
State:	Missouri	Filing Company:	Esurance Property and Casualty Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0000 Personal Auto Combinations		
Product Name:	Esurance Auto program update		
Project Name/Number:	/		

Filing at a Glance

Company:	Esurance Property and Casualty Insurance Company
Product Name:	Esurance Auto program update
State:	Missouri
TOI:	19.0 Personal Auto
Sub-TOI:	19.0000 Personal Auto Combinations
Filing Type:	Form/Rate/Rule
Date Submitted:	05/14/2013
SERFF Tr Num:	ESUR-129010582
SERFF Status:	Closed-REVIEWED
State Tr Num:	
State Status:	REVIEWED
Co Tr Num:	13-MO-EPC-PARA-02
Effective Date	08/21/2013
Requested (New):	
Effective Date	10/10/2013
Requested (Renewal):	
Author(s):	Jon Inquimboy, Dominique Reola, Steven Trop
Reviewer(s):	Patrick Lennon (primary)
Disposition Date:	06/03/2013
Disposition Status:	REVIEWED
Effective Date (New):	08/21/2013
Effective Date (Renewal):	10/10/2013

State: Missouri **Filing Company:** Esurance Property and Casualty Insurance Company

TOI/Sub-TOI: 19.0 Personal Auto/19.0000 Personal Auto Combinations

Product Name: Esurance Auto program update

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/03/2013
State Status Changed: 06/03/2013 Deemer Date:
Created By: Dominique Reola Submitted By: Dominique Reola
Corresponding Filing Tracking Number:
State TOI: 19.0 Personal Auto State Sub-TOI: 19.0000 Personal Auto Combinations

Filing Description:
Program update

Company and Contact

Filing Contact Information

Jon Inquimboy, Assistant Product Manager jinquimboy@esurance.com
1011 Sunset Blvd #100 916-626-3232 [Phone]
Rocklin, CA 95765

Filing Company Information

Esurance Property and Casualty Insurance Company	CoCode: 30210	State of Domicile: California
650 Davis Street	Group Code: 8	Company Type: Property Casualty
San Francisco, CA 94111	Group Name: Allstate Insurance group	State ID Number:
(415) 875-4500 ext. [Phone]	FEIN Number: 22-2853625	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

NAIC Number: 0008-30210
Have you reviewed the General Instructions document? (yes/no)(General Instructions updated 9/14/07): Yes
If this is a rate filing, was rate data added on the rate/rule schedule? (yes/no): Yes

SERFF Tracking #:	ESUR-129010582	State Tracking #:		Company Tracking #:	13-MO-EPC-PARA-02
State:	Missouri	Filing Company:	Esurance Property and Casualty Insurance Company		
TOI/Sub-TOI:	19.0 Personal Auto/19.0000 Personal Auto Combinations				
Product Name:	Esurance Auto program update				
Project Name/Number:	/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
REVIEWED	Patrick Lennon	06/03/2013	06/03/2013

State:	Missouri	Filing Company:	Esurance Property and Casualty Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0000 Personal Auto Combinations		
Product Name:	Esurance Auto program update		
Project Name/Number:	/		

Disposition

Disposition Date: 06/03/2013
Effective Date (New): 08/21/2013
Effective Date (Renewal): 10/10/2013
Status: REVIEWED

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Esurance Property and Casualty Insurance Company	0.000%	0.000%	\$0	9,755	\$10,896,297	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Filing Memorandum	REVIEWED	Yes
Supporting Document	Exhibit A, B, & C (20 CSR 500-4.200)	REVIEWED	Yes
Supporting Document	Actuarial Justification	REVIEWED	Yes
Form	DriveSense Discount program	REVIEWED	Yes
Form	Application and Terms Document - Print	REVIEWED	Yes
Form	Application and Terms Document - Online	REVIEWED	Yes
Form	Terms and Conditions - Renewal	REVIEWED	Yes
Rate	Rule Manual Replacements	REVIEWED	Yes
Rate	Exhibit Replacements	REVIEWED	Yes

SERFF Tracking #:

ESUR-129010582

State Tracking #:

Company Tracking #:

13-MO-EPC-PARA-02

State:

Missouri

Filing Company:

Esurance Property and Casualty Insurance Company

TOI/Sub-TOI:

19.0 Personal Auto/19.0000 Personal Auto Combinations

Product Name:

Esurance Auto program update

Project Name/Number:

/

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	REVIEWED 06/03/2013	DriveSense Discount program	7131 MO	02 13	DSC	Replaced	Previous Filing Number:			7131 MO 02 13 DriveSense Discount Program EPC 2 5 13.pdf
							Replaced Form Number:			
2	REVIEWED 06/03/2013	Application and Terms Document - Print	APP (P) MO	09 12	ABE	Replaced	Previous Filing Number:			APP _P_ MO 09 12 App & T&Cs Print 9.5.12 .pdf
							Replaced Form Number:			
3	REVIEWED 06/03/2013	Application and Terms Document - Online	APP (O) MO	09 12	ABE	Replaced	Previous Filing Number:			APP MO 09 12 App Terms Online 9 5 12.pdf
							Replaced Form Number:			
4	REVIEWED 06/03/2013	Terms and Conditions - Renewal	8080 (R) MO	09 12	DSC	Replaced	Previous Filing Number:			MO Terms and Conditions - Renewal 9 5 12.pdf
							Replaced Form Number:			

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

DriveSense™ DISCOUNT PROGRAM

If you currently have automobile insurance and the model year for at least one of your non-hybrid or non-electric vehicles is 1996 or newer, you qualify for the Esurance DriveSense™ discount program (the “Program”). With the Program, you will be eligible to receive a discount on your policy based on your driving data after installing a wireless communication device (“Device”) into the vehicle(s) listed on your policy. With the Device in your vehicle(s), you will be a part of Esurance’s innovative approach to insurance. You will receive a discount factor on your policy as long as you remain eligible to participate in the Program and you install the Device as requested by Esurance. You may choose to opt out of the Program at anytime, at which point you will no longer receive the discount.

By participating in the Program, you agree to all of the following:

1. You must install the Device into every vehicle listed on your policy compatible with the Device at Esurance's request.
2. You must legally own the vehicle or have the right to install the Device in the vehicle.
3. You must install the Device as instructed by Esurance and comply with all written instructions that you receive with the Device. If you have any questions, please contact us.
4. Esurance does not manufacture the Device and makes no representations, claims, or guarantees regarding the Device, its accuracy, operation, or reliability.
5. You acknowledge that the Device will track driving activity and related information in the vehicle in which it is installed. This driving data will be collected and transmitted via cellular signal to a third party, who will then forward the driving data to Esurance. You consent to the collection and transmission of your driving data as set forth herein.
6. After installing the Device, it must not be removed until one full policy term of driving data has been collected or unless you choose to opt out of the Program. The device may be removed for routine vehicle diagnostic tests or repairs as long as it is promptly reinstalled.
7. If you opt out of the Program or if your policy is canceled, you must return the Device to us. The device must also be returned after one full policy term of driving data been collected. If the Device is not returned to us, you may be subject to a re-stocking fee of \$100 per unreturned Device. If the fee is charged, it can be refunded or reversed if the device is returned within 15 days of opting out of the Program, within 15 days after one full policy term of driving data has been collected, or within 60 days after your policy cancellation, which ever comes first. A pre-paid return label will be provided to you to return the Device.
8. If you believe that the Device is interfering with your ability to safely operate your vehicle, you will remove the Device immediately and contact us.
9. Esurance reserves the right to terminate the Program or otherwise modify the terms thereof at any time.

If you have any questions, please call us at: 1-800-ESURANCE (1-800-378-7262) and mention the DriveSense™ discount.



Personal Automobile Insurance Application

Named Insured and Mailing Address

Insurance Company

650 Davis Street
San Francisco, CA 94111

Email:
Phone #1:
Phone #2:
Garaging Zip:
Purchase Channel:

Policy Number	Purchase Date	Effective Date	Expiration Date
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This policy is effective at 12:01 AM on the effective date shown or the time the policy was purchased, whichever is later.

Vehicle Information		
Veh #	Year	Vehicle Description

You have indicated that all vehicles shown on this application are garaged at the same location in the Garaging Zip code shown above.

Veh #	Ownership Status	1 st Owner	Years Owned/Leased	Primary Use
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Veh #	Vehicle Identification Number	Annual Mileage	DriveSense™ Discount	Anti-Theft
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You have indicated that none of the above vehicles are used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including but not limited to, the pickup or delivery of goods such as magazines, newspapers, mail or food. You also confirm that none of the above vehicles are owned or leased by a partnership or corporation, leased or rented to others, registered or titled to a business, corporation, partnership or DBA, or driven by an employee. You have indicated that none of the above vehicles are equipped with equipment used to support a business or with special equipment such as snowplowing, cooking, catering, racing equipment, or bathrooms and do not have an altered suspension or hydraulic lift.

No vehicles listed above are salvaged, rebuilt or restored titles.

Loss Payees, Additional Insured – Lessor, and Lien Holder Information					
Veh #	Name	Address	City	State	Zip

Personal Automobile Insurance Application Continued...

Driver and Resident Information		
Driver #	First Name, Middle Initial, Last Name	SSN

Driver #	Gender	Date of Birth	Marital Status	Relationship to Policy Holder	Primary Residence
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Driver #	Drivers License # and State	Age Licensed	Driver Status	Good Student	SR22	Case #
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Driver #	Education	Affinity Partner	ERS Provider	ERS Membership #
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You, your spouse, all members of your household 14 years or older and all regular or occasional drivers of the vehicles described in this Application are listed above.

Auto Accidents and Violations			
Driver #	Any accidents or claims in the last 3 years?	Any speeding tickets or other minor violations in the last 3 years?	Any DUIs or other major violations in the last 5 years?

Have all drivers in the household been claim free for the past 5 years, your insurance policy been in force continuously with no lapse, and at least one driver has 5 or more years of continuous driving experience? _____

Accident and claim free means: None of the drivers in the household have had an accident and have not submitted any claims, including Comprehensive claims of \$1,000 or more, in the last 5 years.

Customer Disclosed Auto Accidents and Violations		
Driver #	Type	Description

Automobile Insurance Coverage		
Liability Coverages	Limits	Deductible

Bodily Injury Limits
 Property Damage Limit
 Medical Payments Limit
 Uninsured Motorist Bodily Injury Limits
 Underinsured Motorist Bodily Injury Limits

Vehicle Coverages	Vehicle 1 Limit/Deductible	Vehicle 2 Limit/Deductible	Vehicle 3 Limit/Deductible	Vehicle 4 Limit/Deductible
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Comprehensive Coverage & Deductibles
 Collision Coverage & Deductibles
 Towing and Labor
 Rental Reimbursement
 Custom Parts and Equipment Coverage
 Auto Loan/Lease

Prior Insurance Information				
Current Insurance	Lapse Time	Years Insured	Prior BI Limits	Deductibles

Prior Carrier	Expiration Date	Prior Premium
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You may be required to provide proof of insurance with your current insurance carrier which clearly indicates the coverage period and your current liability coverage limits. Your failure to provide the required documentation may result in an increase in your premium.

Renters Insurance Coverage			
Residence Premises Address	City	State	Zip

Personal Property and Liability Coverages	Limits	Deductible
Renters Personal Property		
Renters Additional Living Expense		
Renters Liability		
Renters Guest Medical Payments		

Customer Disclosed Property Insurance Claims		
#	Description	Date

You have confirmed that your residence is not a manufactured or mobile home, permanently vacant or abandoned, located on a farm, a time-shared unit, or rented on a weekly basis. You also indicated that your residence is not a room in a nursing home, assisted living facility, dormitory, military barracks, or commercial building. You confirmed that your rental lease agreement is not written in the name of a business, corporation, partnership, estate, or trust and that your residence is not used for business and/or commercial purposes, other than incidental business use. Additionally, you have stated that you do not have a dog at the insured residence that has bitten a person in the past or a dog that is one of the following breeds: Pit Bull, Staffordshire Bull Terrier, Chow, Rottweiler, Wolf/Wolf Hybrid, Presa Canarios, German Shepherd, Doberman Pinscher, Akita.

Terms and Conditions Agreement

Please read this agreement carefully.

As used in this Terms and Conditions Agreement (“Agreement”), “we,” “us,” and “our” refer to Esurance Insurance Services, Inc., doing business as Esurance or Esurance Insurance Agency Services. “You” and “your” refer to the named insured(s) identified in the application for insurance (“Application”), and any spouse of the named insured who resides in the same household. “Insurance Policy Documents” collectively refers to your Application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

By completing the Application and signing below, you: (i) declare that you have read and completed the Application on your own; (ii) declare that the Application has not been completed by any other individual, including an insurance agent, broker, consultant, or representative, even if you have consulted with any such persons; (iii) agree to all of the terms and conditions contained herein; (iv) declare that the statements contained in the Application are true to the best of your knowledge; (v) agree to pay any applicable surcharges resulting from inaccurate statements in the Application; (vi) acknowledge that your insurance policy (“Policy”) may be rescinded or canceled and a claim may be denied if the Application contains any false information or misrepresentation, or if any information that would affect our underwriting decision has been omitted or misrepresented; (vii) declare that you have listed all drivers in your household, including any regular or frequent operators of the vehicle(s) described in the Application; (viii) declare that you have described any business or commercial use of your vehicle(s) in the Application; and (ix) agree that no coverage will be bound if your financial institution does not honor, or we do not receive, your payment.

Cancellation for Non-Payment of Premium

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy, in which case a cancellation notice will be mailed to the address shown on your Policy.

Release of Information Contained in Devices

If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.

Disclosure of Fees

- You may be charged an Installment Fee, as allowed by your state, if you elect to pay your premium in installments.
- You may be charged a Late Payment Fee of \$15.00 for each payment that is not received by the payment due date.
- You may be charged a Paper Documents Fee for electing to receive paper copies of Insurance Policy Documents that we would otherwise provide to you electronically. The current Paper Documents Fee in Missouri is \$0.00.
- You will be charged for fees as required by your state.
- You may be charged a Driving Device Restocking Fee of \$100.00 for each device when the device(s) is/are not returned following policy cancellation or opting out of the DriveSense™ Discount program.

Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. Please contact us for more information.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by independent consumer reporting agencies. These reports are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an insurance score based on information contained in your credit report. We may use a third party in connection with the development of your insurance score. All reports are impartial statements of fact and are kept strictly confidential.

The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any consumer reporting agency that furnishes us with your report.

We will review your credit history when we are legally required to do so, or you may request a review once for every six-month policy term. Any adjustment in premium made pursuant to a change in your credit history will be reflected on your next renewal offer.

Electronic Transactions

The Electronic Signatures in Global and National Commerce Act of 2000 requires us to ask you for your consent to electronic transactions, including providing you with Insurance Policy Documents electronically. If you consent, you will receive all of your Insurance Policy Documents from us electronically, as permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format.

If you consent to electronic transactions, including receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your electronic Insurance Policy Documents at any time. However, the Paper Documents Fee set forth in the "Disclosure of Fees" section above may apply if you: (i) do not consent to electronic transactions, including receiving Insurance Policy Documents electronically; (ii) withdraw your consent to electronic transactions, including receiving Insurance Policy Documents electronically; or (iii) request to receive paper copies of your electronic Insurance Policy Documents. If you elect to receive paper copies of Insurance Policy Documents, you may, at any time, request and consent to electronic transactions, including receiving Insurance Policy Documents electronically. Please call us at 1-800-ESURANCE (1-800-378-7262) for any such withdrawals or requests.

Before you give your consent to electronic transactions, including receiving Insurance Policy Documents electronically, please be aware that, in order to access Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the Internet; (ii) an Internet Service Provider; (iii) a browser capable of viewing our Web site; (iv) an email service account that allows you to read, write, and send email; and (v) the ability to use hyperlinks to access other Web sites (collectively referred to as the "Technical Requirements"). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the "print" button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader's directions for downloading and saving documents.

Cell Phone Policy

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages

Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

Earthquake Coverage

If your policy includes the Renters Coverage Endorsement, please note that earthquake coverage is not included in your coverage and we do not offer earthquake coverage in Missouri.

FRAUDULENT INFORMATION STATEMENT

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

METHOD OF TRANSACTING BUSINESS

Electronically

By checking the box below, you: (i) agree to transact business electronically through our Web site and by email to, among other things, purchase your Policy, make payments, receive Insurance Policy Documents, renew and terminate or rescind your Policy, and send to us and receive from us communications related to your Policy; (ii) agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that we may deliver certain Insurance Policy Documents in paper format via U.S. Mail; and (iii) acknowledge that you have read the disclosure regarding the use of electronic records and signatures in connection with your online account as provided on our Web site.

- ☐ "I agree to all of the terms and conditions contained in this Agreement and elect to transact business electronically and to receive Insurance Policy Documents electronically."

By Non-Electronic Means

By checking the box below, you: (i) agree to transact business by non-electronic means, including by receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding your Policy; (ii) acknowledge that you will be charged a Paper Documents Fee, as disclosed in the Disclosure of Fees section of this Agreement; and (iii) acknowledge that you may elect to transact business electronically, including receiving Insurance Policy Documents electronically at any time, as specified in the Paper Documents section of this Agreement.

- ☐ "I agree to all of the terms and conditions contained in this Agreement and elect to transact business by non-electronic means, including receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding my Policy."

Please check only one box.

Please sign this Agreement below and mail to:

Esurance
P.O. Box 5250
Sioux Falls, SD 57117-5250

Signature

Date

Printed Name

Policy Number



Personal Automobile Insurance Application

Named Insured and Mailing Address

Insurance Company

650 Davis Street
San Francisco, CA 94111

Email:
Phone #1:
Phone #2:
Garaging Zip:
Purchase Channel:

Policy Number	Purchase Date	Effective Date	Expiration Date
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This policy is effective at 12:01 AM on the effective date shown or the time the policy was purchased, whichever is later.

Vehicle Information		
Veh #	Year	Vehicle Description

You have indicated that all vehicles shown on this application are garaged at the same location in the Garaging Zip code shown above.

Veh #	Ownership Status	1 st Owner	Years Owned/Leased	Primary Use
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Veh #	Vehicle Identification Number	Annual Mileage	DriveSense™ Discount	Anti-Theft
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You have indicated that none of the above vehicles are used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including but not limited to, the pickup or delivery of goods such as magazines, newspapers, mail or food. You also confirm that none of the above vehicles are owned or leased by a partnership or corporation, leased or rented to others, registered or titled to a business, corporation, partnership or DBA, or driven by an employee. You have indicated that none of the above vehicles are equipped with equipment used to support a business or with special equipment such as snowplowing, cooking, catering, racing equipment, or bathrooms and do not have an altered suspension or hydraulic lift.

No vehicles listed above are salvaged, rebuilt or restored titles.

Loss Payees, Additional Insured – Lessor, and Lien Holder Information					
Veh #	Name	Address	City	State	Zip

Personal Automobile Insurance Application Continued...

Driver and Resident Information		
Driver #	First Name, Middle Initial, Last Name	SSN

Driver #	Gender	Date of Birth	Marital Status	Relationship to Policy Holder	Primary Residence
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Driver #	Drivers License # and State	Age Licensed	Driver Status	Good Student	SR22	Case #
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Driver #	Education	Affinity Partner	ERS Provider	ERS Membership #
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You, your spouse, all members of your household 14 years or older and all regular or occasional drivers of the vehicles described in this Application are listed above.

Auto Accidents and Violations			
Driver #	Any accidents or claims in the last 3 years?	Any speeding tickets or other minor violations in the last 3 years?	Any DUIs or other major violations in the last 5 years?

Have all drivers in the household been claim free for the past 5 years, your insurance policy been in force continuously with no lapse, and at least one driver has 5 or more years of continuous driving experience? _____

Accident and claim free means: None of the drivers in the household have had an accident and have not submitted any claims, including Comprehensive claims of \$1,000 or more, in the last 5 years.

Customer Disclosed Auto Accidents and Violations		
Driver #	Type	Description

Automobile Insurance Coverage		
Liability Coverages	Limits	Deductible

Bodily Injury Limits
 Property Damage Limit
 Medical Payments Limit
 Uninsured Motorist Bodily Injury Limits
 Underinsured Motorist Bodily Injury Limits

Vehicle Coverages	Vehicle 1 Limit/Deductible	Vehicle 2 Limit/Deductible	Vehicle 3 Limit/Deductible	Vehicle 4 Limit/Deductible
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Comprehensive Coverage & Deductibles
 Collision Coverage & Deductibles
 Towing and Labor
 Rental Reimbursement
 Custom Parts and Equipment Coverage
 Auto Loan/Lease

Prior Insurance Information				
Current Insurance	Lapse Time	Years Insured	Prior BI Limits	Deductibles

Prior Carrier	Expiration Date	Prior Premium
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You may be required to provide proof of insurance with your current insurance carrier which clearly indicates the coverage period and your current liability coverage limits. Your failure to provide the required documentation may result in an increase in your premium.

Renters Insurance Coverage			
Residence Premises Address	City	State	Zip

Personal Property and Liability Coverages	Limits	Deductible
Renters Personal Property		
Renters Additional Living Expense		
Renters Liability		
Renters Guest Medical Payments		

Customer Disclosed Property Insurance Claims		
#	Description	Date

You have confirmed that your residence is not a manufactured or mobile home, permanently vacant or abandoned, located on a farm, a time-shared unit, or rented on a weekly basis. You also indicated that your residence is not a room in a nursing home, assisted living facility, dormitory, military barracks, or commercial building. You confirmed that your rental lease agreement is not written in the name of a business, corporation, partnership, estate, or trust and that your residence is not used for business and/or commercial purposes, other than incidental business use. Additionally, you have stated that you do not have a dog at the insured residence that has bitten a person in the past or a dog that is one of the following breeds: Pit Bull, Staffordshire Bull Terrier, Chow, Rottweiler, Wolf/Wolf Hybrid, Presa Canarios, German Shepherd, Doberman Pinscher, Akita.

Terms and Conditions Agreement

Please read this agreement carefully.

As used in this Terms and Conditions Agreement (“Agreement”), “we,” “us,” and “our” refer to Esurance Insurance Services, Inc., doing business as Esurance or Esurance Insurance Agency Services. “You” and “your” refer to the named insured(s) identified in the application for insurance (“Application”), and any spouse of the named insured who resides in the same household. “Insurance Policy Documents” collectively refers to your Application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

By completing the Application and clicking on “I accept” below, you: (i) declare that you have read and completed the Application on your own; (ii) declare that the Application has not been completed by any other individual, including an insurance agent, broker, consultant, or representative, even if you have consulted with any such persons; (iii) agree to all of the terms and conditions contained herein; (iv) declare that the statements contained in the Application are true to the best of your knowledge; (v) agree to pay any applicable surcharges resulting from inaccurate statements in the Application; (vi) acknowledge that your insurance policy (“Policy”) may be rescinded or canceled and a claim may be denied if the Application contains any false information or misrepresentation, or if any information that would affect our underwriting decision has been omitted or misrepresented; (vii) declare that you have listed all drivers in your household, including any regular or frequent operators of the vehicle(s) described in the Application; (viii) declare that you have described any business or commercial use of your vehicle(s) in the Application; and (ix) agree that no coverage will be bound if your financial institution does not honor, or we do not receive, your payment.

Cancellation for Non-Payment of Premium

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy, in which case a cancellation notice will be mailed to the address shown on your Policy.

Release of Information Contained in Devices

If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.

Disclosure of Fees

- You may be charged an Installment Fee, as allowed by your state, if you elect to pay your premium in installments.
- You may be charged a Late Payment Fee of \$15.00 for each payment that is not received by the payment due date.
- You may be charged a Paper Documents Fee for electing to receive paper copies of Insurance Policy Documents that we would otherwise provide to you electronically. The current Paper Documents Fee in Missouri is \$0.00.
- You will be charged for fees as required by your state.
- You may be charged a Driving Device Restocking Fee of \$100.00 for each device when the device(s) is/are not returned following policy cancellation or opting out of the DriveSense™ Discount program.

Notice of Insurance Practices and Use of Consumer Reports

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. Please contact us for more information.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by independent consumer reporting agencies. These reports are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an insurance score based on information contained in your credit report. We may use a third party in connection with the development of your insurance score. All reports are impartial statements of fact and are kept strictly confidential.

The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any consumer reporting agency that furnishes us with your report.

We will review your credit history when we are legally required to do so, or you may request a review once for every six-month policy term. Any adjustment in premium made pursuant to a change in your credit history will be reflected on your next renewal offer.

Electronic Transactions

The Electronic Signatures in Global and National Commerce Act of 2000 requires us to ask you for your consent to electronic transactions, including providing you with Insurance Policy Documents electronically. If you consent, you will receive all of your Insurance Policy Documents from us electronically, as permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format.

If you consent to electronic transactions, including receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your electronic Insurance Policy Documents at any time. However, the Paper Documents Fee set forth in the "Disclosure of Fees" section above may apply if you: (i) do not consent to electronic transactions, including receiving Insurance Policy Documents electronically; (ii) withdraw your consent to electronic transactions, including receiving Insurance Policy Documents electronically; or (iii) request to receive paper copies of your electronic Insurance Policy Documents. If you elect to receive paper copies of Insurance Policy Documents, you may, at any time, request and consent to electronic transactions, including receiving Insurance Policy Documents electronically. Please call us at 1-800-ESURANCE (1-800-378-7262) for any such withdrawals or requests.

Before you give your consent to electronic transactions, including receiving Insurance Policy Documents electronically, please be aware that, in order to access Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the Internet; (ii) an Internet Service Provider; (iii) a browser capable of viewing our Web site; (iv) an email service account that allows you to read, write, and send email; and (v) the ability to use hyperlinks to access other Web sites (collectively referred to as the "Technical Requirements"). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the "print" button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader's directions for downloading and saving documents.

Cell Phone Policy

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages

Updating Your Contact Information

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

Earthquake Coverage

If your policy includes the Renters Coverage Endorsement, please note that earthquake coverage is not included in your coverage and we do not offer earthquake coverage in Missouri.

Consent to Transact Business Electronically.

By clicking the "I accept" button below, you: (i) agree to transact business electronically through our Web site and by email to, among other things, purchase your Policy, make payments, receive Insurance Policy Documents, renew and terminate or rescind your Policy, and send to us and receive from us communications related to your Policy; (ii) unless otherwise indicated, agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that we may deliver certain Insurance Policy Documents in paper format via U.S. Mail; (iii) agree that your clicking of the "I accept" button serves as, and replaces the need for your physical signature for this and all future transactions in connection with your Policy and Insurance Policy Documents, except as otherwise required by law; and (iv) acknowledge that you have read the disclosure regarding the use of electronic records and signatures in connection with your online account as provided on our Web site. If you do not agree to transact business electronically, please do not click the "I accept" button below; instead, please call us at 1-800-ESURANCE (1-800-378-7262) to complete your purchase over the phone, to engage in any other transactions with Esurance over the phone and to receive Insurance Policy Documents in paper format.

FRAUDULENT INFORMATION STATEMENT

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Named Insured Signature

Date

Missouri

We greatly appreciate your business. Please read this Terms and Conditions Agreement (this “Agreement”) carefully.

As used in this Agreement, “we,” “us,” and “our” refer to Esurance Insurance Services, Inc., doing business as Esurance or Esurance Insurance Agency Services. “You” and “your” refer to the named insured(s) identified in the Declarations Page (“Declarations Page”), and any spouse of the named insured who resides in the same household. “Insurance Policy Documents” collectively refers to your original application, this Agreement, and all forms, endorsements, and notices issued to you by us, including any electronic communications.

DECLARATION STATEMENTS

By accepting our renewal offer, you: (i) agree to all of the terms and conditions contained herein; (ii) declare that your Declarations Page is accurate and reflects your desired coverage selections and coverage limits; (iii) declare that you have listed all drivers in your household, including any regular or frequent operators of the vehicle(s) listed in the Declarations Page; (iv) declare that you have described any business or commercial use of your vehicle(s); and (v) agree that no coverage will be bound if your financial institution does not honor, or we do not receive, your initial payment.

DISCLOSURE OF FEES

Installment Fee

You may be charged an Installment Fee, as allowed by your state, if you elect to pay your premium in installments.

Late Payment Fee

You may be charged a Late Payment Fee of \$15.00 for each payment that is not received by the payment due date.

Paper Documents Fee

You may be charged a Paper Documents Fee for electing to receive paper copies of Insurance Policy Documents that we would otherwise provide to you electronically. The current Paper Documents Fee in Missouri is \$0.00.

State-Required Fees

You will be charged for fees as required or permitted by your state.

DriveSense Device Fee

You may be charged a Driving Device Restocking Fee of \$100.00 for each device when the device(s) is/are not returned following policy cancellation or opting out of the DriveSenseTM Discount program.

CANCELLATION FOR NON-PAYMENT OF PREMIUM

To keep your Policy current and avoid cancellation, your payment must be received by its due date. We do not accept partial payments of the invoiced amount. If your full payment for the invoiced amount is not received by the due date, a Late Payment Fee will be charged to your account. Any unpaid premium may result in the cancellation of your Policy, in which case a cancellation notice will be mailed to the address shown on your Policy.

NOTICE OF INSURANCE PRACTICES AND USE OF CONSUMER REPORTS

Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information collected by us or our agents, may, in certain circumstances and as permitted by law, be disclosed to third parties. You have the right to review your personal information in our files and request the correction of any inaccuracies. More information about your rights and our practices regarding your personal information is available upon request. Please contact us for more information.

In order to evaluate your eligibility for insurance coverage with us and to determine the correct premium to charge you, we order one or more reports provided by independent consumer reporting agencies. These reports are necessary to verify information that you have provided us. Examples of reports include, but are not limited to, a Motor Vehicle Report (MVR), an insurance claim history report, and, where allowed by law, an insurance score based on information contained in your credit report. We may use a third party in connection with the development of your insurance score. All reports are impartial statements of fact and are kept strictly confidential. The information we obtain will be used only for business purposes and to ensure that each applicant is evaluated fairly. Future reports may also be used for an update, renewal, extension, cancellation, or non-renewal of your insurance coverage. Upon request, we will provide you with the name, address, and telephone number of any consumer reporting agency that furnishes us with your report.

We will review your credit history when we are legally required to do so, or you may request a review once for every six-month policy term. Any adjustment in premium made pursuant to a change in your credit history will be reflected on your next renewal offer.

FRAUDULENT INFORMATION STATEMENT

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

RELEASE OF INFORMATION CONTAINED IN DEVICES

If your insured vehicle is equipped with an Event Data Recorder, mileage verification device, or any similar device capable of providing information relevant to the rating of your Policy or settlement of a claim, you hereby consent to the release of information from that device to us and to any persons or entities working with us, subject to any applicable state law. You also agree to fully cooperate with us when dealing with any third party to facilitate the timely release of information contained on the device to us.

UPDATING YOUR CONTACT INFORMATION

You must notify us of any changes to your email address, mailing address, or telephone number by updating your online account with your new contact information, calling our customer service center at 1-800-ESURANCE (1-800-378-7262), or by sending an email to support@csr.esurance.com.

ELECTRONIC DOCUMENTS

The Electronic Signatures in Global and National Commerce Act of 2000 requires us to ask you for your consent to electronic transactions, including providing you with Insurance Policy Documents electronically. If you have provided this consent to us previously, and have not withdrawn such consent, you will continue to receive all of your Insurance Policy Documents from us electronically, as permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format.

PAPER DOCUMENTS

If you consent to electronic transactions, including receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your electronic Insurance Policy Documents at any time. However, the Paper Documents Fee set forth in the "Disclosure of Fees" section above may apply if you: (i) withdraw your consent to electronic transactions, including receiving Insurance Policy Documents electronically; or (ii) request to receive paper copies of your electronic Insurance Policy Documents. If you elect to receive paper copies of Insurance Policy Documents, you may, at any time, request and consent to electronic transactions, including receiving Insurance Policy Documents electronically. Please call us at 1-800-ESURANCE (1-800-378-7262) for any such withdrawals or requests.

TECHNICAL REQUIREMENTS FOR ELECTRONIC DELIVERY

Please be aware that, in order to access Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the Internet; (ii) an Internet Service Provider; (iii) a browser capable of viewing our Web site; (iv) an email service account that allows you to read, write, and send email; and (v) the ability to use hyperlinks to

access other Web sites (collectively referred to as the “Technical Requirements”). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format. Once you purchase your Policy, you will be given the opportunity to download a free copy of Adobe Reader so that you can view Insurance Policy Documents in Adobe Portable Display Format. If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

CELL PHONE POLICY

You agree that you are providing your express consent to receive calls and text messages on your cellular telephone, and on any other device on which you may receive calls or text messages, from Esurance, its agents, affiliates and service providers that are placed using an automatic telephone dialing system or using artificial or prerecorded voice messages.

ACCESSING YOUR ONLINE ACCOUNT

To access your online account, go to www.esurance.com and log in to your account with the email address and password you provided when you created or updated your account. Your Insurance Policy Documents will be accessible through your online account. To print any of your Insurance Policy Documents from your online account, click the “print” button located on the page or in your browser frame. To download and save any of your Insurance Policy Documents to your computer, open the insurance policy document by clicking on its hyperlink or icon and follow Adobe Reader’s directions for downloading and saving documents.

CONSENT TO TRANSACT BUSINESS ELECTRONICALLY

If you have previously agreed to transact business electronically, then by accepting our renewal offer, you: (i) agree to continue to transact business electronically through our Web site and by email to, among other things, make payments, receive Insurance Policy Documents, renew and terminate or rescind your Policy, and send to us and receive from us communications related to your Policy; (ii) unless otherwise indicated, agree to accept all Insurance Policy Documents electronically in lieu of delivery by U.S. Mail or other physical delivery method; provided, however, that we may deliver certain Insurance Policy Documents in paper format via U.S. Mail; and (iii) acknowledge that you have read the disclosure regarding the use of electronic records and signatures in connection with your online account as provided on our Web site. If you have previously chosen to transact business by non-electronic means by receiving Insurance Policy Documents in paper format and by calling Esurance at 1-800-ESURANCE (1-800-378-7262) to make any changes or updates regarding your Policy then that choice will remain in effect until you agree to transact business electronically.

State:	Missouri	Filing Company:	Esurance Property and Casualty Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0000 Personal Auto Combinations		
Product Name:	Esurance Auto program update		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Use and File
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	06/06/2013
Filing Method of Last Filing:	Use and File

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Esurance Property and Casualty Insurance Company	0.000%	0.000%	\$0	9,755	\$10,896,297	0.000%	0.000%

State:	Missouri	Filing Company:	Esurance Property and Casualty Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0000 Personal Auto Combinations		
Product Name:	Esurance Auto program update		
Project Name/Number:	/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1	REVIEWED 06/03/2013	Rule Manual Replacements		Replacement		Replacement Rules.pdf
2	REVIEWED 06/03/2013	Exhibit Replacements		Replacement		Exhibit 23 - DriveSense.pdf Exhibit 1 - Algorithm.pdf

Esurance Property & Casualty Insurance Company
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P12 - Affinity Discount

A discount is applied to policies if a listed operator belongs to an identified affinity group, which may include Esurance marketing partners, professional organizations or alumni associations. If the policy qualifies for more than one affinity group discount, only the highest discount available will be applied.

<u>Group Name</u>	<u>Discount Level</u>
PayPal	V
Esurance Like to Save™	III

P22 –DriveSense™ Discount

A discount will be given to customers that volunteer and install Esurance DriveSense™ devices into all device-compatible vehicles listed on their policy. At least one vehicle on the policy must be compatible with the device to be eligible for the discount. The discount will be initially offered to customers with current insurance at the time of purchase. Provided that sufficient data is collected, each vehicle will receive discount factors at the subsequent renewal term based on the data collected by the DriveSense™ device. The achieved discount factors will persist on each vehicle for the life of the policy until Esurance requests new vehicle data to be collected. A customer may opt out of the program at anytime, at which point the discount will be removed.

The discount factors and applicable coverages are located in the rate manual.

B04 – DriveSense™ Device Restocking Fee

A fee will be applied when telematic devices are not returned following policy cancellation, sufficient DriveSense™ discount data collection, or opting out of a telematic device program. The fee is assessed on a per device basis.

Esurance Property & Casualty Insurance Company
Private Passenger Automobile Rules
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B05 - Fee Table

B01	INSTALLMENT FEE	\$5.00
B02	LATE FEE	\$15.00
B03	REINSTATEMENT FEE	\$25.00
B04	DRIVESENSE RESTOCKING FEE	\$100.00

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

Exhibit 23

DriveSense Discount Factors

		New Business Discount					
		BI	PD	MED	COLL	COMP	UM/UIM BI
		0.95	0.95	0.95	0.95	0.95	0.95
		Renewal Discount					
DriveSense	Score	BI	PD	MED	COLL	COMP	UM/UIM BI
	1	0.65	0.65	0.65	0.65	0.90	0.65
	2	0.65	0.65	0.65	0.65	0.90	0.65
	3	0.66	0.66	0.66	0.66	0.90	0.66
	4	0.66	0.66	0.66	0.66	0.90	0.66
	5	0.67	0.67	0.67	0.67	0.90	0.67
	6	0.67	0.67	0.67	0.67	0.90	0.67
	7	0.68	0.68	0.68	0.68	0.90	0.68
	8	0.68	0.68	0.68	0.68	0.90	0.68
	9	0.69	0.69	0.69	0.69	0.90	0.69
	10	0.69	0.69	0.69	0.69	0.90	0.69
	11	0.70	0.70	0.70	0.70	0.90	0.70
	12	0.70	0.70	0.70	0.70	0.90	0.70
	13	0.71	0.71	0.71	0.71	0.90	0.71
	14	0.71	0.71	0.71	0.71	0.90	0.71
	15	0.71	0.71	0.71	0.71	0.90	0.71
	16	0.71	0.71	0.71	0.71	0.90	0.71
	17	0.72	0.72	0.72	0.72	0.90	0.72
	18	0.72	0.72	0.72	0.72	0.90	0.72
	19	0.72	0.72	0.72	0.72	0.90	0.72
	20	0.72	0.72	0.72	0.72	0.90	0.72
	21	0.73	0.73	0.73	0.73	0.90	0.73
	22	0.73	0.73	0.73	0.73	0.90	0.73
	23	0.73	0.73	0.73	0.73	0.90	0.73
	24	0.73	0.73	0.73	0.73	0.90	0.73
	25	0.73	0.73	0.73	0.73	0.90	0.73
	26	0.74	0.74	0.74	0.74	0.91	0.74
	27	0.74	0.74	0.74	0.74	0.91	0.74
	28	0.74	0.74	0.74	0.74	0.91	0.74
	29	0.74	0.74	0.74	0.74	0.91	0.74
	30	0.74	0.74	0.74	0.74	0.91	0.74
	31	0.75	0.75	0.75	0.75	0.91	0.75
	32	0.75	0.75	0.75	0.75	0.91	0.75
	33	0.75	0.75	0.75	0.75	0.91	0.75
	34	0.75	0.75	0.75	0.75	0.91	0.75
	35	0.75	0.75	0.75	0.75	0.91	0.75
	36	0.76	0.76	0.76	0.76	0.91	0.76
	37	0.76	0.76	0.76	0.76	0.91	0.76
	38	0.76	0.76	0.76	0.76	0.91	0.76
	39	0.76	0.76	0.76	0.76	0.91	0.76

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

Exhibit 23

DriveSense Discount Factors

DriveSense Score	Renewal Discount						
	BI	PD	MED	COLL	COMP	UM/UIM BI	LLG
40	0.76	0.76	0.76	0.76	0.91	0.76	0.91
41	0.77	0.77	0.77	0.77	0.91	0.77	0.91
42	0.77	0.77	0.77	0.77	0.91	0.77	0.91
43	0.77	0.77	0.77	0.77	0.91	0.77	0.91
44	0.77	0.77	0.77	0.77	0.91	0.77	0.91
45	0.77	0.77	0.77	0.77	0.91	0.77	0.91
46	0.78	0.78	0.78	0.78	0.91	0.78	0.91
47	0.78	0.78	0.78	0.78	0.91	0.78	0.91
48	0.78	0.78	0.78	0.78	0.91	0.78	0.91
49	0.78	0.78	0.78	0.78	0.91	0.78	0.91
50	0.78	0.78	0.78	0.78	0.91	0.78	0.91
51	0.79	0.79	0.79	0.79	0.92	0.79	0.92
52	0.79	0.79	0.79	0.79	0.92	0.79	0.92
53	0.79	0.79	0.79	0.79	0.92	0.79	0.92
54	0.79	0.79	0.79	0.79	0.92	0.79	0.92
55	0.79	0.79	0.79	0.79	0.92	0.79	0.92
56	0.80	0.80	0.80	0.80	0.92	0.80	0.92
57	0.80	0.80	0.80	0.80	0.92	0.80	0.92
58	0.80	0.80	0.80	0.80	0.92	0.80	0.92
59	0.80	0.80	0.80	0.80	0.92	0.80	0.92
60	0.80	0.80	0.80	0.80	0.92	0.80	0.92
61	0.81	0.81	0.81	0.81	0.92	0.81	0.92
62	0.81	0.81	0.81	0.81	0.92	0.81	0.92
63	0.81	0.81	0.81	0.81	0.92	0.81	0.92
64	0.81	0.81	0.81	0.81	0.92	0.81	0.92
65	0.81	0.81	0.81	0.81	0.92	0.81	0.92
66	0.82	0.82	0.82	0.82	0.92	0.82	0.92
67	0.82	0.82	0.82	0.82	0.92	0.82	0.92
68	0.82	0.82	0.82	0.82	0.92	0.82	0.92
69	0.82	0.82	0.82	0.82	0.92	0.82	0.92
70	0.82	0.82	0.82	0.82	0.92	0.82	0.92
71	0.82	0.82	0.82	0.82	0.92	0.82	0.92
72	0.82	0.82	0.82	0.82	0.92	0.82	0.92
73	0.82	0.82	0.82	0.82	0.92	0.82	0.92
74	0.82	0.82	0.82	0.82	0.92	0.82	0.92
75	0.82	0.82	0.82	0.82	0.92	0.82	0.92
76	0.83	0.83	0.83	0.83	0.92	0.83	0.92
77	0.83	0.83	0.83	0.83	0.92	0.83	0.92
78	0.83	0.83	0.83	0.83	0.92	0.83	0.92
79	0.83	0.83	0.83	0.83	0.92	0.83	0.92
80	0.83	0.83	0.83	0.83	0.92	0.83	0.92
81	0.83	0.83	0.83	0.83	0.92	0.83	0.92
82	0.83	0.83	0.83	0.83	0.92	0.83	0.92
83	0.83	0.83	0.83	0.83	0.92	0.83	0.92

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

Exhibit 23

DriveSense Discount Factors

DriveSense		Renewal Discount					
		BI	PD	MED	COLL	COMP	UM/UIM BI LLG
	Score						
	84	0.83	0.83	0.83	0.83	0.92	0.83 0.92
	85	0.83	0.83	0.83	0.83	0.92	0.83 0.92
	86	0.83	0.83	0.83	0.83	0.92	0.83 0.92
	87	0.83	0.83	0.83	0.83	0.92	0.83 0.92
	88	0.83	0.83	0.83	0.83	0.92	0.83 0.92
	89	0.83	0.83	0.83	0.83	0.92	0.83 0.92
	90	0.83	0.83	0.83	0.83	0.92	0.83 0.92
	91	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	92	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	93	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	94	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	95	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	96	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	97	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	98	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	99	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	100	0.84	0.84	0.84	0.84	0.92	0.84 0.92
	101	0.84	0.84	0.84	0.84	0.93	0.84 0.93
	102	0.84	0.84	0.84	0.84	0.93	0.84 0.93
	103	0.84	0.84	0.84	0.84	0.93	0.84 0.93
	104	0.84	0.84	0.84	0.84	0.93	0.84 0.93
	105	0.84	0.84	0.84	0.84	0.93	0.84 0.93
	106	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	107	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	108	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	109	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	110	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	111	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	112	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	113	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	114	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	115	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	116	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	117	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	118	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	119	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	120	0.85	0.85	0.85	0.85	0.93	0.85 0.93
	121	0.86	0.86	0.86	0.86	0.93	0.86 0.93
	122	0.86	0.86	0.86	0.86	0.93	0.86 0.93
	123	0.86	0.86	0.86	0.86	0.93	0.86 0.93
	124	0.86	0.86	0.86	0.86	0.93	0.86 0.93
	125	0.86	0.86	0.86	0.86	0.93	0.86 0.93
	126	0.86	0.86	0.86	0.86	0.93	0.86 0.93
	127	0.86	0.86	0.86	0.86	0.93	0.86 0.93

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

Exhibit 23

DriveSense Discount Factors

DriveSense Score	Renewal Discount						
	BI	PD	MED	COLL	COMP	UM/UIM BI	LLG
128	0.86	0.86	0.86	0.86	0.93	0.86	0.93
129	0.86	0.86	0.86	0.86	0.93	0.86	0.93
130	0.86	0.86	0.86	0.86	0.93	0.86	0.93
131	0.86	0.86	0.86	0.86	0.93	0.86	0.93
132	0.86	0.86	0.86	0.86	0.93	0.86	0.93
133	0.86	0.86	0.86	0.86	0.93	0.86	0.93
134	0.86	0.86	0.86	0.86	0.93	0.86	0.93
135	0.86	0.86	0.86	0.86	0.93	0.86	0.93
136	0.86	0.86	0.86	0.86	0.93	0.86	0.93
137	0.86	0.86	0.86	0.86	0.93	0.86	0.93
138	0.86	0.86	0.86	0.86	0.93	0.86	0.93
139	0.86	0.86	0.86	0.86	0.93	0.86	0.93
140	0.86	0.86	0.86	0.86	0.93	0.86	0.93
141	0.87	0.87	0.87	0.87	0.93	0.87	0.93
142	0.87	0.87	0.87	0.87	0.93	0.87	0.93
143	0.87	0.87	0.87	0.87	0.93	0.87	0.93
144	0.87	0.87	0.87	0.87	0.93	0.87	0.93
145	0.87	0.87	0.87	0.87	0.93	0.87	0.93
146	0.87	0.87	0.87	0.87	0.93	0.87	0.93
147	0.87	0.87	0.87	0.87	0.93	0.87	0.93
148	0.87	0.87	0.87	0.87	0.93	0.87	0.93
149	0.87	0.87	0.87	0.87	0.93	0.87	0.93
150	0.87	0.87	0.87	0.87	0.93	0.87	0.93
151	0.87	0.87	0.87	0.87	0.94	0.87	0.94
152	0.87	0.87	0.87	0.87	0.94	0.87	0.94
153	0.87	0.87	0.87	0.87	0.94	0.87	0.94
154	0.87	0.87	0.87	0.87	0.94	0.87	0.94
155	0.87	0.87	0.87	0.87	0.94	0.87	0.94
156	0.87	0.87	0.87	0.87	0.94	0.87	0.94
157	0.87	0.87	0.87	0.87	0.94	0.87	0.94
158	0.87	0.87	0.87	0.87	0.94	0.87	0.94
159	0.87	0.87	0.87	0.87	0.94	0.87	0.94
160	0.87	0.87	0.87	0.87	0.94	0.87	0.94
161	0.88	0.88	0.88	0.88	0.94	0.88	0.94
162	0.88	0.88	0.88	0.88	0.94	0.88	0.94
163	0.88	0.88	0.88	0.88	0.94	0.88	0.94
164	0.88	0.88	0.88	0.88	0.94	0.88	0.94
165	0.88	0.88	0.88	0.88	0.94	0.88	0.94
166	0.88	0.88	0.88	0.88	0.94	0.88	0.94
167	0.88	0.88	0.88	0.88	0.94	0.88	0.94
168	0.88	0.88	0.88	0.88	0.94	0.88	0.94
169	0.88	0.88	0.88	0.88	0.94	0.88	0.94
170	0.88	0.88	0.88	0.88	0.94	0.88	0.94
171	0.88	0.88	0.88	0.88	0.94	0.88	0.94

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

Exhibit 23

DriveSense Discount Factors

DriveSense	Renewal Discount						
	Score	BI	PD	MED	COLL	COMP	UM/UIM BI LLG
	172	0.88	0.88	0.88	0.88	0.94	0.88 0.94
	173	0.88	0.88	0.88	0.88	0.94	0.88 0.94
	174	0.88	0.88	0.88	0.88	0.94	0.88 0.94
	175	0.88	0.88	0.88	0.88	0.94	0.88 0.94
	176	0.88	0.88	0.88	0.88	0.94	0.88 0.94
	177	0.88	0.88	0.88	0.88	0.94	0.88 0.94
	178	0.88	0.88	0.88	0.88	0.94	0.88 0.94
	179	0.88	0.88	0.88	0.88	0.94	0.88 0.94
	180	0.88	0.88	0.88	0.88	0.94	0.88 0.94
	181	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	182	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	183	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	184	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	185	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	186	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	187	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	188	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	189	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	190	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	191	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	192	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	193	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	194	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	195	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	196	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	197	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	198	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	199	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	200	0.89	0.89	0.89	0.89	0.94	0.89 0.94
	201	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	202	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	203	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	204	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	205	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	206	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	207	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	208	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	209	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	210	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	211	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	212	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	213	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	214	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	215	0.90	0.90	0.90	0.90	0.95	0.90 0.95

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

Exhibit 23

DriveSense Discount Factors

DriveSense	Renewal Discount						
	Score	BI	PD	MED	COLL	COMP	UM/UIM BI LLG
	216	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	217	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	218	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	219	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	220	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	221	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	222	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	223	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	224	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	225	0.90	0.90	0.90	0.90	0.95	0.90 0.95
	226	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	227	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	228	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	229	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	230	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	231	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	232	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	233	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	234	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	235	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	236	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	237	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	238	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	239	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	240	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	241	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	242	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	243	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	244	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	245	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	246	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	247	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	248	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	249	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	250	0.91	0.91	0.91	0.91	0.95	0.91 0.95
	251	0.92	0.92	0.92	0.92	0.96	0.92 0.96
	252	0.92	0.92	0.92	0.92	0.96	0.92 0.96
	253	0.92	0.92	0.92	0.92	0.96	0.92 0.96
	254	0.92	0.92	0.92	0.92	0.96	0.92 0.96
	255	0.92	0.92	0.92	0.92	0.96	0.92 0.96
	256	0.92	0.92	0.92	0.92	0.96	0.92 0.96
	257	0.92	0.92	0.92	0.92	0.96	0.92 0.96
	258	0.92	0.92	0.92	0.92	0.96	0.92 0.96
	259	0.92	0.92	0.92	0.92	0.96	0.92 0.96

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

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DriveSense Discount Factors

DriveSense	Renewal Discount							
	Score	BI	PD	MED	COLL	COMP	UM/UIM BI	LLG
	260	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	261	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	262	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	263	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	264	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	265	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	266	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	267	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	268	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	269	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	270	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	271	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	272	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	273	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	274	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	275	0.92	0.92	0.92	0.92	0.96	0.92	0.96
	276	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	277	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	278	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	279	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	280	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	281	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	282	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	283	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	284	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	285	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	286	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	287	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	288	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	289	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	290	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	291	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	292	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	293	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	294	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	295	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	296	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	297	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	298	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	299	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	300	0.93	0.93	0.93	0.93	0.96	0.93	0.96
	301	0.94	0.94	0.94	0.94	0.97	0.94	0.97
	302	0.94	0.94	0.94	0.94	0.97	0.94	0.97
	303	0.94	0.94	0.94	0.94	0.97	0.94	0.97

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

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DriveSense Discount Factors

DriveSense		Renewal Discount					
		BI	PD	MED	COLL	COMP	UM/UIM BI LLG
Score							
304		0.94	0.94	0.94	0.94	0.97	0.94 0.97
305		0.94	0.94	0.94	0.94	0.97	0.94 0.97
306		0.94	0.94	0.94	0.94	0.97	0.94 0.97
307		0.94	0.94	0.94	0.94	0.97	0.94 0.97
308		0.94	0.94	0.94	0.94	0.97	0.94 0.97
309		0.94	0.94	0.94	0.94	0.97	0.94 0.97
310		0.94	0.94	0.94	0.94	0.97	0.94 0.97
311		0.94	0.94	0.94	0.94	0.97	0.94 0.97
312		0.94	0.94	0.94	0.94	0.97	0.94 0.97
313		0.94	0.94	0.94	0.94	0.97	0.94 0.97
314		0.94	0.94	0.94	0.94	0.97	0.94 0.97
315		0.94	0.94	0.94	0.94	0.97	0.94 0.97
316		0.94	0.94	0.94	0.94	0.97	0.94 0.97
317		0.94	0.94	0.94	0.94	0.97	0.94 0.97
318		0.94	0.94	0.94	0.94	0.97	0.94 0.97
319		0.94	0.94	0.94	0.94	0.97	0.94 0.97
320		0.94	0.94	0.94	0.94	0.97	0.94 0.97
321		0.94	0.94	0.94	0.94	0.97	0.94 0.97
322		0.94	0.94	0.94	0.94	0.97	0.94 0.97
323		0.94	0.94	0.94	0.94	0.97	0.94 0.97
324		0.94	0.94	0.94	0.94	0.97	0.94 0.97
325		0.94	0.94	0.94	0.94	0.97	0.94 0.97
326		0.95	0.95	0.95	0.95	0.97	0.95 0.97
327		0.95	0.95	0.95	0.95	0.97	0.95 0.97
328		0.95	0.95	0.95	0.95	0.97	0.95 0.97
329		0.95	0.95	0.95	0.95	0.97	0.95 0.97
330		0.95	0.95	0.95	0.95	0.97	0.95 0.97
331		0.95	0.95	0.95	0.95	0.97	0.95 0.97
332		0.95	0.95	0.95	0.95	0.97	0.95 0.97
333		0.95	0.95	0.95	0.95	0.97	0.95 0.97
334		0.95	0.95	0.95	0.95	0.97	0.95 0.97
335		0.95	0.95	0.95	0.95	0.97	0.95 0.97
336		0.95	0.95	0.95	0.95	0.97	0.95 0.97
337		0.95	0.95	0.95	0.95	0.97	0.95 0.97
338		0.95	0.95	0.95	0.95	0.97	0.95 0.97
339		0.95	0.95	0.95	0.95	0.97	0.95 0.97
340		0.95	0.95	0.95	0.95	0.97	0.95 0.97
341		0.95	0.95	0.95	0.95	0.97	0.95 0.97
342		0.95	0.95	0.95	0.95	0.97	0.95 0.97
343		0.95	0.95	0.95	0.95	0.97	0.95 0.97
344		0.95	0.95	0.95	0.95	0.97	0.95 0.97
345		0.95	0.95	0.95	0.95	0.97	0.95 0.97
346		0.95	0.95	0.95	0.95	0.97	0.95 0.97
347		0.95	0.95	0.95	0.95	0.97	0.95 0.97

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

Exhibit 23

DriveSense Discount Factors

DriveSense	Renewal Discount						
	Score	BI	PD	MED	COLL	COMP	UM/UIM BI LLG
	348	0.95	0.95	0.95	0.95	0.97	0.95 0.97
	349	0.95	0.95	0.95	0.95	0.97	0.95 0.97
	350	0.95	0.95	0.95	0.95	0.97	0.95 0.97
	351	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	352	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	353	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	354	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	355	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	356	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	357	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	358	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	359	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	360	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	361	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	362	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	363	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	364	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	365	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	366	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	367	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	368	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	369	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	370	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	371	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	372	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	373	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	374	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	375	0.96	0.96	0.96	0.96	0.98	0.96 0.98
	376	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	377	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	378	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	379	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	380	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	381	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	382	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	383	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	384	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	385	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	386	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	387	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	388	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	389	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	390	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	391	0.97	0.97	0.97	0.97	0.98	0.97 0.98

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

Exhibit 23

DriveSense Discount Factors

DriveSense	Renewal Discount						
	Score	BI	PD	MED	COLL	COMP	UM/UIM BI LLG
	392	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	393	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	394	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	395	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	396	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	397	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	398	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	399	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	400	0.97	0.97	0.97	0.97	0.98	0.97 0.98
	401	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	402	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	403	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	404	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	405	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	406	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	407	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	408	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	409	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	410	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	411	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	412	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	413	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	414	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	415	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	416	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	417	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	418	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	419	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	420	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	421	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	422	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	423	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	424	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	425	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	426	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	427	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	428	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	429	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	430	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	431	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	432	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	433	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	434	0.98	0.98	0.98	0.98	0.99	0.98 0.99
	435	0.98	0.98	0.98	0.98	0.99	0.98 0.99

Esurance Property and Casualty Insurance Company
Missouri Rate Manual

Exhibit 23

DriveSense Discount Factors

DriveSense		Renewal Discount					
		BI	PD	MED	COLL	COMP	UM/UIM BI LLG
	Score						
	480	0.99	0.99	0.99	0.99	0.99	0.99
	481	0.99	0.99	0.99	0.99	0.99	0.99
	482	0.99	0.99	0.99	0.99	0.99	0.99
	483	0.99	0.99	0.99	0.99	0.99	0.99
	484	0.99	0.99	0.99	0.99	0.99	0.99
	485	0.99	0.99	0.99	0.99	0.99	0.99
	486	0.99	0.99	0.99	0.99	0.99	0.99
	487	0.99	0.99	0.99	0.99	0.99	0.99
	488	0.99	0.99	0.99	0.99	0.99	0.99
	489	0.99	0.99	0.99	0.99	0.99	0.99
	490	0.99	0.99	0.99	0.99	0.99	0.99
	491	0.99	0.99	0.99	0.99	0.99	0.99
	492	0.99	0.99	0.99	0.99	0.99	0.99
	493	0.99	0.99	0.99	0.99	0.99	0.99
	494	0.99	0.99	0.99	0.99	0.99	0.99
	495	0.99	0.99	0.99	0.99	0.99	0.99
	496	0.99	0.99	0.99	0.99	0.99	0.99
	497	0.99	0.99	0.99	0.99	0.99	0.99
	498	0.99	0.99	0.99	0.99	0.99	0.99
	499	0.99	0.99	0.99	0.99	0.99	0.99
	500	0.99	0.99	0.99	0.99	0.99	0.99
	501+	1.00	1.00	1.00	1.00	1.00	1.00

**Esurance Property and Casualty Insurance Company
Missouri Rate Manual**

Algorithm - Rate Calculation Formula

Step	Exhibit	I. PREMIUM CALCULATION	BI	PD	MED	COLL	COMP	UM	UIM	RR	TL	LLG	CPE	Renters*
1	2	State Base Rates												
2	21	Territorial Relativity	x	x	x	x	x					x		
3	3,4,5	Tier Factors	x	x	x	x	x	x	x	x		x		
4	6,7,8,17	Household Driving Factors (From Step F)	x	x	x	x	x	x	x			x		
5	9	Household Structure Factor	x	x	x	x	x	x	x	x		x		
6	10	Household Vehicle Usage	x	x	x	x	x	x	x			x		
7	11	Type of Vehicle Use	x	x	x	x	x	x	x					
8	12	Vehicle Performance	x	x	x	x	x	x	x					
9	13	Increased Limit Factor	x	x	x			x	x	x			x	
10	14	Deductible Factor				x	x							
11	15	Model Year Factor	x	x	x	x	x	x	x		x	x		
12	16	Symbol Factor	x	x	x	x	x	x	x			x		
13	22	Vehicle Title Transaction Factor	x	x	x	x	x	x	x	x		x		
14	18	Core Discount	x	x	x	x	x							
15	17	Education Discount	x	x	x	x	x	x	x	x		x		
16	17	Future Effective Date Discount	x	x	x	x	x	x	x	x		x		
17	17	Time at Residence Discount	x	x	x	x	x	x	x	x		x		
18	17	On-Time Payment Discount	x	x	x	x	x	x	x	x		x		
19	17	Safety Device Discount			x									
20	17	Anti-Theft Device Discount					x							
21	23	DriveSense Discount	x	x	x	x	x	x	x			x		
22	19	Expense Constant	+											
23	17	Affinity Discount	x	x	x	x	x	x	x	x	x	x	x	
24	17	Expense Savings Discount	x	x	x	x	x	x	x	x	x	x	x	
25	17	Switch & Save Discount	x	x	x	x	x	x	x	x	x	x	x	
26	17	Claim Free Discount	x	x	x	x								
27	17	Renters Plus Discount	-											
28		Premium												

*See "Ex 1(r) - Renters Algorithm" to get the developed premium for Renters Coverage

Step	II. HOUSEHOLD DRIVING FACTOR													
A	6	Driver Class Factors												
B	7	Driving Record Point Surcharges	+	+	+	+								
C	8	Driver Point Matrix Factors	x	x	x	x	x	x	x			x		
D	17	Good Student Discount	x	x	x	x	x	x	x			x		
E	17	Inexperienced Operator Surcharge	x	x	x	x	x	x	x			x		
F		Individual Operating Driving Factor (IODF) = [(A+B)*C*D*E]												

of Vehicles >= # of Drivers:

Calculate the Individual Operator Driving Factor (IODF) for each driver on the policy.
The household driving factor is the average of the IODFs for all drivers on the policy.

of Vehicles < # of Drivers:

Step 1: Calculate Individual Operator Driving Factors (IODF) for BI coverage.
Step 2: Rank the IODFs for BI from highest to lowest. If factors tie, then rank descending by age then gender (M, F).
Step 3: Select highest ranked BI IODFs equal to number of vehicles to identify which operators are to be included in the Household Driving Factor calculation.
Step 4: Calculate the Household Driving Factor by computing the average of the IODFs by coverage for the operators selected in Step 3. The number of IODFs used in the average computation cannot exceed the number of insured vehicles.

Total Policy Premium = Sum of Premium by Coverage + Expense Constant

Premiums are calculated using the rate order of calculation in Exhibit 1. Each individual line calculation is NOT rounded (i.e. the application of each discount, surcharge or other premium factor calculation used to determine the final coverage premium). Each Total Coverage premium is rounded to the nearest whole dollar. Total Policy Premium is the sum of Premium by Coverage and the Expense Constant.

State:	Missouri	Filing Company:	Esurance Property and Casualty Insurance Company
TOI/Sub-TOI:	19.0 Personal Auto/19.0000 Personal Auto Combinations		
Product Name:	Esurance Auto program update		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Filing Memorandum
Comments:	
Attachment(s):	Cover Letter_ MO EPC.pdf Filing Memo DriveSense - MO EPC .pdf
Item Status:	REVIEWED
Status Date:	06/03/2013

Bypassed - Item:	Exhibit A, B, & C (20 CSR 500-4.200)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	REVIEWED
Status Date:	06/03/2013

Bypassed - Item:	Actuarial Justification
Bypass Reason:	N/A
Attachment(s):	
Item Status:	REVIEWED
Status Date:	06/03/2013

April 25, 2013

John M. Huff, Director of Insurance
Missouri Department of Insurance, Financial Institutions & Professional Registration
301 West High Street, Room 530
Jefferson City, Missouri 65101

Attn: Joan Dutil, Property and Casualty Section Manager

Re: Esurance Property and Casualty Insurance Company
NAIC #: 0008-30210
Private Passenger Automobile
Use & File: Program Modification
Company Tracking Number: 13-MO-EPC-PARA-01

Dear Ms. Dutil:

A modification to the Esurance Property and Casualty Insurance Company Personal Auto program is submitted for your review. The overall impact is 0.0%.

The following attachments are included for your review and acknowledgement:

- Replacement Rate Manual Pages
- Replacement Rule Manual Pages
- Filing Memorandum
- Replacement Application/ Terms and Conditions Forms

The Company respectfully requests this filing apply to new business effective on or after August 21, 2013 and renewal policies with effective dates on or after October 10, 2013.

Please direct questions, comments, and acknowledgements to Jon Inquimboy at 1011 Sunset Blvd., Suite 100, Rocklin, CA 95765. I can be contacted at 916-626-3232 or via email at jinquimboy@esurance.com.

Sincerely,

Jon Inquimboy
Product Manager

Esurance Property and Casualty Insurance Company

Filing Memorandum

A modification to Esurance Property and Casualty Insurance Company's private passenger auto program is submitted for your review. The overall impact of the submitted program changes is 0.0%. The Company requests that this filing apply to all new business policies effective on or after August 21, 2013 and renewal policies effective on or after October 10, 2013. Revised rate and rule manual pages are included to replace those currently on file.

Summary of Changes

- 1. DriveSense™ Discount:** We are proposing to introduce the DriveSense™ discount in the state of Missouri. A discount will be given to customers that volunteer to install Esurance DriveSense™ Devices into all device-compatible vehicles listed on their policy. The discount will be initially offered to customers with current insurance at the time of purchase. At each renewal term after opting into the program, each vehicle will receive discount factors based on the data collected by the DriveSense™ Device. The development of the discount factors will be referenced in a future filing from Towers Watson. Please reference Rate Manual updates for Exhibits 1 and 23, and replacement rule P22.
- 2. DriveSense™ Device Restocking Fee:** A fee will be applied when telematic devices are not returned. Please reference replacement rules B04 and B05.
- 3. Like to Save™ Discount:** We are introducing a new Affinity Discount called Esurance Like To Save™ Discount. A 5.0% Affinity Discount is applied to policies if an applicant or named insured establishes a link to the official Esurance Facebook page and purchases the new policy through the Facebook link. Please see replacement rule P12
- 4. Updated Forms:** Esurance has developed new applications and terms and conditions that are intended to replace all previous versions. The applications will be used for all policies underwritten by Esurance Property and Casualty Insurance Company. There are sections that will contain variable text based on the coverage selected by customers. An example of this can be found in the application document on page 4, where the renters headers will only generate or be mailed if the customer selects that respective coverage. Additionally, the Esurance DriveSense Program Terms and Conditions will be included, which goes over the Program description and expectations.

Schedule of Exhibits

- ☐ Replacement Rate Manual Exhibits 1 and 23
- ☐ Replacement Rule Manual Pages 1 and 2
- ☐ Replacement Rules P12, P22, B04 and B05

Schedule of Forms

- ☐ APP (P) MO 09 12 App /Terms and Conditions - Online
- ☐ APP MO 09 12 App /Terms and Conditions - Print
- ☐ MO 9 12 Terms and Conditions - Renewal
- ☐ 7131 MO 02 13DriveSense™ Discount Program EPC