered auto** that was not **new** when purchased;
3. The **covered auto** if more than fifteen (15) months has elapsed since the date of purchase on the bill of sale for the **covered auto** or if the **covered auto** has been driven more than 15,000 miles if it has been less than fifteen (15) months since the date of purchase.

DEFINITIONS

- A. **New** means an auto with less than 150 miles on the odometer on the date of purchase.
- B. **Replacement Cost** means the cost at the time of loss, of a new auto of the same make, model and equipment as the one damaged, destroyed or stolen without depreciation.

Nothing in this endorsement shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.



Emergency Expense and Accident Forgiveness Coverage

In consideration of the premium charged for this policy, the following coverage changes are added to **your** Personal Auto Policy.

Emergency Expense Coverage

Emergency Expense Coverage applies only to **your covered auto**. Emergency Expense Coverage does not apply to any other vehicles whether owned or non-owned. Emergency Expense Coverage applies only if the Declaration page indicates that Other Than **Collision**; or Other Than **Collision and Collision** Coverage is provided for **your covered auto** involved in the covered loss.

If you cannot safely drive **your covered auto** because it is accidentally damaged or destroyed by a covered loss covered under Part **D** – Coverage For Damage To **Your** Auto, while more than 100 miles away from **your** home, **we** will pay up to \$1000 for all **your** reasonable expenses combined for:

1. Temporary housing;
2. Travel expense for you to get home;
3. Cost to return **your covered auto** to **your** home or place of garaging, except in the case of total loss.

We will need paid receipts to verify **your** reasonable expenses.

No deductible will apply to Emergency Expense Coverage.

Accident Forgiveness

If at the time of the accident:

- a. all operators of **your covered auto** have been free of accidents and **major traffic violations** at least five years immediately preceding the effective date of the policy in force at the time of the accident; and,
- b. this endorsement is on **your** policy at the time of the accident;

we will waive any premium increase that would normally be associated with that accident, as long as this endorsement is part of **your** Personal Auto Policy.

As used in this provision:

Major traffic violation means any of the following violations of traffic law that you have been convicted of or plead no contest to:

1. Operating a vehicle while under the influence of alcohol or a controlled substance as defined by the Federal Food and Drug Law at 21 U.S.C.A Sections 811 and 812. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs; or
2. Refusal to submit to a breath or chemical test; or
3. Allowing an intoxicated person to drive; or
4. Illegal possession of alcohol or a controlled substance as defined by the Federal Food and Drug Law at 21 U.S.C.A Sections 811 and 812. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs in a motor vehicle; or
5. Unauthorized use of a motor vehicle; or
6. Use of a motor vehicle in the commission of a felony; or
7. Failure to stop and report when involved in an accident; or
8. Homicide or assault arising out of the operation of a motor vehicle; or
9. Driving to endanger or operating a motor vehicle in a reckless or negligent manner; or
10. Driving while license is suspended or revoked; or
11. Passing a stopped school bus; or
12. Fleeing or attempting to elude the police; or
13. Racing, exceeding 99 mph, or speeding 35 mph or more over the posted limit; or
14. Driving on the wrong side of a divided highway.

Nothing in this endorsement shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.



No Drop Promise®

Regardless of the number of traffic convictions or accidents **you** or a listed operator may have during the policy period, we will renew this policy or have an affiliated company issue you a replacement policy, provided that this promise does not apply if:

1. any operator of **your covered auto** is convicted of or pleads nolo contendere to operating a vehicle while under the influence of or impaired by any substance, including but not limited to alcohol or drugs; or
2. the driver's license of any operator of **your covered auto** is or has been suspended or revoked at any time for any reason; or
3. within forty-five (45) days of our request concerning any listed operator of **your covered auto**, **you** fail to provide, at your expense, certification by a licensed physician that the listed operator is physically and mentally capable of safely operating an automobile.

The rates, forms and terms of coverage for any renewal or replacement of this policy will be those in use by **us** or by any affiliated company issuing you a replacement policy.

We reserve the right to substitute more current forms and endorsements when they are approved and adopted.

All other provisions of this policy remain unchanged.



DRP Collision Deductible Reduction Provision

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

The provisions of this endorsement apply only to **your covered auto** listed in the Declarations. The provisions of this endorsement do not apply to a **non-owned auto**. All of the provisions of the policy apply, unless modified by this endorsement.

DEFINITIONS

The following **DEFINITIONS** are added to this policy:

1. **Direct Repair Provider** or **DRP** means a repair facility that has agreed to participate in The Hartford Personal Auto Insurance Program.

PART D - COVERAGE FOR DAMAGE TO YOUR AUTO

Part **D** is amended as follows:

INSURING AGREEMENT

Paragraph **HF** is added and applies to **your covered auto** only if the loss is payable under the **Collision** coverage of this policy.

HF. If **you** elect to have all repairs authorized by **us** performed by a **Direct Repair Provider** (**we** will advise **you** as to the nearest participating facility), **we** will:

1. Reduce the applicable deductible by the lesser of \$100 or the Deductible amount that is shown in the Declarations;
2. Guarantee for as long as **you** own the repaired auto that the workmanship of the repairs met the auto repair standards of the Inter-Industry Conference on Auto Collision Repair (ICAR), at the time repairs were made. This repair guarantee is exclusive of any wear, tear, deterioration, or mechanical breakdown; and,
3. Make payments for such repairs directly to the **DRP** facility.

Nothing in this endorsement shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Approved	12/02/2008

Comments:

Attached is the Uniform Transmittal Document-Property & Casualty and the Form Filing Schedule.

Attachments:

PC-TD-1 2007.pdf

PC-FFS-1 2007.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	

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentinel Insurance Company, Ltd.	Connecticut	0091-11000	06-1552103	

5. Company Tracking Number	FF.15.001.2008.01
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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
	Joyce Driscoll, Technical Services, T-1-54 1 Hartford Plaza, Hartford, CT 06155	Filing Analyst	860-547-3468	860-547-5941	Joyce.Driscoll@TheHartford.com

7. Signature of authorized filer	<i>Joyce Driscoll</i>
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8. Please print name of authorized filer	Joyce Driscoll
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Private Passenger Automobile
10. Sub-Type of Insurance (Sub-TOI)	Automobile
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	N/A
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: 3/7/09 Renewal:
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	November 19, 2008
19. Status of filing in domicile	<input checked="" 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 #	FF.15.001.2008.01
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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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We herewith submit for approval Forms A-5894-0 (Ed. 2/02) Replacement Cost Coverage for New Cars, A-6073-1 (Ed. 10/07) Emergency Expense and Accident Forgiveness Coverage, A-6086-0 (Ed. 11/07) No Drop Promise Agreement, and A-6099-0 (Ed. 6/08) DRP Collision Deductible Reduction Provision as described in the Explanatory Memorandum prepared by Nancy Daly, Product Consultant.

As required, enclosed is the Form Filing Schedule.

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 #	FF.15.001.2008.01			
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	Replacement Cost Coverage for New Cars	A-5894-0 (Ed. 2/02)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A-5708-0 (Ed. 12/99)	FF.15.001.2002.08
02	Emergency Expense and Accident Forgiveness Coverage	A-6073-1 (Ed. 10/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A-6402-0 (Ed. 6/06)	AR-PC-06-019927
03	No Drop Promise Agreement	A-6086-0 (Ed. 11/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A-6402-0 (Ed. 6/06)	AR-PC-06-019927
04	DRP Collision Deductible Reduction Provision	A-6099-0 (Ed. 6/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A-5708-0 (Ed. 12/99)	FF.15.001.2002.08
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		