

SERFF Tracking Number:	APST-125290823	State:	Arkansas
Filing Company:	AIPSO	State Tracking Number:	AR-PC-07-026078
Company Tracking Number:	NO. 3697		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Individual Risk Submission		
Project Name/Number:	/3697		

## Filing at a Glance

Company: AIPSO

Product Name: Individual Risk Submission

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0003 Other

Filing Type: Form

SERFF Tr Num: APST-125290823 State: Arkansas

SERFF Status: Closed

Co Tr Num: NO. 3697

Co Status:

Author: Elizabeth Loon

Date Submitted: 09/13/2007

State Tr Num: AR-PC-07-026078

State Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 09/14/2007

Disposition Status: Approved

Effective Date (New): 07/27/2007

Effective Date (Renewal):

Effective Date Requested (New): 07/27/2007

Effective Date Requested (Renewal):

## General Information

Project Name:

Project Number: 3697

Reference Organization:

Reference Title:

Filing Status Changed: 09/14/2007

State Status Changed: 09/13/2007

Corresponding Filing Tracking Number:

Filing Description:

This is an individual risk submission for the captioned policy. The insured has requested \$75,000 single limit liability coverage and \$75,000 uninsured motorists coverage on a 2005 Neva Columbia street legal golf cart used to travel between buildings.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

In accordance with Rule 2 of the Manual, the assigned carrier has referred the matter to us for individual risk rating. We propose rating this risk by applying the following percentages for the specific coverage to the appropriate Class 3 Private Passenger rates:

\$75,000 Single Limit Bodily Injury and Property Damage 25%

\$75,000 Uninsured Motorists Coverage 100%

SERFF Tracking Number: APST-125290823 State: Arkansas  
 Filing Company: AIPSO State Tracking Number: AR-PC-07-026078  
 Company Tracking Number: NO. 3697  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
 Product Name: Individual Risk Submission  
 Project Name/Number: /3697

We respectfully request your prompt review and approval of this submission to enable the carrier to proceed with the processing of the policy.

## Company and Contact

### Filing Contact Information

Elizabeth Loon, Senior Product Analyst beth.loon@aipso.com  
 302 Central Avenue (800) 827-6302 [Phone]  
 Johnston, RI 02919 (401) 528-1351[FAX]

### Filing Company Information

AIPSO CoCode: -99 State of Domicile: Rhode Island  
 302 Central Avenue Group Code: -99 Company Type:  
 Johnston, RI 02919 Group Name: State ID Number:  
 (401) 946-2310 ext. 1319[Phone] FEIN Number: 13-2732270  
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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AIPSO	\$0.00	09/13/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/14/2007	09/14/2007
Filed	Llyweyia Rawlins	09/14/2007	09/14/2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing type	Note To Filer	Llyweyia Rawlins	09/14/2007	09/14/2007
Filing Type	Note To Reviewer	Elizabeth Loon	09/14/2007	09/14/2007
Filing Type	Note To Filer	Llyweyia Rawlins	09/14/2007	09/14/2007

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*Product Name:* Individual Risk Submission

*Project Name/Number:* /3697

## **Disposition**

Disposition Date: 09/14/2007

Effective Date (New): 07/27/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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*TOI:* 20.0 Commercial Auto      *Sub-TOI:* 20.0003 Other  
*Product Name:* Individual Risk Submission  
*Project Name/Number:* /3697

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	IRS Letter	Approved	Yes

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*Product Name:* Individual Risk Submission

*Project Name/Number:* /3697

## **Disposition**

Disposition Date: 09/14/2007

Effective Date (New): 07/27/2007

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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**Note To Filer**

**Created By:**

Llyweyia Rawlins on 09/14/2007 03:05 PM

**Subject:**

Filing type

**Comments:**

I do apologize you are correct. There is no fee. I will go ahead and aknowledge this filing as filed.  
Sorry for the confusion.

Thanks

Llyweyia Rawlins

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**Note To Reviewer**

**Created By:**

Elizabeth Loon on 09/14/2007 02:04 PM

**Subject:**

Filing Type

**Comments:**

The only filing type available for me to choose was "form". We have never submitted a filing fee for commercial individual risk submissions (please see recently approved APST-125267556 ). What is the fee for a rate?

Thanks,

Beth Loon

Senior Product Analyst

Manuals & Policy Forms

AIPSO

(401) 946-2310 ext. 3414

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**Note To Filer**

**Created By:**

Llyweyia Rawlins on 09/14/2007 11:49 AM

**Subject:**

Filing Type

**Comments:**

Hello Elizabeth Loon

Should the Filing Type be changed to a Rule instead of Form? If this is a rule filing the filing fee would be \$25.00. If this is a form filing it will be \$50.00.

Thank You

Llyweyia Rawlins

Certified Rate and Form Analyst

Property and Casualty Division

501-371-2809 Fax 501-371-2748

Email: Llyweyia.rawlins@arkansas.gov

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## Supporting Document Schedules

**Bypassed -Name:** Uniform Transmittal Document-  
Property & Casualty

**Bypass Reason:** n/a

**Comments:**

**Review Status:**

Approved

09/14/2007

**Satisfied -Name:** IRS Letter

**Comments:**

**Attachment:**

AR 3697.pdf

**Review Status:**

Approved

09/14/2007



September 13, 2007

Honorable Julie Benafield Bowman, Commissioner of Insurance  
Department of Insurance  
State of Arkansas  
1200 W. Third Street  
Little Rock, AR 72201-1904

**Arkansas Automobile Insurance Plan  
Commercial Auto  
Individual Risk Submission No. 3697**

**Insured: Bentonville Plaza LLC**  
**Carrier: Liberty Mutual Insurance Group**  
**Policy: AS1-391-438552-017**  
**Effective: 7/27/2007**

Dear Commissioner Bowman:

This is an individual risk submission for the captioned policy. The insured has requested \$75,000 single limit liability coverage and \$75,000 uninsured motorists coverage on a 2005 Neva Columbia street legal golf cart used to travel between buildings.

In accordance with Rule 2 of the Manual, the assigned carrier has referred the matter to us for individual risk rating. We propose rating this risk by applying the following percentages for the specific coverage to the appropriate Class 3 Private Passenger rates:

\$75,000 Single Limit Bodily Injury and Property Damage	25%
\$75,000 Uninsured Motorists Coverage	100%

We respectfully request your prompt review and approval of this submission to enable the carrier to proceed with the processing of the policy.

Sincerely,

Elizabeth A. Loon, AIS  
Senior Product Analyst  
Manuals and Policy Forms

pc: Ms. Suzy Sheriff, Manager—Arkansas Automobile Insurance Plan  
Ms. Joan Mais—Liberty Mutual Insurance Group