

SERFF Tracking Number: CRUM-125622526 State: Arkansas
Filing Company: United States Fire Insurance Company State Tracking Number: 38791
Company Tracking Number:
TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel
Product Name: AR-TRAVEL END-USF
Project Name/Number: /

Filing at a Glance

Company: United States Fire Insurance Company

Product Name: AR-TRAVEL END-USF

TOI: H19G Group Health - Travel

Sub-TOI: H19G.000 Health - Travel

Filing Type: Form

SERFF Tr Num: CRUM-125622526 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38791

Co Tr Num:

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Authors: Vera Harwell, Debbie

Disposition Date: 04/29/2008

Deluccia, Howard DeBare, George

French

Date Submitted: 04/24/2008

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Trust

Filing Status Changed: 04/29/2008

State Status Changed: 04/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

April 24, 2008

The Honorable Julie Benafield Bowman, Commissioner

Arkansas Department of Insurance

1200 West 3rd Street

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Product Name: AR-TRAVEL END-USF
Project Name/Number: /
Little Rock, AR 72201-1904

RE: UNITED STATES FIRE INSURANCE COMPANY

NAIC No: 0158-21113 13-5459190

Travel Policy Endorsement Forms:

Vacation Rental Endorsement 25920-VR
Security Deposit Waiver Endorsement 25922-SDW

Dear Commissioner Bowman:

We are attaching copies of the above referenced forms for your approval.

The endorsements are to be used with our Travel Protection plan that was approved by your Department on January 23, 2007. The Master Policy is issued to our Trust situated in Illinois.

These two endorsements will be added to the Master Policy and will offer coverage for reimbursement of costs associated with Vacation Rental when a trip must be cancelled or interrupted and for cost associated with a required Security Deposit on a vacation rental property.

Bracketed items are variable. Any bracketed text will be included, as shown, or deleted altogether. These optional riders will be included or excluded, depending upon the desires of the group participating under the Trust.

The forms are new and do not replace any forms currently on file with your Department.

Should you require any further information, or have any questions, please feel free to contact me. Your review and approval of these forms is appreciated.

Sincerely,

Eveanne Wood
Senior Compliance Analyst
Fairmont Specialty, a division of Crum & Forster

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 ewood@fairmontspecialty.com
 (732)-918-6712

Company and Contact

Filing Contact Information

Vera Harwell, Compliance Manager vharwell@fairmontspecialty.com
 5 Christopher Way (732) 918-6713 [Phone]
 Eatontown, NJ 07724 (732) 918-4755[FAX]

Filing Company Information

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 13-5459190	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	\$50.00 per form x 2 = \$100.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Fire Insurance Company	\$100.00	04/24/2008	19889148

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/29/2008	04/29/2008

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Disposition

Disposition Date: 04/29/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CRUM-125622526 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Vacation Rental Endorsement	Approved-Closed	Yes
Form	Security Deposit Waiver Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	25920-VR	Certificate	Vacation Rental Amendmen t, Insert Page, Endorseme nt or Rider	Initial			Vacation Rental 25920- VR.pdf
Approved-Closed	25922-SDW	Certificate	Security Deposit Waiver Endorsement	Initial			SecurityDepo sit 25922- SDW.pdf

**UNITED STATES FIRE INSURANCE COMPANY
AMENDATORY ENDORSEMENT**

This endorsement is made a part of the Policy to which it is attached. This endorsement is subject to all of the provisions and limitations of the Policy. If there is a conflict between the Policy and the endorsement, the terms of the endorsement will govern.

VACATION RENTAL BENEFITS

[The following Coverage [x], *Trip Cancellation*, is added to Form *TP-401*:

TRIP CANCELLATION BENEFITS

Benefits will be paid up to the Maximum Benefit Amount purchased to cover an Insured for the published Penalties and unused non-refundable prepaid expenses for Travel Arrangements when an Insured is prevented from taking his or her Covered Trip due to:

[1. interruption of water, electric, sewage or gas service(s) at your destination or interruption of road service, due to Inclement Weather or natural disaster so as to prohibit you from reaching your destination, for more than 24 hours and only for up to 15 days from interruption of service(s) or to resumption of service(s), whichever comes first.]

[The following Coverage [x], *Trip Interruption*, is added to Form *TP-401*:

TRIP INTERRUPTION BENEFITS

Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for land or water Travel Arrangements and the Additional Transportation Cost paid to return home or rejoin the Covered Trip, when an Insured's arrival on the Covered Trip is delayed or an Insured is prevented from completing his or her Covered Trip due to:

[1. interruption of water, electric, sewage or gas service(s) at your destination or interruption of road service, due to Inclement Weather or natural disaster so as to prohibit you from reaching your destination, for more than 24 hours and only for up to [15] days from interruption of service(s) [or to resumption of service(s),] whichever comes first.]



President

Authorized Agent

Date

**UNITED STATES FIRE INSURANCE COMPANY
AMENDATORY ENDORSEMENT**

This endorsement is made a part of the Policy to which it is attached. This endorsement is subject to all of the provisions and limitations of the Policy. If there is a conflict between the Policy and the endorsement, the terms of the endorsement will govern.

SECURITY DEPOSIT PROTECTION BENEFITS

If the Insured rents [a property unit] [an Accommodation] and the Insured damages the real or personal property assigned to that [unit] [Accommodation] during the Covered Trip, we will reimburse the Insured [the lesser of:] [a) the cost of repairs] [or] [b) the Actual Cash Value of the property,] up to the amount shown in the Schedule.

Coverage is provided to the Insured [and to the Traveling Companions] occupying the [rental property unit] [Accommodation] during the Covered Trip provided the Insured is listed on the [rental] [lease] agreement.

[Coverage is not provided for loss due to:

[(a)] [Inclement Weather or natural disaster;]

[(b)] [intentional acts] [or] [gross negligence] [of the Insured] [negligence] [or] [willful and wanton conduct.]

[(c)] [normal wear and tear of the real or personal property assigned to the [rental unit] [Accommodation];]

[(d)] [any damage that occurs if the Insured is in violation of the [lease] [rental] agreement;]

[(e)] [loss, theft or damage to any personal effects owned by the Insured or brought on the Covered Trip by the Insured;]

[(f)] [loss, theft or damage caused by any person other than the Insured, [Family Member's] [or] [Traveling Companion's] [or] [Business Partner's]] [unless substantiated by a police report;]

[The Insured's Duties in the Event of a Loss:

The Insured must:

[1.] [take all reasonable, necessary steps to protect the property and prevent further damage to it;]

[2.] [report the loss in writing [by] [prior to] [within 3 days of] [the Scheduled Return Date] [the completion of the Covered Trip] to the staff responsible for managing the [rental unit] [Accommodation];]

[3.] [provide us all documentation such as the lease agreement, police report and damage estimate.]]

DEFINITIONS

The following definitions apply to the Security Deposit Protection Benefits:

[ACTUAL CASH VALUE means original purchase price less depreciation or replacement cost, whichever is less.]

[ACCOMMODATION means any establishment used for the purpose of temporary, overnight lodging for which a fee is paid and reservations are secured.]

[COVERED TRIP means: means: a period of round-trip travel away from the Insured's primary place of residence to a destination outside the Insured's city of residence; the purpose of the trip is business or pleasure and is not to obtain health care or treatment of any kind; the trip has defined departure and return dates specified when the Insured enrolls; the trip does not exceed 180 days.]

[TRAVELING COMPANION means [a person] [up to [X] persons] whose name(s) appears) with you on the same Covered Trip arrangement and who, during the Covered Trip, will [accompany] [share accommodations with] you [in the same room, cabin, condominium unit, apartment unit, or other lodging].]

GENERAL PROVISIONS

The following general provisions apply to the Security Deposit Protection Benefits:

[Transfer of the Insured's Rights and Duties under this Policy The Insured's rights and duties under their policy may not be transferred without our written consent except: [1] in the case of death of an individual named Insured, or] [2] at our option, we will honor an assignment of rights if a properly executed assignment of rights has been filed with us. We are not responsible for the validity of any assignment.]]

Signed for **the United States Fire Insurance Company** By:

A handwritten signature in black ink, appearing to read "Joseph A. ...".

President

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 04/29/2008
Comments:
Please see attached flesch certification

As this is an out of state filing for a trust, the other items are not required

Attachment:
USF Travel Readability Cert.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 04/29/2008
Bypass Reason: Only Endorsements are being filed for use with the Master Policy issued to our Trust in Illinois.
Comments:

UNITED STATES FIRE INSURANCE COMPANY

Administrative Office: 5 Christopher Way, Eatontown, New Jersey 07724
(HEREIN CALLED "WE, "OUR", OR "US")

READABILITY CERTIFICATION

On behalf of the Company, I hereby certify that I have carefully reviewed the form(s) listed below and to the best of my knowledge and ability have determined that the Flesch scale readability analysis score meets the minimum reading ease score of 40 on the test used.

FORM(S)

25920-VR Vacation Rental Endorsement
25922-SDW Security Deposit Waiver Endorsement



Gary McGeddy
Executive Vice President

04/24/2008

Date