

SERFF Tracking Number: NWPP-128464379 State: Iowa
First Filing Company: Allied Property and Casualty Insurance State Tracking Number:
Company, ...
Company Tracking Number: 314APF12115
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto
Project Name/Number: Driver Exclusion/

Filing at a Glance

Companies: Allied Property and Casualty Insurance Company, AMCO Insurance Company, Nationwide Insurance Company Of America, Nationwide Mutual Insurance Company, Nationwide Affinity Insurance Company of America, Nationwide Agribusiness Insurance Company

Product Name: Personal Auto SERFF Tr Num: NWPP-128464379 State: Iowa
TOI: 19.0 Personal Auto SERFF Status: Closed-Approved State Tr Num:
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: 314APF12115 State Status:
(PPA)
Filing Type: Form Reviewer(s): Wayne Lacher
Author: Stephanie Wells Disposition Date: 06/11/2012
Date Submitted: 06/08/2012 Disposition Status: Approved
Effective Date Requested (New): 06/11/2012 Effective Date (New):
Effective Date Requested (Renewal): 06/11/2012 Effective Date (Renewal):

General Information

Project Name: Driver Exclusion Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/11/2012
State Status Changed: Deemer Date:
Created By: Stephanie Wells Submitted By: Stephanie Wells
Corresponding Filing Tracking Number:
Filing Description:
Please see the attached filing letter.
State Narrative:

Company and Contact

Filing Contact Information

Stephanie Wells, Sr. Compliance Analyst wellss5@nationwide.com
1100 Locust Street 515-508-2497 [Phone]
Des Moines, IA 50391 515-508-2497 [FAX]

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Filing Company Information

Allied Property and Casualty Insurance CoCode: 42579 State of Domicile: Iowa
 Company
 701 Fifth Avenue Group Code: 140 Company Type: Property and
 Casualty
 Des Moines, IA 50391 Group Name: State ID Number: 14
 (515) 508-4382 ext. [Phone] FEIN Number: 42-1201931

 AMCO Insurance Company CoCode: 19100 State of Domicile: Iowa
 1100 Locust Street Group Code: 140 Company Type: Property and
 Casualty
 Des Moines, IA 50391 Group Name: State ID Number: 14
 (515) 508-4382 ext. [Phone] FEIN Number: 42-6054959

 Nationwide Insurance Company Of America CoCode: 25453 State of Domicile: Iowa
 One Nationwide Plaza 1-19-10 Group Code: 140 Company Type: P&C
 Columbus, OH 43215-2220 Group Name: State ID Number:
 (614) 249-4600 ext. [Phone] FEIN Number: 95-2130882

 Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio
 One Nationwide Plaza 1-19-10 Group Code: 140 Company Type:
 Columbus, OH 43215-2220 Group Name: State ID Number:
 (614) 249-4600 ext. [Phone] FEIN Number: 31-4177100

 Nationwide Affinity Insurance Company of CoCode: 26093 State of Domicile: Kansas
 America
 One Nationwide Plaza 1-19-10 Group Code: 140 Company Type:
 Columbus, OH 43215-2220 Group Name: State ID Number:
 (614) 249-4600 ext. [Phone] FEIN Number: 48-0470690

 Nationwide Agribusiness Insurance Company CoCode: 28223 State of Domicile: Iowa
 One Nationwide Plaza 1-19-10 Group Code: 140 Company Type:
 Columbus, OH 43215-2220 Group Name: State ID Number:
 (614) 249-4600 ext. [Phone] FEIN Number: 42-1015537

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Form Schedule

Schedule Item Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
	Named Driver Exclusion Agreement - Iowa	11603IA	09-12	Other	New			11603IA-0912-00.pdf
	Named Driver Exclusion Agreement Endorsement - Iowa	AA0349IA	09-12	Endorsement/Amendment/Conditions	Replaced	Replaced Form #: AA0349 (03-92) Previous Filing #:		AA0349IA-0912-00.pdf

**NAMED DRIVER EXCLUSION AGREEMENT
IOWA**

Please review the Named Driver Exclusion Agreement for the individual(s) listed below, have a named insured as shown in the policy Declarations sign the agreement, and return it in the envelope provided.

With my authorization, the company has agreed to issue or continue coverage under the policy number listed below, provided that the company will not be liable for damages, losses, or claims arising out of the operation or use of "your covered auto" or non-owned vehicle by the named excluded person or persons, whether or not such operation or use was with the expressed or implied permission of a person insured under the policy. I further understand that a similar limitation will be included within any subsequent transfer, reinstatement, or renewal of this policy. Removal of the exclusion will require prior approval by the company.

Pursuant to Iowa Code 515D.10, you have a right to request a hearing regarding this action before the commissioner of insurance within 15 days of receipt or delivery of this notice.

Excluded Person(s):

Reason for Exclusion:

The company reserves the right to adjust the premium based on any additional classification information submitted.

My signature on this agreement indicates my acceptance of this exclusion and authorizes the company to issue the appropriate endorsement to this policy.

A named insured, as shown in the policy Declarations, must sign this form.

Named Insured:

(please print)

Signature Date: _____

Named Insured:

(please print)

Signature Date: _____

Policy Number:

**NAMED DRIVER EXCLUSION AGREEMENT ENDORSEMENT
IOWA**

With respect to the coverages provided in this policy, it is agreed that "we" are not liable for damages, losses, or claims arising out of the operation or use of "your covered auto" or non-owned vehicle by the named excluded person or persons, whether or not such operation or use was with the expressed or implied permission of a person insured under the policy.

Excluded Person(s):

The policy remains unchanged in all other respects.

This endorsement applies as stated in the policy Declarations.

This agreement applies to Policy No.

and to subsequent renewals or continuations until such time as there is mutual agreement for its termination.

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Filing Fee Information
Comments:
A fee is included for Nationwide Mutual Insurance Company.

Item Status: **Status**
Date:

Satisfied - Item: Filing Letter
Comments:
Attachment:
Iowa Personal Auto Driver Exclusion Filing Letter.pdf



June 8, 2012

Honorable Susan Voss
Commissioner of Insurance
Iowa Insurance Division
330 Maple Street
Des Moines, Iowa 50319-0065

RE:

AMCO Insurance Company

NAIC #140-19100
Iowa DOI ID – 1167
FEIN – 426054959

Allied Property and Casualty Insurance Company

NAIC #140-42579
Iowa DOI ID – 2223
FEIN – 421201931

Nationwide Insurance Company of America

NAIC #140-25453
Iowa DOI ID – 1322
FEIN – 952130882

Nationwide Affinity Insurance Company

NAIC #140-26093
Iowa DOI ID – 0899
FEIN – 480470690

Nationwide Mutual Insurance Company

NAIC #140-23787
Iowa DOI ID – 1322
FEIN – 314177100

Nationwide Agribusiness Insurance Company

NAIC #140-28223
Iowa DOI ID – 1745
FEIN - 421015537

SERFF Form Filing Number: NWPP-128464379
Personal Auto Form Filing

Dear Commissioner Voss:

At this time, we would like to place on file the following forms to be used in the above companies:

<u>Form</u>	<u>Description</u>	<u>Replaces</u>
AA0349IA (09-12) 11603IA (09-12)	Named Driver Exclusion Agreement Endorsement – Iowa Named Driver Exclusion Agreement – Iowa	AA0349 (03-92) New

Please see the attached Explanatory Memorandum for additional details.

We request your approval to implement this filing for policies effective on or after June 11, 2012 for New and Renewal Business.

Thank you for your time and consideration.

Sincerely,

Stephanie Wells, MPA, CPCU
Compliance Specialist
1100 Locust Street, Dept. 0201
Des Moines, Iowa 50391-0201
Phone: 800-532-1436 ext. 2497 / Fax: 515-508-4665
wellss5@nationwide.com

Explanatory Memorandum

Named Driver Exclusion Agreement Endorsement – Iowa (AA0349IA)

The Named Driver Exclusion Agreement Endorsement excludes coverage for the listed excluded driver. The endorsement is being updated to a state specific form to match the language of the new exclusion agreement.

Named Driver Exclusion Agreement – Iowa (11603IA)

The new Named Driver Exclusion Agreement is provided to the insured prior to excluding a driver for their review and signature. The agreement provides the insured the name of the excluded driver, the reason for exclusion, and information on the insured's right to request a hearing.