

SERFF Tracking Number: BRWS-126620403 State: Arkansas
Filing Company: Bristol West Insurance Company State Tracking Number: #1010513594 \$100
Company Tracking Number: BWIC12345
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Select 2.0
Project Name/Number: /

Filing at a Glance

Company: Bristol West Insurance Company

Product Name: Select 2.0

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Rate

SERFF Tr Num: BRWS-126620403 State: Arkansas

SERFF Status: Closed-Filed

Co Tr Num: BWIC12345

Authors: Brion Cummings, Chad Smith

Date Submitted: 05/11/2010

State Tr Num: #1010513594 \$100

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi

Disposition Date: 05/20/2010

Disposition Status: Filed

Effective Date Requested (New): 06/15/2010

Effective Date Requested (Renewal): 07/15/2010

Effective Date (New): 06/15/2010

Effective Date (Renewal): 07/15/2010

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 05/20/2010

State Status Changed: 05/13/2010

Created By: Chad Smith

Corresponding Filing Tracking Number:

Filing Description:

Current indications require us to increase base rates. Over the past several quarters we have seen our loss ratio continues to deteriorate and now requires action. We have been careful to minimize the impact of the rate change on our current book limiting any policyholder from having an increase of more than 20%.

Bristol West has never increased rates in this product, and has taken no rate activity since January 2008.

We are making changes in base rates and an adjustment to our core discount table. In this filing we have included the tables for the proposed changes along with a histogram showing the impact to the rates of our current policyholders

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Company and Contact

Filing Contact Information

Chad Smith, Assistant Product Manager chad.smith@farmersinsurance.com
 5990 West Creek Rd 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: 212 Company Type: Stock
 Rockside Center III Group Name: Farmers Insurance State ID Number:
 Group
 Independence, OH 44131 FEIN Number: 38-1865162
 (888) 888-0080 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bristol West Insurance Company	\$0.00	05/11/2010	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1010513594	\$100.00	05/06/2010

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	05/20/2010	05/20/2010

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending	Alexa Grissom	05/13/2010	05/13/2010

Industry Response

Response Letters

Responded By	Created On	Date Submitted
Chad Smith	05/14/2010	05/14/2010

SERFF Tracking Number: BRWS-126620403

State: Arkansas

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Disposition

Disposition Date: 05/20/2010

Effective Date (New): 06/15/2010

Effective Date (Renewal): 07/15/2010

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document (revised)	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	AR Property & Casualty Transmittal Doc	Filed	Yes
Supporting Document	Explanatory Memorandum	Filed	Yes
Supporting Document	Indications by Coverage	Filed	Yes
Rate	Base Rates	Filed	Yes
Rate	Core Discount	Filed	Yes

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Company Tracking Number: BWIC12345
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Select 2.0
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/13/2010

Submitted Date 05/13/2010

Respond By Date

Dear Chad Smith,

This will acknowledge receipt of the captioned filing. The APCS must be submitted in Excel. Please define the "Core Discount." Is the expense load being increased with this filing? If so, please justify such.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

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Product Name: Select 2.0
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/14/2010
Submitted Date 05/14/2010

Dear Alexa Grissom,

Comments:

The APCS has now been submitted in Excel. In regards to our expense load, it has not increased since the last filing.

Our Core Discount is the factor we assign to an insured based on a combination of: 1) single versus multiple vehicles on the policy; 2) if the policy is paid in full at point of sale; 3) if the insured owns a home; 4) if the insured owns a mobile home; and 5) Market Tier of the insured.

Market Tier is the tier placement used as a result of an insured's prior insurance and credit. In our earlier filing, SERFF Tracking Number: BRWS-125148563, effective date 4/30/2007, as Rule Number: P23, Rule Description: Underwriting Criteria on pages 41 – 43, we further defined the underwriting criteria for market tier placement.

Response 1

Comments: See attached response.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: APCS-Auto Premium Comparison Survey

Comment: APCS now attached in Excel format.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please do not hesitate to contact me if I can be of any assistance in clarifying any of the information contained in this response. Thank you for your continued attention to this matter.

Sincerely,
Brion Cummings, Chad Smith

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Rate/Rule Schedule

Schedule Item	Exhibit Name:	Rule # or Page	Rate Action	Previous State Filing Attachments
Status:		#:		Number:
Filed 05/20/2010	Base Rates		Replacement	BRWS-125340299 Base Rates.pdf
Filed 05/20/2010	Core Discount		Replacement	BRWS-125340299 Core Discount Table.pdf

BASE RATES

COVERAGE	Base	6 Month Term	12 Month Term
		Expense Load *	Expense Load *
Bodily Injury (BI)	110.45	46.00	92.00
Property Damage (PD)	131.78		
Personal Injury Protection (PIP)	62.80		
Uninsured Motorist Bodily Injury (UMBI)	14.38		
Uninsured Motorist Property Damage (UMPD)	31.01		
Underinsured Motorists (UIMBI)	6.78		
Comprehensive (COMP)	133.40		
Collision (COL)	260.49		
Rental Reimbursement (RR)	14.50		
Towing and Labor (TL)	7.00		
Additional Equipment (AE)	6.00		

* The expense load is applied once per policy, to BI only, to vehicle #1.

POLICY TERM

Policy Term	Factor
6	1.00
12	2.05

Core Discount

Single-Car / Multi-Car	Paid in Full	Home Owner	Mobile Home Owner	Market Tier	BI	PD	PIP / UMBI / UIMBI	COMP	COLL/UMPD
M	Y	Y	Y	M1	0.720	0.785	0.710	0.628	0.605
M	Y	Y	N	M1	0.720	0.785	0.710	0.628	0.605
M	Y	Y	P	M1	0.720	0.785	0.710	0.628	0.605
M	Y	N	Y	M1	0.720	0.785	0.710	0.628	0.605
M	Y	N	N	M1	0.730	0.795	0.780	0.638	0.623
M	Y	N	P	M1	0.720	0.785	0.710	0.628	0.605
M	Y	P	Y	M1	0.720	0.785	0.710	0.628	0.605
M	Y	P	N	M1	0.720	0.785	0.710	0.628	0.605
M	Y	P	P	M1	0.720	0.785	0.710	0.628	0.605
M	N	Y	Y	M1	0.760	0.826	0.810	0.666	0.650
M	N	Y	N	M1	0.760	0.826	0.810	0.666	0.650
M	N	Y	P	M1	0.760	0.826	0.810	0.666	0.650
M	N	N	Y	M1	0.760	0.826	0.810	0.666	0.650
M	N	N	N	M1	0.770	0.836	0.830	0.676	0.659
M	N	N	P	M1	0.760	0.826	0.810	0.666	0.650
M	N	P	Y	M1	0.760	0.826	0.810	0.666	0.650
M	N	P	N	M1	0.760	0.826	0.810	0.666	0.650
M	N	P	P	M1	0.760	0.826	0.810	0.666	0.650
S	Y	Y	Y	M1	0.900	0.900	0.870	0.809	0.768
S	Y	Y	N	M1	0.900	0.900	0.870	0.809	0.768
S	Y	Y	P	M1	0.900	0.900	0.870	0.809	0.768
S	Y	N	Y	M1	0.900	0.900	0.870	0.809	0.768
S	Y	N	N	M1	0.940	0.940	0.940	0.876	0.840
S	Y	N	P	M1	0.900	0.900	0.870	0.809	0.768
S	Y	P	Y	M1	0.900	0.900	0.870	0.809	0.768
S	Y	P	N	M1	0.900	0.900	0.870	0.809	0.768
S	Y	P	P	M1	0.900	0.900	0.870	0.809	0.768
S	N	Y	Y	M1	0.940	0.950	0.930	0.876	0.822
S	N	Y	N	M1	0.940	0.950	0.930	0.876	0.822
S	N	Y	P	M1	0.940	0.950	0.930	0.876	0.822
S	N	N	Y	M1	0.940	0.950	0.930	0.876	0.822
S	N	N	N	M1	1.000	1.000	1.000	0.952	0.903
S	N	N	P	M1	0.940	0.950	0.930	0.876	0.822
S	N	P	Y	M1	0.940	0.950	0.930	0.876	0.822
S	N	P	N	M1	0.940	0.950	0.930	0.876	0.822
S	N	P	P	M1	0.940	0.950	0.930	0.876	0.822
M	Y	Y	Y	M2	0.710	0.775	0.700	0.650	0.650
M	Y	Y	N	M2	0.710	0.775	0.700	0.650	0.650
M	Y	Y	P	M2	0.710	0.775	0.700	0.650	0.650
M	Y	N	Y	M2	0.710	0.775	0.700	0.650	0.650
M	Y	N	N	M2	0.720	0.785	0.770	0.660	0.690
M	Y	N	P	M2	0.710	0.775	0.700	0.650	0.650
M	Y	P	Y	M2	0.710	0.775	0.700	0.650	0.650
M	Y	P	N	M2	0.710	0.775	0.700	0.650	0.650
M	Y	P	P	M2	0.710	0.775	0.700	0.650	0.650
M	N	Y	Y	M2	0.750	0.816	0.800	0.690	0.710
M	N	Y	N	M2	0.750	0.816	0.800	0.690	0.710
M	N	Y	P	M2	0.750	0.816	0.800	0.690	0.710
M	N	N	Y	M2	0.750	0.816	0.800	0.690	0.710
M	N	N	N	M2	0.760	0.826	0.820	0.700	0.730
M	N	N	P	M2	0.750	0.816	0.800	0.690	0.710
M	N	P	Y	M2	0.750	0.816	0.800	0.690	0.710
M	N	P	N	M2	0.750	0.816	0.800	0.690	0.710
M	N	P	P	M2	0.750	0.816	0.800	0.690	0.710
S	Y	Y	Y	M2	0.890	0.890	0.860	0.840	0.840
S	Y	Y	N	M2	0.890	0.890	0.860	0.840	0.840
S	Y	Y	P	M2	0.890	0.890	0.860	0.840	0.840
S	Y	N	Y	M2	0.890	0.890	0.860	0.840	0.840
S	Y	N	N	M2	0.940	0.940	0.940	0.910	0.930
S	Y	N	P	M2	0.890	0.890	0.860	0.840	0.840
S	Y	P	Y	M2	0.890	0.890	0.860	0.840	0.840
S	Y	P	N	M2	0.890	0.890	0.860	0.840	0.840
S	Y	P	P	M2	0.890	0.890	0.860	0.840	0.840
S	N	Y	Y	M2	0.940	0.940	0.920	0.910	0.900
S	N	Y	N	M2	0.940	0.940	0.920	0.910	0.900

Core Discount

Single-Car / Multi-Car	Paid in Full	Home Owner	Mobile Home Owner	Market Tier	BI	PD	PIP / UMBI / UIMBI	COMP	COLL/UMPD
S	N	Y	P	M2	0.940	0.940	0.920	0.910	0.900
S	N	N	Y	M2	0.940	0.940	0.920	0.910	0.900
S	N	N	N	M2	1.000	1.000	1.000	1.000	1.000
S	N	N	P	M2	0.940	0.940	0.920	0.910	0.900
S	N	P	Y	M2	0.940	0.940	0.920	0.910	0.900
S	N	P	N	M2	0.940	0.940	0.920	0.910	0.900
S	N	P	P	M2	0.940	0.940	0.920	0.910	0.900
M	Y	Y	Y	M3	0.700	0.765	0.690	0.640	0.650
M	Y	Y	N	M3	0.700	0.765	0.690	0.640	0.650
M	Y	Y	P	M3	0.700	0.765	0.690	0.640	0.650
M	Y	N	Y	M3	0.700	0.765	0.690	0.640	0.650
M	Y	N	N	M3	0.710	0.775	0.760	0.650	0.660
M	Y	N	P	M3	0.700	0.765	0.690	0.640	0.650
M	Y	P	Y	M3	0.700	0.765	0.690	0.640	0.650
M	Y	P	N	M3	0.700	0.765	0.690	0.640	0.650
M	Y	P	P	M3	0.700	0.765	0.690	0.640	0.650
M	N	Y	Y	M3	0.740	0.806	0.790	0.680	0.690
M	N	Y	N	M3	0.740	0.806	0.790	0.680	0.690
M	N	Y	P	M3	0.740	0.806	0.790	0.680	0.690
M	N	N	Y	M3	0.740	0.806	0.790	0.680	0.690
M	N	N	N	M3	0.750	0.816	0.810	0.690	0.700
M	N	N	P	M3	0.740	0.806	0.790	0.680	0.690
M	N	P	Y	M3	0.740	0.806	0.790	0.680	0.690
M	N	P	N	M3	0.740	0.806	0.790	0.680	0.690
M	N	P	P	M3	0.740	0.806	0.790	0.680	0.690
S	Y	Y	Y	M3	0.880	0.880	0.850	0.830	0.820
S	Y	Y	N	M3	0.880	0.880	0.850	0.830	0.820
S	Y	Y	P	M3	0.880	0.880	0.850	0.830	0.820
S	Y	N	Y	M3	0.880	0.880	0.850	0.830	0.820
S	Y	N	N	M3	0.930	0.930	0.930	0.900	0.930
S	Y	N	P	M3	0.880	0.880	0.850	0.830	0.820
S	Y	P	Y	M3	0.880	0.880	0.850	0.830	0.820
S	Y	P	N	M3	0.880	0.880	0.850	0.830	0.820
S	Y	P	P	M3	0.880	0.880	0.850	0.830	0.820
S	N	Y	Y	M3	0.930	0.930	0.910	0.910	0.880
S	N	Y	N	M3	0.930	0.930	0.910	0.910	0.880
S	N	Y	P	M3	0.930	0.930	0.910	0.910	0.880
S	N	N	Y	M3	0.930	0.930	0.910	0.910	0.880
S	N	N	N	M3	1.000	1.000	1.000	1.000	1.000
S	N	N	P	M3	0.930	0.930	0.910	0.910	0.880
S	N	P	Y	M3	0.930	0.930	0.910	0.910	0.880
S	N	P	N	M3	0.930	0.930	0.910	0.910	0.880
S	N	P	P	M3	0.930	0.930	0.910	0.910	0.880
M	Y	Y	Y	M4	0.690	0.755	0.680	0.630	0.630
M	Y	Y	N	M4	0.690	0.755	0.680	0.630	0.630
M	Y	Y	P	M4	0.690	0.755	0.680	0.630	0.630
M	Y	N	Y	M4	0.690	0.755	0.680	0.630	0.630
M	Y	N	N	M4	0.700	0.765	0.750	0.640	0.660
M	Y	N	P	M4	0.690	0.755	0.680	0.630	0.630
M	Y	P	Y	M4	0.690	0.755	0.680	0.630	0.630
M	Y	P	N	M4	0.690	0.755	0.680	0.630	0.630
M	Y	P	P	M4	0.690	0.755	0.680	0.630	0.630
M	N	Y	Y	M4	0.730	0.796	0.780	0.670	0.690
M	N	Y	N	M4	0.730	0.796	0.780	0.670	0.690
M	N	Y	P	M4	0.730	0.796	0.780	0.670	0.690
M	N	N	Y	M4	0.730	0.796	0.780	0.670	0.690
M	N	N	N	M4	0.740	0.806	0.800	0.680	0.700
M	N	N	P	M4	0.730	0.796	0.780	0.670	0.690
M	N	P	Y	M4	0.730	0.796	0.780	0.670	0.690
M	N	P	N	M4	0.730	0.796	0.780	0.670	0.690
M	N	P	P	M4	0.730	0.796	0.780	0.670	0.690
S	Y	Y	Y	M4	0.870	0.870	0.840	0.820	0.820
S	Y	Y	N	M4	0.870	0.870	0.840	0.820	0.820
S	Y	Y	P	M4	0.870	0.870	0.840	0.820	0.820
S	Y	N	Y	M4	0.870	0.870	0.840	0.820	0.820

Core Discount

Single-Car / Multi-Car	Paid in Full	Home Owner	Mobile Home Owner	Market Tier	BI	PD	PIP / UMBI / UIMBI	COMP	COLL/UMPD
S	Y	N	N	M4	0.920	0.920	0.930	0.890	0.920
S	Y	N	P	M4	0.870	0.870	0.840	0.820	0.820
S	Y	P	Y	M4	0.870	0.870	0.840	0.820	0.820
S	Y	P	N	M4	0.870	0.870	0.840	0.820	0.820
S	Y	P	P	M4	0.870	0.870	0.840	0.820	0.820
S	N	Y	Y	M4	0.920	0.920	0.900	0.900	0.870
S	N	Y	N	M4	0.920	0.920	0.900	0.900	0.870
S	N	Y	P	M4	0.920	0.920	0.900	0.900	0.870
S	N	N	Y	M4	0.920	0.920	0.900	0.900	0.870
S	N	N	N	M4	1.000	1.000	1.000	1.000	1.000
S	N	N	P	M4	0.920	0.920	0.900	0.900	0.870
S	N	P	Y	M4	0.920	0.920	0.900	0.900	0.870
S	N	P	N	M4	0.920	0.920	0.900	0.900	0.870
S	N	P	P	M4	0.920	0.920	0.900	0.900	0.870
M	Y	Y	Y	M5	0.680	0.745	0.670	0.620	0.620
M	Y	Y	N	M5	0.680	0.745	0.670	0.620	0.620
M	Y	Y	P	M5	0.680	0.745	0.670	0.620	0.620
M	Y	N	Y	M5	0.680	0.745	0.670	0.620	0.620
M	Y	N	N	M5	0.690	0.755	0.740	0.630	0.650
M	Y	N	P	M5	0.680	0.745	0.670	0.620	0.620
M	Y	P	Y	M5	0.680	0.745	0.670	0.620	0.620
M	Y	P	N	M5	0.680	0.745	0.670	0.620	0.620
M	Y	P	P	M5	0.680	0.745	0.670	0.620	0.620
M	N	Y	Y	M5	0.720	0.786	0.770	0.660	0.660
M	N	Y	N	M5	0.720	0.786	0.770	0.660	0.660
M	N	Y	P	M5	0.720	0.786	0.770	0.660	0.660
M	N	N	Y	M5	0.720	0.786	0.770	0.660	0.660
M	N	N	N	M5	0.730	0.796	0.790	0.670	0.700
M	N	N	P	M5	0.720	0.786	0.770	0.660	0.660
M	N	P	Y	M5	0.720	0.786	0.770	0.660	0.660
M	N	P	N	M5	0.720	0.786	0.770	0.660	0.660
M	N	P	P	M5	0.720	0.786	0.770	0.660	0.660
S	Y	Y	Y	M5	0.860	0.860	0.830	0.810	0.810
S	Y	Y	N	M5	0.860	0.860	0.830	0.810	0.810
S	Y	Y	P	M5	0.860	0.860	0.830	0.810	0.810
S	Y	N	Y	M5	0.860	0.860	0.830	0.810	0.810
S	Y	N	N	M5	0.910	0.910	0.920	0.880	0.920
S	Y	N	P	M5	0.860	0.860	0.830	0.810	0.810
S	Y	P	Y	M5	0.860	0.860	0.830	0.810	0.810
S	Y	P	N	M5	0.860	0.860	0.830	0.810	0.810
S	Y	P	P	M5	0.860	0.860	0.830	0.810	0.810
S	N	Y	Y	M5	0.910	0.910	0.890	0.890	0.860
S	N	Y	N	M5	0.910	0.910	0.890	0.890	0.860
S	N	Y	P	M5	0.910	0.910	0.890	0.890	0.860
S	N	N	Y	M5	0.910	0.910	0.890	0.890	0.860
S	N	N	N	M5	1.000	1.000	1.000	1.000	1.000
S	N	N	P	M5	0.910	0.910	0.890	0.890	0.860
S	N	P	Y	M5	0.910	0.910	0.890	0.890	0.860
S	N	P	N	M5	0.910	0.910	0.890	0.890	0.860
S	N	P	P	M5	0.910	0.910	0.890	0.890	0.860

SERFF Tracking Number: BRWS-126620403

State: Arkansas

Filing Company: Bristol West Insurance Company

State Tracking Number: #1010513594 \$100

Company Tracking Number: BWIC12345

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Select 2.0

Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: A-1 Private Passenger Auto Abstract	Filed	05/20/2010

Comments:

Attachment:

FORM A-1 AR Ins Dept Private Passenger Auto Abstract.pdf

	Item Status:	Status Date:
Satisfied - Item: APCS-Auto Premium Comparison Survey	Filed	05/20/2010

Comments:

APCS now attached in Excel format.

Attachment:

PPA Survey form APCS 2010.xls

	Item Status:	Status Date:
Satisfied - Item: NAIC loss cost data entry document	Filed	05/20/2010

Comments:

Attachment:

loss_cost_data_entry.pdf

	Item Status:	Status Date:
Bypassed - Item: NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	05/20/2010

Bypass Reason: N/A

Comments:

Item Status:	Status
--------------	--------

SERFF Tracking Number: BRWS-126620403 State: Arkansas
Filing Company: Bristol West Insurance Company State Tracking Number: #1010513594 \$100
Company Tracking Number: BWIC12345
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Select 2.0
Project Name/Number: /

Satisfied - Item: AR Property & Casualty Transmittal Doc
Date: 05/20/2010

Comments:

Attachment:
AR PC TD 1.pdf

Item Status: Filed
Status: 05/20/2010
Satisfied - Item: Explanatory Memorandum
Date: 05/20/2010

Comments:

Attachment:
Explanatory Memorandum.pdf

Item Status: Filed
Status: 05/20/2010
Satisfied - Item: Indications by Coverage
Date: 05/20/2010

Comments:

Attachment:
Indications by Coverage.pdf

**ARKANSAS INSURANCE DEPARTMENT
FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT**

Instructions: All questions must be answered. If the answer is "none" or "Not applicable, so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name Bristol West Insurance Company
NAIC # (including group #) Group No 814 Company No. 19658

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance? Yes No
If yes, list the areas: Not Applicable

2. Do you furnish a market for young drivers? Yes No

3. Do require collateral business to support a youthful driver? Yes No

4. Do you insure drivers with an international or foreign driver's license? Yes No

5. Specify the percentage you allow in credit or discounts for the following:

a. Driver over 55	5	%
b. Good Student Discount	5	%
c. Multi-car Discount	12-31	%
d. Accident Free Discount*	0	%
Please Specify Qualification for Discount:	Not Applicable	
e. Anti-Theft Discount	0	%
f. Other (specify)		
Homeowners	1-14	%
Paid-in-Full	4-12	%
Advance Quote	5	%
Distant Student	10	%
Minor Child	25	%
EFT Checking/Savings	5	%
EFT Credit Card	3	%
Email	1	%
Prior Carrier	5	%

6. Do you have an installment payment plan for automobile insurance? Yes No
If so, what is the fee for installment payments? **Paper Bill: \$7; EFT: \$3**

7. Does your company utilize a tiered rating plan? Yes No
If so, list the programs and percentage difference and current volume for each plan:

Please see rate filing.

Program	Percentage Difference	Volume
---------	-----------------------	--------

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature
Chad Smith

Printed Name
Product Manager

Title
216-674-7035

Telephone Number
Chad.Smith@farmersinsurance.com

Email address

Private Passenger Auto Premium Comparison Survey Form
FORM APCS - last modified August 2005

NAIC Number: 19658
 Company Name: Bristol West Insurance Group
 Contact Person: Chad Smith
 Telephone No.: 216-674-7035
 Email Address: chad.smith@farmersinsurance.com
 Effective Date: 06/15/2010

Assumptions to Use:
 1 **Liability** -Minimum \$25,000 per person
 2 **Bodily Injury** \$50,000 per accident
 \$25,000 per accident
 3 **Property Damage** \$100 deductible per accident
 4 **Comprehensive & Collision** \$250 deductible per accident
 5 **The insured has elected to accept:**
 Uninsured motorist property and bodily injury equal to liability coverage
 Underinsured bodily injury equal to liability coverage
 6 **Personal Injury Protection** of \$5,000 for medical, loss wages according to statute and \$5,000 accidental death
 7 **If male and female rates are different, use the highest of the two**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:
 PASSIVE RESTRAINT/AIRBAG 0%
 AUTO/HOMEOWNERS 1-14%
 GOOD STUDENT 5%
 ANTI-THEFT DEVICE 0%
 Over 55 Defensive Driver Discount 5%
 \$250/\$500 Deductible Comp./Coll. 3%

Vehicle	Coverages	Gender	Age	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
				Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66	Female 18	Male 18	Male or Female 40	Male or Female 66
				1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability	\$675	\$744	\$240	\$239	\$686	\$752	\$242	\$242	\$984	\$1,073	\$331	\$328	\$609	\$674	\$221	\$223	\$777	\$846
	Minimum Liability with Comprehensive and Collision	\$1,594	\$2,057	\$685	\$674	\$1,628	\$2,131	\$782	\$724	\$1,861	\$2,347	\$806	\$765	\$1,755	\$2,346	\$863	\$803	\$1,706	\$2,204	\$794	\$741		
	100/300/50 Liability with Comprehensive and Collision	\$1,423	\$1,854	\$622	\$613	\$1,447	\$1,908	\$704	\$654	\$1,627	\$2,072	\$717	\$681	\$1,583	\$2,131	\$786	\$731	\$1,513	\$1,972	\$713	\$667		
2003 Ford Explorer "XL" 2WD, 4 door	Minimum Liability	\$772	\$842	\$267	\$266	\$812	\$884	\$278	\$275	\$1,183	\$1,281	\$388	\$382	\$710	\$777	\$251	\$249	\$940	\$1,015	\$318	\$312		
	Minimum Liability with Comprehensive and Collision	\$1,539	\$1,923	\$602	\$612	\$1,498	\$1,865	\$610	\$599	\$1,855	\$2,236	\$701	\$694	\$1,563	\$1,993	\$657	\$649	\$1,630	\$1,999	\$648	\$636		
	100/300/50 Liability with Comprehensive and Collision	\$1,372	\$1,733	\$546	\$558	\$1,333	\$1,673	\$552	\$545	\$1,620	\$1,974	\$622	\$621	\$1,410	\$1,815	\$600	\$597	\$1,444	\$1,790	\$582	\$578		
2003 Honda Odyssey "EX"	Minimum Liability	\$780	\$843	\$276	\$271	\$807	\$870	\$282	\$280	\$1,164	\$1,249	\$391	\$385	\$714	\$777	\$258	\$255	\$934	\$998	\$325	\$319		
	Minimum Liability with Comprehensive and Collision	\$1,643	\$2,060	\$655	\$662	\$1,584	\$1,982	\$662	\$649	\$1,923	\$2,328	\$748	\$739	\$1,679	\$2,154	\$722	\$710	\$1,715	\$2,112	\$701	\$687		
	100/300/50 Liability with Comprehensive and Collision	\$1,463	\$1,858	\$594	\$603	\$1,407	\$1,779	\$597	\$587	\$1,678	\$2,055	\$663	\$657	\$1,513	\$1,961	\$659	\$650	\$1,518	\$1,892	\$629	\$620		
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability	\$780	\$825	\$278	\$272	\$803	\$848	\$284	\$279	\$1,169	\$1,230	\$397	\$387	\$706	\$748	\$258	\$253	\$944	\$985	\$332	\$323		
	Minimum Liability with Comprehensive and Collision	\$1,562	\$1,973	\$730	\$674	\$1,804	\$2,364	\$982	\$846	\$2,035	\$2,530	\$970	\$864	\$1,889	\$2,533	\$1,066	\$916	\$1,907	\$2,440	\$992	\$863		
	100/300/50 Liability with Comprehensive and Collision	\$1,358	\$1,737	\$646	\$600	\$1,571	\$2,079	\$866	\$749	\$1,744	\$2,193	\$847	\$757	\$1,664	\$2,252	\$947	\$817	\$1,657	\$2,141	\$874	\$763		
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability	\$680	\$751	\$250	\$248	\$698	\$769	\$254	\$254	\$981	\$1,069	\$342	\$337	\$640	\$716	\$241	\$241	\$801	\$873	\$290	\$286		
	Minimum Liability with Comprehensive and Collision	\$2,057	\$2,696	\$863	\$875	\$1,961	\$2,582	\$887	\$861	\$2,205	\$2,816	\$930	\$914	\$2,203	\$2,954	\$1,011	\$985	\$2,066	\$2,685	\$915	\$889		
	100/300/50 Liability with Comprehensive and Collision	\$1,888	\$2,494	\$798	\$814	\$1,786	\$2,372	\$815	\$793	\$1,982	\$2,555	\$844	\$833	\$2,033	\$2,741	\$935	\$917	\$1,878	\$2,459	\$835	\$817		
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability	\$515	\$551	\$195	\$191	\$537	\$572	\$199	\$197	\$771	\$819	\$272	\$265	\$475	\$510	\$183	\$180	\$627	\$662	\$230	\$224		
	Minimum Liability with Comprehensive and Collision	\$998	\$1,231	\$406	\$409	\$970	\$1,190	\$409	\$402	\$1,194	\$1,421	\$470	\$462	\$1,013	\$1,277	\$440	\$433	\$1,062	\$1,283	\$439	\$429		
	100/300/50 Liability with Comprehensive and Collision	\$888	\$1,107	\$368	\$371	\$861	\$1,067	\$370	\$365	\$1,040	\$1,250	\$417	\$413	\$912	\$1,160	\$402	\$397	\$938	\$1,144	\$394	\$388		

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1. This filing transmittal is part of Company Tracking # **AR1207**

2. If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number

Company Name Bristol West Insurance Company	Company NAIC Number 19658
---	------------------------------

Product Coding Matrix Line of Business (i.e., Type of Insurance) 19.0 Personal Auto	Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) 19.0001 Private Passenger Auto (PPA)
---	--

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Bodily Injury	22.7%	15.9%					
Property Damage	36.5%	19.0%					
Personal Injury	86.1%	26.0%					
Collision	-11.2%	-1.7%					
Comprehensive	13.5%	11.9%					
TOTAL OVERALL EFFECT	16.2%	11.1%					

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007		-9.8%	06/15/07	30.617	8.159	26.6%	60.3%
2008	996	-9.4%	01/02/08	91.628	56.890	56.1%	

7.

Expense Constants	Selected Provisions
A. Total Production Expense	1.80%
B. General Expense	18.40%
C. Taxes, License & Fees	2.50%
D. Underwriting Profit & Contingencies	8.50%
E. Other (explain)	
F. TOTAL	31.20%

8. N Apply Lost Cost Factors to Future filings? (Y or N)
 9. 19.9% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____ N/A _____
 10. -0.5% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____ N/A _____

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:
	f. State Filing #:
	g. SERFF Filing #:

3. Group Name	Group NAIC #
Bristol West Insurance Group	814

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

5. Company Tracking Number	AR0807
-----------------------------------	--------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Chad Smith	Product Manager	216-674-7035	216-674-7116	Chad.Smith@farmersi nsurance.com
	Rockside Center III 5990 West Creek Road Independence, Ohio 44113				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Chad Smith		

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

9. Type of Insurance (TOI)	19.1-21.1 1000 Private Passenger Auto
10. Sub-Type of Insurance (Sub-TOI)	19.1002/21 PPA Liability and Physical Damage
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 checked="" 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: 6/15/2010 Renewal: 7/15/2010
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	5/11/2010
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR1207
------------	--	---------------

21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
------------	---

Current indications require us to increase base rates. Over the past several quarters we have seen our loss ratio continue to deteriorate and now requires action. We have been careful to minimize the impact of the rate change on our current book limiting any policyholder from having an increase of more than 20%.

Bristol West has never increased rates in this product, and has taken no rate activity since January 2008.

We are making changes in base rates and an adjustment to our core discount table. In this filing we have included the tables for the proposed changes along with a histogram showing the impact to the rates of our current policyholders.

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: \$100.00

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.)**

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.)

1.	This filing transmittal is part of Company Tracking #	AR0807
-----------	--	---------------

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

X Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc)	
-----------	---	--

4a.	Rate Change by Company
------------	-------------------------------

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
Bristol West	16.2%	11.1%	\$313,424	3,708	\$3,138,287	19.9%	-0.5%

4b.	Rate Change by Company (As Accepted) for State Use Only
------------	--

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		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	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing method of Last Filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
-----------	---	-----------------------

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
	Base Rates	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BRWS-125340299
	Core Discount	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BRWS-125340299
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**Arkansas
Bristol West Insurance Company
Explanatory Memorandum**

Effective Date: **New: 6/15/2010** **Renewal: 7/15/2010**

Proposal

In order to keep rates adequate with our current needs we propose to make the following adjustments. We are proposing to raise base rates and adjust our core discounts resulting in an overall rate increase of 11.1% for the Select 2.0 Private Passenger Auto Program effective 6/15/2010.

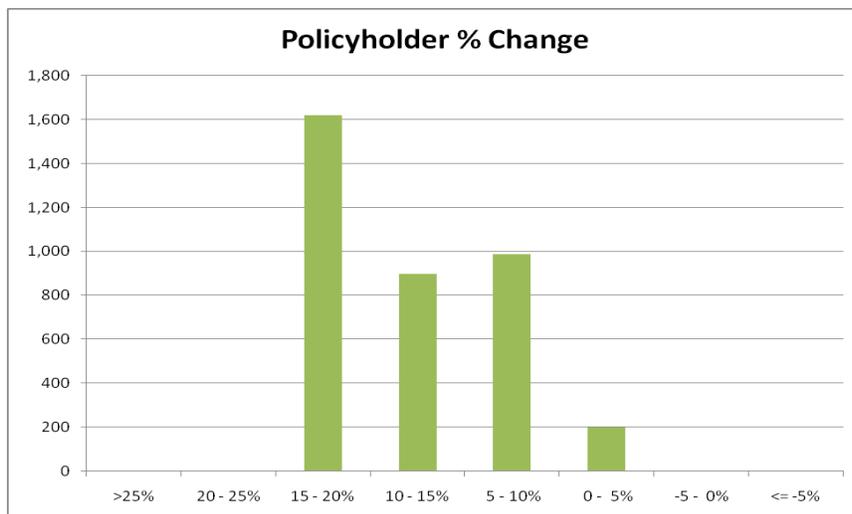
This is Bristol West’s first rate increase in Arkansas, and our first rate activity since January 2008. As we review our own results, and our competitors’ rate increases, it has become apparent that an increase is required. We have limited the disruption to our current policyholders so that no policyholder’s rates will increase by more than 20%

Overall Rate Change

Here are the overall rate impacts of the proposed filing by coverage:

Coverage	Indicated Change	Proposed Change
Bodily Injury	22.7%	15.9%
Property Damage	36.5%	19.0%
Personal Injury Protection	86.1%	26.0%
UMBI	111.9%	34.0%
UMPD	-43.2%	0.0%
Comprehensive	-11.2%	-1.7%
Collision	13.5%	11.9%
Total	16.2%	11.1%

Below is a histogram of the proposed impact on our current policyholders:



Core Discount

We propose to adjust our Core Discount table to reflect the better performance we have had in our Market Tier 1 (M1) business with Comprehensive and Collision coverages.

Base Rate

The majority of our proposed change is a result of increasing base rates. In order for us to reach our selected increase of 11.1% we are raising base rates by 11.9%.

Please refer to Exhibit 4 for detailed information.

Exhibits

Exhibit 1	Indication by Coverage
Exhibit 2	Base Rates
Exhibit 3	Core Discount

**Arkansas - Select 2.0
Data Valued @ 3/31/2010
2010Q1 Needs Indication**

<u>Coverage</u>	<u>EP @ CRL</u>	<u>200806</u>	<u>200809</u>	<u>200812</u>	<u>200903</u>	<u>200906</u>	<u>200909</u>	<u>200912</u>	<u>201003</u>	<u>8 Latest AQs</u>	<u>Selected Change</u>
Bodily Injury	1,953,561	-17.9%	1.7%	0.0%	-34.5%	33.9%	48.8%	33.3%	48.4%	22.7%	15.9%
Property Damage	1,566,098	-15.0%	-3.5%	41.4%	7.5%	78.1%	24.0%	57.3%	38.2%	36.5%	19.0%
Personal Injury	189,509	23.5%	64.9%	33.6%	19.0%	10.3%	113.3%	128.4%	155.8%	86.1%	26.0%
Uninsured Motorists (Bodily Injury)	148,185	-68.3%	-68.1%	-56.8%	12.5%	-40.1%	644.4%	-32.6%	51.5%	111.9%	34.0%
Uninsured Motorists (Property Damage)	416,242	-30.3%	-38.2%	-39.6%	-54.6%	-69.6%	-49.1%	-9.2%	-72.8%	-43.2%	0.0%
Collision	1,649,498	-24.3%	9.1%	16.8%	-54.9%	-12.8%	-8.2%	-16.6%	12.9%	-11.2%	-1.7%
Comprehensive	755,575	24.5%	17.9%	-30.0%	-6.4%	-7.8%	45.4%	22.9%	6.2%	13.5%	11.9%
Liability	4,273,595	-18.1%	-3.8%	10.9%	-17.1%	36.4%	54.2%	39.8%	37.5%	27.2%	16.6%
Physical Damage	2,405,073	-8.7%	11.8%	2.3%	-39.5%	-11.2%	8.6%	-4.2%	10.8%	-3.4%	2.6%
All Coverages	6,678,668	-15.0%	1.8%	7.8%	-25.3%	19.2%	37.7%	24.0%	27.8%	16.2%	11.1%
EP @ CRL		393,531	508,993	629,596	797,729	954,176	1,031,248	1,108,450	1,254,945	6,678,668	

SERFF Tracking Number: BRWS-126620403 State: Arkansas
 Filing Company: Bristol West Insurance Company State Tracking Number: #1010513594 \$100
 Company Tracking Number: BWIC12345
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Select 2.0
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/10/2010	Supporting Document	APCS-Auto Premium Comparison Survey	05/14/2010	PPA Survey form APCS 2010.pdf (Superseded)

Private Passenger Auto Premium Comparison Survey Form
FORM APCS - last modified August 2005

NAIC Number:	19658
Company Name:	Bristol West Insurance Group
Contact Person:	Chad Smith
Telephone No.:	216-674-7035
Email Address:	chad.smith@farmersinsurance.com
Effective Date:	6/15/2010

Assumptions to Use:

- 1 Liability -Minimum \$25,000 per person
- 2 Bodily Injury \$50,000 per accident
\$25,000 per accident
- 3 Property Damage \$100 deductible per accident
- 4 Comprehensive & Collision \$250 deductible per accident
- 5 The insured has elected to accept:
Uninsured motorist property and bodily injury equal to liability coverage
Underinsured bodily injury equal to liability coverage
- 6 Personal Injury Protection of \$5,000 for medical, loss wages according to statute and \$5,000 accidental
- 7 If male and female rates are different, use the highest of the two

Submit to: Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Telephone: 501-371-2800
Email as an attachment insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a compact disk

DISCOUNTS OFFERED:
PASSIVE RESTRAINT/AIRBAG
AUTO/HOMEOWNERS
GOOD STUDENT
ANTI-THEFT DEVICE
Over 55 Defensive Driver Discount
\$250/\$500 Deductible Comp./Coll.

	0	%
	1-14	%
	5	%
	0	%
	5	%
	3	%

Vehicle	Coverages	Gender	Age	Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
				Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female	Female	Male	Male or Female	Male or Female
				18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66	18	18	40	66
1999 Chevrolet Silverado 1500 2WD "LS" regular cab 119" WB	Minimum Liability			\$675	\$744	\$240	\$239	\$686	\$752	\$242	\$242	\$984	\$1,073	\$331	\$328	\$609	\$674	\$221	\$223	\$777	\$846	\$272	\$269
	Minimum Liability with Comprehensive and Collision			\$1,594	\$2,057	\$685	\$674	\$1,628	\$2,131	\$782	\$724	\$1,861	\$2,347	\$806	\$765	\$1,755	\$2,346	\$863	\$803	\$1,706	\$2,204	\$794	\$741
	100/300/50 Liability with Comprehensive and Collision			\$1,423	\$1,854	\$622	\$613	\$1,447	\$1,908	\$704	\$654	\$1,627	\$2,072	\$717	\$681	\$1,583	\$2,131	\$786	\$731	\$1,513	\$1,972	\$713	\$667
2003 Ford Explorer "XLT" 2WD, 4 door	Minimum Liability			\$772	\$842	\$267	\$266	\$812	\$884	\$278	\$275	\$1,183	\$1,281	\$388	\$382	\$710	\$777	\$251	\$249	\$940	\$1,015	\$318	\$312
	Minimum Liability with Comprehensive and Collision			\$1,539	\$1,923	\$602	\$612	\$1,498	\$1,865	\$610	\$599	\$1,855	\$2,236	\$701	\$694	\$1,563	\$1,993	\$657	\$649	\$1,630	\$1,999	\$648	\$636
	100/300/50 Liability with Comprehensive and Collision			\$1,372	\$1,733	\$546	\$558	\$1,333	\$1,673	\$552	\$545	\$1,620	\$1,974	\$622	\$621	\$1,410	\$1,815	\$600	\$597	\$1,444	\$1,790	\$582	\$578
2003 Honda Odyssey "EX"	Minimum Liability			\$780	\$843	\$276	\$271	\$807	\$870	\$282	\$280	\$1,164	\$1,249	\$391	\$385	\$714	\$777	\$258	\$255	\$934	\$998	\$325	\$319
	Minimum Liability with Comprehensive and Collision			\$1,643	\$2,060	\$655	\$662	\$1,584	\$1,982	\$662	\$649	\$1,923	\$2,328	\$748	\$739	\$1,679	\$2,154	\$722	\$710	\$1,715	\$2,112	\$701	\$687
	100/300/50 Liability with Comprehensive and Collision			\$1,463	\$1,858	\$594	\$603	\$1,407	\$1,779	\$597	\$587	\$1,678	\$2,055	\$663	\$657	\$1,513	\$1,961	\$659	\$650	\$1,518	\$1,892	\$629	\$620
2005 Toyota Camry LE 3.0L 4 door Sedan	Minimum Liability			\$780	\$825	\$278	\$272	\$803	\$848	\$284	\$279	\$1,169	\$1,230	\$397	\$387	\$706	\$748	\$258	\$253	\$944	\$985	\$332	\$323
	Minimum Liability with Comprehensive and Collision			\$1,562	\$1,973	\$730	\$674	\$1,804	\$2,364	\$982	\$846	\$2,035	\$2,530	\$970	\$864	\$1,889	\$2,533	\$1,066	\$916	\$1,907	\$2,440	\$992	\$863
	100/300/50 Liability with Comprehensive and Collision			\$1,358	\$1,737	\$646	\$600	\$1,571	\$2,079	\$866	\$749	\$1,744	\$2,193	\$847	\$757	\$1,664	\$2,252	\$947	\$817	\$1,657	\$2,141	\$874	\$763
2003 Cadillac Seville "STS" 4 door Sedan	Minimum Liability			\$680	\$751	\$250	\$248	\$698	\$769	\$254	\$254	\$981	\$1,069	\$342	\$337	\$640	\$716	\$241	\$241	\$801	\$873	\$290	\$286
	Minimum Liability with Comprehensive and Collision			\$2,057	\$2,696	\$863	\$875	\$1,961	\$2,582	\$887	\$861	\$2,205	\$2,816	\$930	\$914	\$2,203	\$2,954	\$1,011	\$985	\$2,066	\$2,685	\$915	\$889
	100/300/50 Liability with Comprehensive and Collision			\$1,888	\$2,494	\$798	\$814	\$1,786	\$2,372	\$815	\$793	\$1,982	\$2,555	\$844	\$833	\$2,033	\$2,741	\$935	\$917	\$1,878	\$2,459	\$835	\$817
1998 Chevrolet Cavalier LS 4D Sedan	Minimum Liability			\$515	\$551	\$195	\$191	\$537	\$572	\$199	\$197	\$771	\$819	\$272	\$265	\$475	\$510	\$183	\$180	\$627	\$662	\$230	\$224
	Minimum Liability with Comprehensive and Collision			\$998	\$1,231	\$406	\$409	\$970	\$1,190	\$409	\$402	\$1,194	\$1,421	\$470	\$462	\$1,013	\$1,277	\$440	\$433	\$1,062	\$1,283	\$439	\$429
	100/300/50 Liability with Comprehensive and Collision			\$888	\$1,107	\$368	\$371	\$861	\$1,067	\$370	\$365	\$1,040	\$1,250	\$417	\$413	\$912	\$1,160	\$402	\$397	\$938	\$1,144	\$394	\$388