Filing at a Glance

Company:	American Underwriters Insurance Company
Product Name:	AUIC-Rate Filing
State:	Arkansas
TOI:	19.0 Personal Auto
Sub-TOI:	19.0000 Personal Auto Combinations
Filing Type:	Rate
Date Submitted:	05/16/2014
SERFF Tr Num:	CRUM-129549400
SERFF Status:	Closed-Filed
State Tr Num:	
State Status:	
Co Tr Num:	PA-RATES
Effective Date Requested (New):	08/01/2014
Effective Date Requested (Renewal):	09/01/2014
Author(s):	Sharon Smith, Leonard Traiman
Reviewer(s):	Alexa Grissom (primary)
Disposition Date:	06/05/2014
Disposition Status:	Filed
Effective Date (New):	08/01/2014
Effective Date (Renewal):	09/01/2014

State Filing Description:

State: *Arkansas* **Filing Company:** *American Underwriters Insurance Company*
TOI/Sub-TOI: *19.0 Personal Auto/19.0000 Personal Auto Combinations*
Product Name: *AUIC-Rate Filing*
Project Name/Number: *PA-RATES/*

General Information

Project Name: PA-RATES
Project Number:
Reference Organization:
Reference Title:
Filing Status Changed: 06/05/2014
State Status Changed:
Created By: Sharon Smith
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:
Submitted By: Sharon Smith

Filing Description:
Dear Ms. Grissom,

Provided for your review are our requested rate revisions for American Underwriters Insurance Company, NAIC # 10251. We believe these revisions are necessary based on our three year loss development in the Standard automobile product line and other select coverage lines. The changes are as follows:

1.Increasing the BI/PD liability base rate for the Standard automobile product.
2.Adjusting the premium allocation for BI/PD base rate on the Custom automobile product, resulting in no change in liability premium for the customer.
3.Decreasing the $500 and $1000 Deductible credit factor for Comp and Collision.
4.Adjusting select driver class factors.
5.Increasing rate for Medical and Uninsured BI coverage.

If this filing meets your approval, we would like to make this change effective August 1, 2014 for new business and September 1, 2014 for renewals.

Respectfully,

Mike Alderson, Vice President
American Underwriters Insurance Company

Company and Contact

Filing Contact Information

Sharon D. Smith, Regulatory Compliance Analyst
305 MADISON AVENUE
MORRISTOWN, NJ 07962

sharon_smith@cfins.com
973-490-6788 [Phone]
973-490-6062 [FAX]

State: *Arkansas* **Filing Company:** *American Underwriters Insurance Company*
TOI/Sub-TOI: *19.0 Personal Auto/19.0000 Personal Auto Combinations*
Product Name: *AUIC-Rate Filing*
Project Name/Number: *PA-RATES/*

Filing Company Information

American Underwriters Insurance Company
824 Front Street
Conway, AR 72032
(501) 450-7400 ext. [Phone]

CoCode: 10251
Group Code: 158
Group Name:
FEIN Number: 71-6052523

State of Domicile: Arkansas
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: $100.00
Retaliatory? No
Fee Explanation: AR fee is $100 for rate filing.
Per Company: No

Company	Amount	Date Processed	Transaction #
American Underwriters Insurance Company	$100.00	05/16/2014	82308622

State: Arkansas **Filing Company:** American Underwriters Insurance Company
TOI/Sub-TOI: 19.0 Personal Auto/19.0000 Personal Auto Combinations
Product Name: AUIC-Rate Filing
Project Name/Number: PA-RATES/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	06/05/2014	06/05/2014

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	05/27/2014	05/27/2014
Pending Industry Response	Alexa Grissom	05/22/2014	05/22/2014

Response Letters

Responded By	Created On	Date Submitted
Sharon Smith	05/30/2014	05/30/2014
Sharon Smith	05/23/2014	05/23/2014

State: *Arkansas* **Filing Company:** *American Underwriters Insurance Company*
TOI/Sub-TOI: *19.0 Personal Auto/19.0000 Personal Auto Combinations*
Product Name: *AUIC-Rate Filing*
Project Name/Number: *PA-RATES/*

Disposition

Disposition Date: 06/05/2014
Effective Date (New): 08/01/2014
Effective Date (Renewal): 09/01/2014
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American Underwriters Insurance Company	1.232%	1.033%	$320,500	12,000	$9,800,000	%	%

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	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	Rate Indication Losses	Filed	Yes
Supporting Document	Factor Changes	Filed	Yes
Supporting Document	Rate/Rule Filing Schedule	Filed	Yes

State:	*Arkansas*	**Filing Company:**	*American Underwriters Insurance Company*
TOI/Sub-TOI:	*19.0 Personal Auto/19.0000 Personal Auto Combinations*		
Product Name:	*AUIC-Rate Filing*		
Project Name/Number:	*PA-RATES/*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/27/2014
Submitted Date	05/27/2014
Respond By Date	

Dear Sharon D. Smith,

Introduction:

This will acknowledge receipt of the captioned filing. Please use the updated list of vehicles.

Conclusion:

NOTICE regarding, corrections to filings and scrivener's Errors:

Arkansas does not allow the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

Sincerely,

Alexa Grissom

State:	*Arkansas*	**Filing Company:**	*American Underwriters Insurance Company*
TOI/Sub-TOI:	*19.0 Personal Auto/19.0000 Personal Auto Combinations*		
Product Name:	*AUIC-Rate Filing*		
Project Name/Number:	*PA-RATES/*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/22/2014
Submitted Date	05/22/2014
Respond By Date	

Dear Sharon D. Smith,

Introduction:

This will acknowledge receipt of the captioned filing. Please submit the APCS in Excel as well as in a PDF. Please note the vehicles have been updated.

Conclusion:

NOTICE regarding, corrections to filings and scrivener's Errors:

Arkansas does not allow the re-opening of closed filings for corrections, changes in effective dates, scrivener's errors, amendments or substantive changes. Please see the General Instructions for how these events will be handled after the effective date of the change."

Sincerely,

Alexa Grissom

State: Arkansas **Filing Company:** American Underwriters Insurance Company
TOI/Sub-TOI: 19.0 Personal Auto/19.0000 Personal Auto Combinations
Product Name: AUIC-Rate Filing
Project Name/Number: PA-RATES/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/30/2014
Submitted Date	05/30/2014

Dear Alexa Grissom,

Introduction:

We have attached the updated list of vehicles as requested.

Response 1

Comments:

See attachment.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	APCS-Auto Premium Comparison Survey
Comments:	
Attachment(s):	ARAPCS Survey Form-AUIC APCS2012.pdf ARAPCS Survey Form-AUIC APCS2012.xls
Previous Version	
Satisfied - Item:	*APCS-Auto Premium Comparison Survey*
Comments:	
Attachment(s):	*ARAPCS-Survey-premium 2014-complete.pdf* *ARAPCS-Survey-AUIC premium 2014-complete.xls*
Previous Version	
Satisfied - Item:	*APCS-Auto Premium Comparison Survey*
Comments:	
Attachment(s):	*ARAPCS-Survey-premium 2014-complete.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State: Arkansas **Filing Company:** American Underwriters Insurance Company
TOI/Sub-TOI: 19.0 Personal Auto/19.0000 Personal Auto Combinations
Product Name: AUIC-Rate Filing
Project Name/Number: PA-RATES/

Your favorable review is appreciated.

Sincerely,

Sharon Smith

State: Arkansas **Filing Company:** American Underwriters Insurance Company
TOI/Sub-TOI: 19.0 Personal Auto/19.0000 Personal Auto Combinations
Product Name: AUIC-Rate Filing
Project Name/Number: PA-RATES/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/23/2014
Submitted Date	05/23/2014

Dear Alexa Grissom,

Introduction:

Please see requested excel document.

Response 1

Comments:

See attached

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	APCS-Auto Premium Comparison Survey
Comments:	
Attachment(s):	ARAPCS-Survey-premium 2014-complete.pdf ARAPCS-Survey-AUIC premium 2014-complete.xls
Previous Version	
Satisfied - Item:	*APCS-Auto Premium Comparison Survey*
Comments:	
Attachment(s):	*ARAPCS-Survey-premium 2014-complete.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Your favorable review is appreciated.

Sincerely,

Sharon Smith

State: Arkansas **Filing Company:** American Underwriters Insurance Company
TOI/Sub-TOI: 19.0 Personal Auto/19.0000 Personal Auto Combinations
Product Name: AUIC-Rate Filing
Project Name/Number: PA-RATES/

Rate Information

Rate data applies to filing.

Filing Method: File & Use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: -6.000%
Effective Date of Last Rate Revision: 09/15/2008
Filing Method of Last Filing: File & Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
American Underwriters Insurance Company	1.232%	1.033%	$320,500	12,000	$9,800,000	%	%

Supporting Document Schedules

Satisfied - Item:	A-1 Private Passenger Auto Abstract
Comments:	
Attachment(s):	ARFORMA1-abstract-complete.pdf
Item Status:	Filed
Status Date:	06/05/2014

Satisfied - Item:	APCS-Auto Premium Comparison Survey
Comments:	
Attachment(s):	ARAPCS Survey Form-AUIC APCS2012.pdf ARAPCS Survey Form-AUIC APCS2012.xls
Item Status:	Filed
Status Date:	06/05/2014

Satisfied - Item:	NAIC loss cost data entry document
Comments:	
Attachment(s):	ARRFARF1-rate abstract-complete.pdf
Item Status:	Filed
Status Date:	06/05/2014

Bypassed - Item:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp
Bypass Reason:	n/a
Attachment(s):	
Item Status:	Filed
Status Date:	06/05/2014

Satisfied - Item:	Rate Indication Losses
Comments:	
Attachment(s):	Rate_indication-losses_by_coverage.pdf
Item Status:	Filed
Status Date:	06/05/2014

Satisfied - Item:	Factor Changes
Comments:	
Attachment(s):	factor changes.pdf
Item Status:	Filed

State: *Arkansas* **Filing Company:** *American Underwriters Insurance Company*
TOI/Sub-TOI: *19.0 Personal Auto/19.0000 Personal Auto Combinations*
Product Name: *AUIC-Rate Filing*
Project Name/Number: *PA-RATES/*

Status Date:	06/05/2014

Satisfied - Item:	Rate/Rule Filing Schedule
Comments:	See Rate Data under Rate/Rule Schedule
Attachment(s):	ARRRFS-1-filing schedule-complete.pdf
Item Status:	Filed
Status Date:	06/05/2014

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 American Underwriters Insurance Company
NAIC # (including group #) 10251

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: _____

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

3. Do you 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 — 10 %
   b. Good Student Discount — 15 %
   c. Multi-car Discount — 20 %
   d. Accident Free Discount* — 0 %
      Please Specify Qualification for Discount:
      _____
      _____
   e. Anti-Theft Discount — 0 %
   f. Other (specify) Driver Training,-10%, Homeowner-3%, College/Scholastic-5% — %

6. Do you have an installment payment plan for automobile insurance? ☒ Yes ☐ No
   If so, what is the fee for installment payments? $6.00

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:

Program	Percentage Difference	Volume
Custom Auto/Standard Auto	Standard is 15-35% discount	Custom-$6.7m, Standard-$3.1m

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

_____
Signature
Mike Alderson
Printed Name
Vice President
Title
501-450-6890
Telephone Number
mike.alderson@fairmontspecialty.com
Email Address

Private Passenger Auto Premium Comparision Survey Form

FORM APCS - last modified May 2012

NAIC Number:	10251
Company Name:	American Underwriters Ins. Co.
Contact Person:	Mike Alderson
Telephone No.:	501-450-6890
Email Address:	mike.alderson@fairmontspecialty
Effective Date:	1-Aug-14

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG		%
AUTO/HOMEOWNERS	6	%
GOOD STUDENT	15	%
ANTI-THEFT DEVICE		%
Over 55 Defensive Driver Discount	10	%
$250/$500 Deductible Comp./Coll.	13 to 16	%

Assumptions to Use:

1. ***Liability -Minimun $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

			Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
		Gender	*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*
Vehicle	**Coverages**	**Age**	*18*	*18*	*40*	*66*	*18*	*18*	*40*	*66*	*18*	*18*	*40*	*66*	*18*	*18*	*40*	*66*	*18*	*18*	*40*	*66*
2008 4.8L Chevrolet Silverado 1500 "LS" regular cab 119" WB	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$1,642	$2,254	$880	$827	$1,654	$2,272	$885	$832	$2,209	$3,167	$1,163	$1,068	$1,793	$2,469	$954	$896	$1,901	$2,700	$1,016	$938
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2009Ford Explorer 'XLT' 2WD, 4 door	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$1,822	$2,472	$974	$921	$1,834	$2,490	$979	$926	$2,413	$3,415	$1,266	$1,171	$1,989	$2,707	$1,055	$997	$2,081	$2,918	$1,110	$1,032
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2010 Honda Odyssey "EX"	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$1,809	$2,459	$963	$910	$1,821	$2,477	$968	$915	$2,399	$3,401	$1,256	$1,161	$1,975	$2,692	$1,045	$987	$2,068	$2,905	$1,099	$1,021
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2011 Toyota Camry 2.5L 4 door Sedan	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$2,210	$2,949	$1,166	$1,113	$2,222	$2,967	$1,171	$1,118	$2,854	$3,960	$1,481	$1,386	$2,413	$3,227	$1,266	$1,208	$2,469	$3,395	$1,302	$1,224
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2011 Cadillac Seville "CTS" AWD WAG 4 door 3.0L	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$2,535	$3,348	$1,327	$1,274	$2,547	$3,366	$1,332	$1,279	$3,224	$4,417	$1,660	$1,565	$2,768	$3,663	$1,440	$1,382	$2,824	$3,794	$1,463	$1,385
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2010 Hyundai Santa Fe SE 4X2	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$2,021	$2,713	$1,078	$1,025	$2,033	$2,731	$1,083	$1,030	$2,636	$3,688	$1,381	$1,286	$2,207	$2,971	$1,170	$1,112	$2,310	$3,159	$1,214	$1,136
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	

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		Company NAIC Number
3.	**A.**	American Underwriters Insurance Company	**B.**	10251

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

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY (E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
BI/PD- Standard auto	1.371	1.115					
Medical-Standard auto	3.550	1.578					
Medical-Custom auto	2.229	1.154					
Comprehensive	1.561	1.06					
Collision	1.256	1.02					
UMBI-Standard auto	1.525	1.385					
TOTAL OVERALL EFFECT	1.232	1.033					

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
2014	12,499	0		$ 3,448	$ 2,598	75.14	n/a
2013	29,672	0		$ 9,567	$ 6,327	66.1	n/a
2012	24,907	0		$ 8,015	$ 4,998	62.4	n/a
2011	24,425	0		$ 7,988	$ 4,993	62.5	n/a
2010	24,080	0		$ 7,965	$ 5.088	63.9	n/a
2009	23,850	0		$ 7,687	$ 4,490	58.4	n/a

7.

Expense Constants	Selected Provisions
A. Total Production Expense	15.4%
B. General Expense	23.8%
C. Taxes, Licenses & Fees	2.9%
D. Underwriting Profit & Contingencies	5.0%
E. Other (explain)	
F. TOTAL	47.1%

8. N Apply Loss Cost Factors to Future filings? (Y or N)

9. 1.309 Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): n/a

10. 14.3 Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): n/a

State	(All)	Arkansas
County Name	(All)	All
Coverage	BI/PD	BI/PD
Policy Type	PA	Standard Auto Only
Territory#	(All)	All Territories

	Data			
Year	Loss Ratio	Earned Premium	Incurred Losses	Written Premium
2011	60.00%	$1,428,406.74	$857,061.29	$1,430,026.00
2012	82.82%	$1,402,383.97	$1,161,488.33	$1,426,065.00
2013	75.75%	$1,538,412.00	$1,165,383.19	$1,545,731.00
2014	69.83%	$512,943.65	$358,187.95	$537,268.00
Grand Total	72.55%	$4,882,146.36	$3,542,120.76	$4,939,090.00

Total Overall Effect of Changes for this Coverage	$177,759
% of change to 2013 annual written premium	1.115

BI/PD Base Rate change for Standard Auto tier.

State	(All)	Arkansas
County Name	(All)	All
Coverage	MED	Medical
Policy Type	PA	Standard Auto Only
Territory#	(All)	All Territories

	Data			
Year	Loss Ratio	Earned Premium	Incurred Losses	Written Premium
2011	171.44%	$36,299.92	$62,232.67	$35,803.00
2012	78.77%	$33,779.62	$26,609.83	$33,848.00
2013	292.34%	$37,575.30	$109,846.95	$38,410.00
2014	215.17%	$12,748.41	$27,430.90	$13,110.00
Grand Total	187.80%	$120,403.25	$226,120.35	$121,171.00

Total Overall Effect of Changes for this Coverage	$22,201
% of change to 2013 annual written premium	1.578

Medical Base Rate change for Standard Auto tier.
$19 to $30 six month premium

State	(All)	Arkansas
County Name	(All)	All
Coverage	MED	Medical
Policy Type	SS	Custom Auto Only
Territory#	(All)	All Territories

	Data			
Year	Loss Ratio	Earned Premium	Incurred Losses	Written Premium
2011	-11.38%	$22,409.29	-$2,551.17	$23,007.00
2012	99.04%	$22,374.22	$22,159.15	$23,246.00
2013	130.34%	$28,427.84	$37,052.69	$28,791.00
2014	423.22%	$9,720.43	$41,138.80	$13,055.00
Grand Total	117.93%	$82,931.78	$97,799.47	$88,099.00

Total Overall Effect of Changes for this Coverage	$4,434
% of change to 2013 annual written premium	1.154

Medical Base Rate change for Custom Auto tier.
$26 to $30 six month premium

State	(All)	Arkansas
County Name	(All)	All
Coverage	OTC	Comprehensive
Policy Type	(All)	Custom and Standard Auto
Territory#	(All)	All Territories

	Data			
Year	Loss Ratio	Earned Premium	Incurred Losses	Written Premium
2011	92.24%	$676,802.16	$624,292.60	$683,854.00
2012	75.50%	$705,484.30	$532,671.93	$740,278.00
2013	82.26%	$893,883.97	$735,270.01	$928,822.00
2014	78.90%	$330,262.96	$260,566.44	$410,369.00
Grand Total	82.60%	$2,606,433.39	$2,152,800.98	$2,763,323.00

Total Overall Effect of Changes for this Coverage $55,729

% of change to 2013 annual written premium 1.06

No Base Rate change for this coverage

Change to Deductible Credit Factors
$500 ded. Factor - .83 to .88
$1000 ded. Factor- .70 to .76

State	(All)	Arkansas
County Name	(All)	All
Coverage	COL	Collision
Policy Type	(All)	Custom and Standard Auto
Territory#	(All)	All Territories

	Data			
Year	Loss Ratio	Earned Premium	Incurred Losses	Written Premium
2011	69.60%	$1,404,194.40	$977,281.04	$1,412,566.00
2012	53.84%	$1,447,022.85	$779,091.02	$1,520,979.00
2013	70.66%	$1,859,564.29	$1,313,882.52	$1,936,219.00
2014	75.36%	$692,286.76	$521,706.54	$865,991.00
Grand Total	66.48%	$5,403,068.30	$3,591,961.12	$5,735,755.00

Total Overall Effect of Changes for this Coverage $38,724

% of change to 2013 annual written premium 1.02

No Base Rate change for this coverage

Change to Deductible Credit Factors
$500 ded. Factor - .80 to .81
$1000 ded. Factor- .70 to .72

State	(All)	Arkansas
County Name	(All)	All
Coverage	UMB	Uninsured Motorist BI
Policy Type	PA	Standard Auto Only
Territory#	(All)	All Territories

	Data			
Year	Loss Ratio	Earned Premium	Incurred Losses	Written Premium
2011	-0.92%	$49,435.87	-$452.63	$49,496.00
2012	141.81%	$48,538.15	$68,834.31	$49,519.00
2013	116.48%	$55,431.79	$64,567.47	$56,194.00
2014	32.00%	$18,864.21	$6,035.61	$19,876.00
Grand Total	80.68%	$172,270.02	$138,984.76	$175,085.00

Total Overall Effect of Changes for this Coverage $21,635

% of change to 2013 annual written premium 1.385

UMBI Base Rate change for Standard Auto tier.
$13 to $18 six month premium

State	(All)	Arkansas
County Name	(All)	All
Coverage	(All)	All Coverage
Policy Type	(All)	All- Custom and Standard Auto
Territory#	(All)	All Territories

	Data			
Year	Loss Ratio	Earned Premium	Incurred Losses	Written Premium
2011	62.52%	$7,988,029.00	$4,994,253.46	$8,038,427.00
2012	62.37%	$8,015,237.30	$4,998,956.56	$8,333,160.00
2013	66.14%	$9,567,527.19	$6,327,881.84	$9,829,002.00
2014	75.35%	$3,448,265.82	$2,598,432.68	$4,441,561.00
Grand Total	65.20%	$29,019,059.31	$18,919,524.54	$30,642,150.00

Total Overall Effect of Changes $320,482

% of change to 2013 annual written premium- 1.0326

CHANGES INDICATED IN RED

SIX MONTH CURRENT AND PROPOSED BASE RATE CUSTOM AUTO (SS) AND STANDARD AUTO (PA)					
BASE RATES	**LIMITS**	**Current Rate Custom Auto**	**Proposed Rate Custom Auto**	**Current Rate Standard Auto**	**Proposed Rate Standard Auto**
BODILY INJURY	25/50	$ 117	$ 94	$ 77	$ 77
PROPERTY DAMAGE	25	$ 111	$ 134	$ 71	$ 88
COMPREHENSIVE	200 DED	$ 148	$ 148	$ 102	$ 102
COLLISION	200 DED	$ 350	$ 350	$ 246	$ 246
UNINSURED BI	25/50	$ 23	$ 23	$ 13	$ 18
UNINSURED PD	25	$ 26	$ 26	$ 20	$ 20
UNDERINSURED	25/50	$ 21	$ 21	$ 15	$ 15
MEDICAL	5000	$ 26	$ 30	$ 19	$ 30
WORK LOSS	STAT	$ 10	$ 10	$ 7	$ 7
ACCIDENTAL DEATH	5000	$ 8	$ 8	$ 6	$ 6
TOWING & LABOR	25	$ 2	$ 2	$ 1	$ 1
RENTAL REIMBURSEMENT	15/450	$ 6	$ 6	$ 6	$ 6

CHANGES INDICATED IN RED

DRIVER CLASS FACTORS FOR ALL TERRITORIES CUSTOM AUTO (SS)						
MARITAL STATUS/SEX	AGE GROUP	CLASS	CURRENT LIABILITY FACTOR	PROPOSED LIABILITY FACTOR	COMP FACTOR	COLL FACTOR
SINGLE MALE	16-18	SM1	3.75	3.75	1.20	3.259
SINGLE MALE	19-20	SM2	3.00	3.00	1.20	3.259
SINGLE MALE	21-24	SM3	2.00	2.00	1.20	2.50
SINGLE MALE	25-29	SM4	1.45	1.45	1.10	1.518
SINGLE MALE	30-49	SM5	1.15	1.15	1.00	1.05
SINGLE MALE	50-54	SM6	1.05	0.93	1.00	1.02
SINGLE MALE	55-64	SM7	1.00	0.93	1.00	0.97
SINGLE MALE	65-69	SM8	1.14	0.93	1.00	1.05
SINGLE MALE	70+	SM9	1.14	1.09	1.05	1.10
MARRIED MALE	16-18	MM1	2.40	2.40	1.20	2.26
MARRIED MALE	19-20	MM2	2.00	2.00	1.20	1.884
MARRIED MALE	21-24	MM3	1.50	1.50	1.20	1.549
MARRIED MALE	25-29	MM4	1.10	1.10	1.05	1.00
MARRIED MALE	30-49	MM5	1.00	1.00	1.00	1.00
MARRIED MALE	50-54	MM6	1.00	0.93	1.00	1.00
MARRIED MALE	55-64	MM7	0.95	0.93	1.00	0.95
MARRIED MALE	65-69	MM8	1.14	0.93	1.00	1.00
MARRIED MALE	70+	MM9	1.14	1.09	1.00	1.10
SINGLE FEMALE	16-18	SF1	2.05	2.17	1.20	2.54
SINGLE FEMALE	19-20	SF2	2.05	2.17	1.20	2.30
SINGLE FEMALE	21-24	SF3	1.55	1.64	1.10	1.40
SINGLE FEMALE	25-29	SF4	1.20	1.27	1.00	1.10
SINGLE FEMALE	30-49	SF5	1.10	1.10	1.00	1.00
SINGLE FEMALE	50-54	SF6	1.05	0.93	1.00	1.00
SINGLE FEMALE	55-64	SF7	1.00	0.93	1.00	0.95
SINGLE FEMALE	65-69	SF8	1.10	0.93	1.00	1.00
SINGLE FEMALE	70+	SF9	1.14	1.09	1.00	1.10
MARRIED FEMALE	16-18	MF1	1.20	1.27	1.20	1.20
MARRIED FEMALE	19-20	MF2	1.20	1.27	1.20	1.20
MARRIED FEMALE	21-24	MF3	1.18	1.25	1.05	1.10
MARRIED FEMALE	25-29	MF4	1.00	1.06	1.02	1.00
MARRIED FEMALE	30-49	MF5	1.00	1.00	1.00	1.00
MARRIED FEMALE	50-54	MF6	1.00	0.93	1.00	1.00
MARRIED FEMALE	55-64	MF7	0.95	0.93	1.00	0.95
MARRIED FEMALE	65-69	MF8	1.10	0.93	1.00	1.10
MARRIED FEMALE	70+	MF9	1.14	1.09	1.00	1.10
Non Assigned Vehicle		NAV	1.05	1.09	1.09	1.09

CHANGES INDICATED IN RED

DRIVER CLASS FACTORS FOR ALL TERRITORIES STANDARD AUTO (PA)						
SEX/MARITAL STATUS	AGE GROUP	CLASS	CURRENT LIABILITY FACTOR	PROPOSED LIABILITY FACTOR	COMP FACTOR	COLL FACTOR
SINGLE MALE	16-18	SM1	3.75	3.75	1.20	3.259
SINGLE MALE	19-20	SM2	3.00	3.00	1.20	3.259
SINGLE MALE	21-24	SM3	2.00	2.00	1.20	2.500
SINGLE MALE	25-29	SM4	1.45	1.45	1.10	1.518
SINGLE MALE	30-49	SM5	1.15	1.15	1.00	1.050
SINGLE MALE	50-54	SM6	0.98	0.93	1.00	1.020
SINGLE MALE	55-64	SM7	0.93	0.93	1.00	0.970
SINGLE MALE	65-69	SM8	0.98	0.93	1.00	1.050
SINGLE MALE	70+	SM9	0.98	1.09	1.05	1.080
MARRIED MALE	16-18	MM1	2.22	2.40	1.20	2.260
MARRIED MALE	19-20	MM2	2.00	2.00	1.20	1.884
MARRIED MALE	21-24	MM3	1.50	1.50	1.20	1.549
MARRIED MALE	25-29	MM4	1.09	1.10	1.05	1.000
MARRIED MALE	30-49	MM5	1.00	1.00	1.00	1.000
MARRIED MALE	50-54	MM6	0.98	0.93	1.00	1.000
MARRIED MALE	55-64	MM7	0.93	0.93	1.00	0.950
MARRIED MALE	65-69	MM8	0.98	0.93	1.00	1.000
MARRIED MALE	70+	MM9	0.98	1.09	1.00	1.080
SINGLE FEMALE	16-18	SF1	1.88	2.17	1.20	2.540
SINGLE FEMALE	19-20	SF2	1.88	2.17	1.20	2.300
SINGLE FEMALE	21-24	SF3	1.55	1.64	1.10	1.400
SINGLE FEMALE	25-29	SF4	1.09	1.27	1.00	1.100
SINGLE FEMALE	30-49	SF5	1.09	1.10	1.00	1.000
SINGLE FEMALE	50-54	SF6	0.98	0.93	1.00	1.000
SINGLE FEMALE	55-64	SF7	0.93	0.93	1.00	0.950
SINGLE FEMALE	65-69	SF8	0.93	0.93	1.00	1.000
SINGLE FEMALE	70+	SF9	0.98	1.09	1.00	1.080
MARRIED FEMALE	16-18	MF1	1.09	1.27	1.20	1.200
MARRIED FEMALE	19-20	MF2	1.09	1.27	1.20	1.200
MARRIED FEMALE	21-24	MF3	1.09	1.25	1.05	1.100
MARRIED FEMALE	25-29	MF4	1.00	1.06	1.02	1.000
MARRIED FEMALE	30-49	MF5	1.00	1.00	1.00	1.000
MARRIED FEMALE	50-54	MF6	0.98	0.93	1.00	1.000
MARRIED FEMALE	55-64	MF7	0.93	0.93	1.00	0.950
MARRIED FEMALE	65-69	MF8	0.98	0.93	1.00	1.080
MARRIED FEMALE	70+	MF9	0.98	1.09	1.00	1.080
Non Assigned Vehicle		NAV	1.05	1.09	1.09	1.09

CHANGES INDICATED IN RED

RATING FACTORS

COMP/COLL DED. FACTORS

DEDUCTIBLE	CURRENT COMP	PROPOSED COMP	CURRENT COLL	PROPOSED COLL
100	1.19	1.19	NA	NA
200	1.00	1.00	1.00	1.00
250	0.95	0.95	0.95	0.95
500	0.83	0.88	0.80	0.81
1000	0.70	0.76	0.70	0.72

AGE GROUP FACTORS

	COMP	COLL
AGE GROUP 1	1.30	1.30
AGE GROUP 2	1.25	1.25
AGE GROUP 3	1.2	1.2
AGE GROUP 4	1.15	1.15
AGE GROUP 5	1.102	1.102
AGE GROUP 6	1.054	1.054
AGE GROUP 7	1.00	1.00

Effective March 1, 2007

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

☒ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

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

4a. Rate Change by Company (As Proposed)

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)
American Underwriters Insurance Company	1.232	1.0326	$320,500	12,000	$9,800,000		

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	Minimum % Change

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**	-6%
7.	**Effective Date of last rate revision**	9-15-2008
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**
01		☐ New ☐ Replacement ☐ Withdrawn	
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

These pages are informational only and do not need to be submitted with your filings!

Notes for Rate/Rule Filing Transmittal

DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE

RATE/RULE FILING SCHEDULE

1. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

2. This filing corresponds to form filing number: Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

3. Filing Method (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the filing is being submitted. See State Specific Requirements.

4. Rate Change by Company: Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.

- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.

- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.

- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.

- **Written premium for this program** - This is the statewide written premium for each company.

- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
  - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
  - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
  - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

5a. Overall percentage rate indication (when applicable): These fields are only to be completed when an actuarial indication is included in the filing submission.

5b. Overall percentage rate impact for this filing: This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.

5c. Effect of Rate Filing—Written Premium Change for this program: This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

5d. Effect of Rate Filing—Number of policyholders affected: This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

6. Overall percentage of last rate revision: This is the statewide average of the last percentage change implemented in the state.

7. Effective Date of last rate revision: This is the implementation date of the last overall percentage rate impact.

8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the last filing was submitted. See State Specific Requirements.

9. Rule # or Page # Submitted for Review: This is the list of changes to the rate/rule manual.

To be complete a filing must include the following:

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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 Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/23/2014	Filed 06/05/2014	Supporting Document	APCS-Auto Premium Comparison Survey	05/30/2014	ARAPCS-Survey-premium 2014-complete.pdf (Superceded) ARAPCS-Survey-AUIC premium 2014-complete.xls (Superceded)
05/16/2014	Filed 06/05/2014	Supporting Document	APCS-Auto Premium Comparison Survey	05/23/2014	ARAPCS-Survey-premium 2014-complete.pdf

Private Passenger Auto Premium Comparision Survey Form

FORM APCS - last modified August 2005

NAIC Number:	10251
Company Name:	American Underwriters Ins. Co.
Contact Person:	Mike Alderson
Telephone No.:	501-450-6890
Email Address:	mike.alderson@fairmontspecialty
Effective Date:	1-Aug-14

DISCOUNTS OFFERED:

PASSIVE RESTRAINT/AIRBAG		%
AUTO/HOMEOWNERS	6	%
GOOD STUDENT	15	%
ANTI-THEFT DEVICE		%
Over 55 Defensive Driver Discount	10	%
$250/$500 Deductible Comp./Coll.	13 to 16	%

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 t insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a compact disk

			Fayetteville				Trumann				Little Rock				Lake Village				Pine Bluff			
		Gender	*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*
Vehicle	**Coverages**	**Age**	*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*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$1,642	$2,254	$880	$827	$1,654	$2,272	$885	$832	$2,209	$3,167	$1,163	$1,068	$1,793	$2,469	$954	$896	$1,901	$2,700	$1,016	$938
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2003 Ford Explorer "XLT" 2WD, 4 door	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$1,821	$2,469	$977	$924	$1,833	$2,487	$982	$929	$2,410	$3,410	$1,269	$1,174	$1,988	$2,703	$1,059	$1,001	$2,080	$2,915	$1,113	$1,035
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2003 Honda Odyssey "EX"	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$1,761	$2,397	$943	$890	$1,773	$2,415	$948	$895	$2,342	$3,328	$1,232	$1,137	$1,922	$2,624	$1,023	$965	$2,020	$2,843	$1,079	$1,001
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2005 Toyota Camry LE 3.0L 4 door Sedan	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$2,077	$2,777	$1,112	$1,059	$2,089	$2,795	$1,117	$1,064	$2,698	$3,759	$1,417	$1,322	$2,267	$3,040	$1,206	$1,148	$2,336	$3,223	$1,248	$1,170
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
2003 Cadillac Seville "STS" 4 door Sedan	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$2,254	$2,990	$1,206	$1,153	$2,266	$3,008	$1,211	$1,158	$2,896	$4,000	$1,520	$1,425	$2,461	$3,273	$1,309	$1,251	$2,513	$3,436	$1,342	$1,264
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
1998 Chevrolet Cavalier LS 4D Sedan	*Minimum Liability*		$627	$1,000	$389	$336	$639	$1,018	$394	$341	$1,049	$1,727	$612	$517	$686	$1,101	$419	$361	$886	$1,446	$525	$447
	Minimum Liability with Comprehensive and Collision		$1,821	$2,469	$977	$924	$1,833	$2,487	$982	$929	$2,410	$3,410	$1,269	$1,174	$1,988	$2,703	$1,059	$1,001	$2,080	$2,915	$1,113	$1,035
	100/300/50 Liability with Comprehensive and Collision		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0