

SERFF Tracking Number: GECC-125276938 State: Arkansas
Filing Company: GEICO Indemnity Company State Tracking Number: AR-PC-07-025944
Company Tracking Number: 2007-206
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: 206-CYC-Form
Project Name/Number: 206-CYC-Form/2007-206

Filing at a Glance

Company: GEICO Indemnity Company

Product Name: 206-CYC-Form

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Form

SERFF Tr Num: GECC-125276938 State: Arkansas

SERFF Status: Closed

Co Tr Num: 2007-206

Co Status:

Authors: Maria Papagjika, Belinda Walters

Date Submitted: 08/29/2007

State Tr Num: AR-PC-07-025944

State Status:

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Disposition Date: 08/30/2007

Disposition Status: Approved

Effective Date (New): 08/30/2007

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

General Information

Project Name: 206-CYC-Form

Project Number: 2007-206

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 08/30/2007

State Status Changed: 08/30/2007

Corresponding Filing Tracking Number:

Filing Description:

Specifically, we propose to place on file the following revised form: CRUE-615-V(03-07) – Motorcycle Policy Endorsement.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: N/A

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

Additionally, we are withdrawing form CRUE-615V(5-02).

Company and Contact

Filing Contact Information

Maria Papagjika, Analyst, State Filings

mpapagjika@geico.com

SERFF Tracking Number: GECC-125276938 State: Arkansas
Filing Company: GEICO Indemnity Company State Tracking Number: AR-PC-07-025944
Company Tracking Number: 2007-206
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: 206-CYC-Form
Project Name/Number: 206-CYC-Form/2007-206

One GEICO Plaza (301) 986-3792 [Phone]
Washington, DC 20076 (301) 986-3922[FAX]

Filing Company Information

GEICO Indemnity Company CoCode: 22055 State of Domicile: Maryland
4608 Willard Avenue Group Code: 31 Company Type:
Chevy Chase, MD 20815 Group Name: State ID Number:
(800) 824-5404 ext. [Phone] FEIN Number: 52-0794134

SERFF Tracking Number: GECC-125276938 State: Arkansas
Filing Company: GEICO Indemnity Company State Tracking Number: AR-PC-07-025944
Company Tracking Number: 2007-206
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: 206-CYC-Form
Project Name/Number: 206-CYC-Form/2007-206

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 co x 50.00 =\$50.00
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0311376	\$50.00	08/28/2007

SERFF Tracking Number: GECC-125276938
Filing Company: GEICO Indemnity Company
Company Tracking Number: 2007-206
TOI: 19.0 Personal Auto
Product Name: 206-CYC-Form
Project Name/Number: 206-CYC-Form/2007-206

State: Arkansas
State Tracking Number: AR-PC-07-025944
Sub-TOI: 19.0002 Motorcycle

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/30/2007	08/30/2007

SERFF Tracking Number: GECC-125276938

State: Arkansas

Filing Company: GEICO Indemnity Company

State Tracking Number: AR-PC-07-025944

Company Tracking Number: 2007-206

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: 206-CYC-Form

Project Name/Number: 206-CYC-Form/2007-206

Disposition

Disposition Date: 08/30/2007

Effective Date (New): 08/30/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *GECC-125276938* *State:* *Arkansas*
Filing Company: *GEICO Indemnity Company* *State Tracking Number:* *AR-PC-07-025944*
Company Tracking Number: *2007-206*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0002 Motorcycle*
Product Name: *206-CYC-Form*
Project Name/Number: *206-CYC-Form/2007-206*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter, Change Sheet and Explanatory Memo	Approved	Yes
Supporting Document	Mockup coy	Approved	Yes
Form	Motorcycle Policy Endorsement – Exclusion of Named Driver	Approved	Yes

SERFF Tracking Number: GECC-125276938 State: Arkansas
 Filing Company: GEICO Indemnity Company State Tracking Number: AR-PC-07-025944
 Company Tracking Number: 2007-206
 TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
 Product Name: 206-CYC-Form
 Project Name/Number: 206-CYC-Form/2007-206

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Motorcycle Policy Endorsement – Exclusion of Named Driver	CRUE-615-V(03-07)		Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CRUE-615V(5-02) Previous Filing #:		CRUE-615-V.pdf

SERFF Tracking Number: GECC-125276938

State: Arkansas

Filing Company: GEICO Indemnity Company

State Tracking Number: AR-PC-07-025944

Company Tracking Number: 2007-206

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: 206-CYC-Form

Project Name/Number: 206-CYC-Form/2007-206

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GECC-125276938

State: Arkansas

Filing Company: GEICO Indemnity Company

State Tracking Number: AR-PC-07-025944

Company Tracking Number: 2007-206

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Product Name: 206-CYC-Form

Project Name/Number: 206-CYC-Form/2007-206

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Approved 08/30/2007

Comments:

Attachment:

AR Transmittal.pdf

Satisfied -Name: Cover Letter, Change Sheet and Explanatory Memo

Review Status: Approved 08/30/2007

Comments:

Attachments:

AR Cover Letter.pdf

Change Sheet AR.pdf

AR Explanatory Memo.pdf

Satisfied -Name: Mockup coy

Review Status: Approved 08/30/2007

Comments:

Attachment:

CRUE-615-V mockup copy.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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 #		
	GEICO	0031		
4.	Company Name(s)	Domicile	NAIC #	FEIN #
	GEICO Indemnity Company	MD	22055	52-0794134

5.	Company Tracking Number	2007-206
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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
	Belinda Thomas GEICO 4608 Willard Avenue Chevy Chase, MD 20815	Analyst, State Filings	800-824-5404 ext. 3678	301-986-3922	belthomas@geico.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Belinda Thomas		

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

9.	Type of Insurance (TOI)	19.2, 21.1
10.	Sub-Type of Insurance (Sub-TOI)	Private Passenger Motorcycle
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Motorcycle Casualty Form Manual
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	Upon Approval
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	8/28/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2007-206
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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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Specifically, we propose to place on file the following revised form: CRUE-615-V(03-07) – Motorcycle Policy Endorsement.

Additionally, we are withdrawing form CRUE-615V(5-02).

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]
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Check #: 0311376
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.)**

PC TD-1 pg 2 of 2

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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 #	2007-206			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	NA			
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	Motorcycle Policy Endorsement- Exclusion of Named Driver	CRUE-615-V(03-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CRUE615V (5-02)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



- Government Employees Insurance Company
- GEICO General Insurance Company
- GEICO Indemnity Company
- GEICO Casualty Company

ONE GEICO PLAZA ■ Washington, D.C. 20076-0001

August 28, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: GEICO Indemnity Company NAIC: 031-22055
Motorcycle Casualty Forms Manual
File No.: 2007-206

Dear Commissioner Bowman:

For your review and approval, GEICO Indemnity Company herewith submits a revision to their Motorcycle Casualty Forms Manual currently on file.

Specifically, we propose to place on file the following revised form: CRUE-615-V(03-07) – Motorcycle Policy Endorsement.

Additionally, we are withdrawing form CRUE-615V(5-02).

A copy of the revised form is attached for your convenience. Upon completion of your review, please forward your stamped approval.

Sincerely,

Belinda Thomas
Analyst, State Filings
(800)824-5404 ext. 3678
fax: 301-986-3922
email: belthomas@geico.com

Enclosures

GEICO INDEMNITY COMPANY
ARKANSAS
MOTORCYCLE - CHANGE SHEET

POLICY SECTION: The following revised form is to be placed on file.

Revised Form:
CRUE-615-V(03-07) - Motorcycle Policy Endorsement – Exclusion of Named Driver

Withdrawn Form:
CRUE-615V(5-02)

GEICO INDEMNITY COMPANY
EXPLANATORY MEMORANDUM
ARKANSAS

Form: CRUE-615-V(03-07)

Revised heading to read: GEICO Indemnity Company (Motorcycle)

Revised effective on date to read: Effective on Date Received or Postmarked

Revised last paragraph to read: This endorsement forms a part of the captioned policy issued by GEICO Indemnity Company and is effective as of 12:01 A.M. either on the date received by GEICO or, if mailed, on the envelope postmark date.

POLICY ENDORSEMENT



EXCLUSION OF NAMED DRIVER

The Policy Number and Effective Date need be completed only when this endorsement is issued subsequent to preparation of the policy.

Revised [Policy No.: XXXXXXXXXXXXXXXXXXXX
Effective On Date Received or Postmarked]

It is agreed that the insurance afforded by this policy shall not apply with respect to any claim arising from accidents which occur while any *motorcycle* is being operated by XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Accepted and Acknowledged By _____
(Signature of Named Insured)

(Signature of Named Insured)

If this form is sent by facsimile machine (fax), the sender adopts the document received by GEICO as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

Revised [This endorsement forms a part of the captioned policy issued by GEICO Indemnity Company and is effective as of 12:01 A.M. either on the date received by GEICO or, if mailed, on the envelope postmark date.]

