

<i>SERFF Tracking Number:</i>	<i>AOIC-125497480</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GAR-AR-99-02/20/2008-89976</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Garage Liability/Dealer's Blanket</i>		
<i>Project Name/Number:</i>	<i>GAR/89976</i>		

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Garage Liability/Dealer's Blanket SERFF Tr Num: AOIC-125497480 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0002 Garage

Co Tr Num: GAR-AR-99-02/20/2008-89976

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

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

Authors: Claudia Stewart, Sarah Franklin, Drew Westen

Disposition Date: 03/10/2008

Date Submitted: 03/04/2008

Disposition Status: Approved

Effective Date Requested (New): 03/30/2008

Effective Date (New): 03/30/2008

Effective Date Requested (Renewal): 03/30/2008

Effective Date (Renewal): 03/30/2008

State Filing Description:

General Information

Project Name: GAR

Status of Filing in Domicile: Authorized

Project Number: 89976

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/10/2008

State Status Changed: 03/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: See Explanatory Memo

Forms Attach To: Dealer's Blanket Coverage

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after

SERFF Tracking Number: AOIC-125497480 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GAR-AR-99-02/20/2008-89976
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability/Dealer's Blanket
Project Name/Number: GAR/89976

March 30, 2008.

If you have any questions, please feel free to contact one of the following:

Manager:

JENNIFER HAMILTON, ASSISTANT MANAGER
GARAGE LIABILITY AND DEALER'S BLANKET
HAMILTON.JENNIFER@AOINS.COM (emails without attachments)
commmlinesund@aoins.net (emails with attachments)
517-391-1026 Ext. 1026

Underwriter:

CINDY HARRIS
HARRIS.CINDY@AOINS.COM
(517) 703-8901

Company and Contact

Filing Contact Information

Jennifer Hamilton, Assistant Manager
P. O. Box 30660
Lansing, MI 48909-8160
hamilton.jennifer@aoins.com
(800) 346-0346 [Phone]
(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company
P.O. Box 30660
Lansing, MI 48909-8160
(800) 346-0346 ext. [Phone]

CoCode: 18988
Group Code: 280
Group Name: Auto-Owners Ins
Group
FEIN Number: 38-0315280

State of Domicile: Michigan
Company Type: PC
State ID Number:

Owners Insurance Company
P.O. Box 30660

CoCode: 32700
Group Code: 280

State of Domicile: Ohio
Company Type: PC

SERFF Tracking Number: AOIC-125497480 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability/Dealer's Blanket
Project Name/Number: GAR/89976

Lansing, MI 48909-8160

Group Name: Auto-Owners Ins
Group

State ID Number:

(800) 346-0346 ext. [Phone]

FEIN Number: 34-1172650

SERFF Tracking Number: AOIC-125497480 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GAR-AR-99-02/20/2008-89976
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability/Dealer's Blanket
Project Name/Number: GAR/89976

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	03/04/2008	18315310
Owners Insurance Company	\$0.00	03/04/2008	

SERFF Tracking Number: AOIC-125497480 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability/Dealer's Blanket
Project Name/Number: GAR/89976

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/10/2008	03/10/2008

SERFF Tracking Number: AOIC-125497480 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GAR-AR-99-02/20/2008-89976
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability/Dealer's Blanket
Project Name/Number: GAR/89976

Disposition

Disposition Date: 03/10/2008
Effective Date (New): 03/30/2008
Effective Date (Renewal): 03/30/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: AOIC-125497480 State: Arkansas
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 Company Tracking Number: GAR-AR-99-02/20/2008-89976
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
 Product Name: Garage Liability/Dealer's Blanket
 Project Name/Number: GAR/89976

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Amendatory Endorsement Replacement and Repairs DB	Approved	Yes
Form	Amendatory Endorsement Dealer's Blanket	Approved	Yes

SERFF Tracking Number: AOIC-125497480 State: Arkansas
 First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: GAR-AR-99-02/20/2008-89976
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
 Product Name: Garage Liability/Dealer's Blanket
 Project Name/Number: GAR/89976

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement Replacement and Repairs DB	89976	01-08	Endorsement/Amendment/Conditions		0.00	89976 (01-08).pdf
Approved	Amendatory Endorsement Dealer's Blanket	89974	11-07	Endorsement/Amendment/Conditions		0.00	89974 (11-07).pdf

AMENDATORY ENDORSEMENT REPLACEMENT AND REPAIRS REIMBURSEMENT

Dealer's Blanket

It is agreed:

Under SECTION I - PHYSICAL DAMAGE, G. CONDITIONS, 3. REPLACEMENT AND REPAIRS REIMBURSEMENT is deleted and replaced with the following:

3. REPLACEMENT AND REPAIRS REIMBURSEMENT

a. In the event covered property is damaged to the extent that it is declared a total loss or a constructive total loss by **us**, the value of such covered property shall be determined as follows:

- (1) the acquisition costs, excluding transportation; plus
- (2) that portion of any cost of:
 - (a) repairs performed prior to the loss; or
 - (b) replacement of parts prior to the loss

by **you**, to the extent such repairs or replacement of parts increased the value of the covered property.

The value of such covered property shall not include:

- (1) overhead, including but not limited to the interest on the floor plan charges; or
- (2) profit.

b. In the event of a partial loss or damage to covered property, **we** shall pay **you** the retail price of the replaced property or furnished labor and materials multiplied by the percentage shown in the Declarations for REPLACEMENT AND REPAIRS REIMBURSEMENT.

All other policy terms and conditions apply.

AMENDATORY ENDORSEMENT
Dealer's Blanket

It is agreed:

1. Under **SECTION I - PHYSICAL DAMAGE, C. EXCLUSIONS**, exclusion **4.c.** is deleted.
2. Under **SECTION I - PHYSICAL DAMAGE, G. CONDITIONS, 7. OTHER INSURANCE**, the following condition is added:

Coverage shall be excess for loss, resulting from a covered peril, to any **automobile, watercraft** or camper body in the possession of another dealer or auction. This provision shall not apply while the **automobile, watercraft** or camper body is in the possession of another dealer for repair.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125497480</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GAR-AR-99-02/20/2008-89976</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Garage Liability/Dealer's Blanket</i>		
<i>Project Name/Number:</i>	<i>GAR/89976</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AOIC-125497480 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: GAR-AR-99-02/20/2008-89976
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: Garage Liability/Dealer's Blanket
Project Name/Number: GAR/89976

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/10/2008

Comments:

Attachments:

89976 AR Trans 2.pdf
89976 AR Trans 3.pdf
89976 NAIC 1.pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 03/10/2008

Comments:

Attachment:

89976 AR Exp Memo.pdf

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking #	GARAR20229200889976
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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FORM FILING: See Attached List

Forms Attach To:
 Dealer's Blanket Coverage

Submitted for your approval is the attached list of forms. We desire to use these forms with policies effective on or after March 30, 2008. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:
 JENNIFER HAMILTON, ASSISTANT MANAGER
 GARAGE LIABILITY AND DEALER'S BLANKET
 HAMILTON.JENNIFER@AOINS.COM (emails without attachments)
 commlinesund@aoins.net (emails with attachments)
 517-391-1026 Ext.

Underwriter:
 CINDY HARRIS
 HARRIS.CINDY@AOINS.COM
 (517) 703-8901

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 #:

Amount:

Calculation:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

This form must be provided ONLY when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

This page applies to the following state(s) Arkansas

1.	This filing transmittal is part of Company Tracking #	GARAR20229200889976			
2.	This filing corresponds to rate/rule filing number				
3.	Component/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
1	Amendatory Endorsement Replacement and Repairs Reimbursement	89976 (01-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	()	
2	Amendatory Endorsement Dealer's Blanket	89974 (11-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	()	

Property & Casualty Transmittal Document (Revised 1/1/08)

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

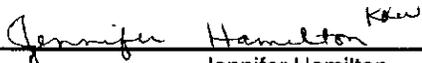
3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

5. Company Tracking Number GARAR20229200889976

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

6. Name and address	Telephone #s	FAX #	E-mail
Jennifer Hamilton, Assistant Manager P.O. Box 30660 Lansing, MI 48909-8160	517-391-1026 800-346-0346 Ext.	(517) 391-1903	HAMILTON.JENNIFER@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Jennifer Hamilton

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0000 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0002 Garage
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Garage Liability
13. Filing Type	FORM
14. Effective Date(s) Requested	March 30, 2008
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	February 29, 2008
19. Status of filing in domicile	Michigan- Exempt

**AUTO-OWNERS INSURANCE COMPANY
FORMS AND ENDORSEMENTS
STATE OF ARKANSAS**

Form Number	Edition Date	Replaced Form	Replaced Edition Date	Form Name
89976	(01-08)	N/A	()	Amendatory Endorsement Replacement and Repairs Reimbursement
USE	Endorsement is to clarify how partial and total losses are to be handled for this Dealer's Blanket Coverage.			
CHANGE	Initial Filing			
89974	(11-07)	N/A	()	Amendatory Endorsement Dealer's Blanket
USE	Broadening the Dealer's Blanket Policy			
CHANGE	Initial Filing			