

SERFF Tracking Number: AMLX-125315473 State: Arkansas  
Filing Company: American Alternative Insurance Corporation State Tracking Number: AR-PC-07-026347  
Company Tracking Number: CM AR0233101F02  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Non-Filed Inland Marine  
Project Name/Number: Builders' Risk & Contractors' Equipment/CM AR0233101F02

## Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Commercial Non-Filed Inland Marine SERFF Tr Num: AMLX-125315473 State: Arkansas

TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-026347  
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: CM AR0233101F02 State Status:  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Author: SPI  
AmericanAlternativeInsurance  
Date Submitted: 10/05/2007

Disposition Date: 10/09/2007

Disposition Status: Approved

Effective Date Requested (New): 11/05/2007

Effective Date (New): 11/05/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):  
11/05/2007

## General Information

Project Name: Builders' Risk & Contractors' Equipment

Status of Filing in Domicile: Authorized

Project Number: CM AR0233101F02

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/09/2007

State Status Changed: 10/05/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Alternative Insurance Corporation (AAIC), licensed in the state of Arkansas and affiliated with the American Association of Insurance Services (AAIS), is submitting for your review and approval the enclosed independent forms filing.

The purpose of this filing is to introduce forms that will be used in conjunction with AAIS's Non-Filed Commercial Inland Marine Guide for Builders' Risk and Contractors' Equipment currently on file with your department. Please refer to the attached explanatory memorandum for more details.

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Product Name: Commercial Non-Filed Inland Marine  
Project Name/Number: Builders' Risk & Contractors' Equipment/CM AR0233101F02

We propose that this filing apply to all policies effective on or after November 5, 2007.

Your early approval is appreciated. Should you have any questions regarding this submission, please do not hesitate to contact me.

Sincerely,

Judy Cahill  
State Filing Analyst  
jcahill@munichreamerica.com  
(609) 951-8473

## Company and Contact

### Filing Contact Information

Judy Cahill, State Filing Analyst jcahill@munichreamerica.com  
555 College Road East (609) 951-8473 [Phone]  
Princeton, NJ 08543-5241 (609) 275-2147[FAX]

### Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware  
555 College Road East Group Code: 361 Company Type:  
Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:  
(800) 305-4954 ext. [Phone] FEIN Number: 52-2048110  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Payment Amount: \$50  
E-check #: 17006228

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Project Name/Number: Builders' Risk & Contractors' Equipment/CM AR0233101F02  
E-check date: 09/27/2007  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$50.00	10/05/2007	15978221

SERFF Tracking Number: AMLX-125315473 State: Arkansas  
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Product Name: Commercial Non-Filed Inland Marine  
Project Name/Number: Builders' Risk & Contractors' Equipment/CM AR0233101F02

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/09/2007	10/09/2007

*SERFF Tracking Number:*      *AMLX-125315473*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Alternative Insurance Corporation*      *State Tracking Number:*      *AR-PC-07-026347*  
*Company Tracking Number:*      *CM AR0233101F02*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *Commercial Non-Filed Inland Marine*  
*Project Name/Number:*      *Builders' Risk & Contractors' Equipment/CM AR0233101F02*

## **Disposition**

Disposition Date: 10/09/2007

Effective Date (New): 11/05/2007

Effective Date (Renewal): 11/05/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: AMLX-125315473 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Permission For Excess Insurance	AIM 2033	09 07	Endorsement/Amendment/Conditions		0.00	AIM 2033 .PDF
Approved	Underground Operations Exclusion	AIM 2034	09 07	Endorsement/Amendment/Conditions		0.00	AIM 2034.PDF



AIM 2033 09 07  
Page 1 of 1

This endorsement changes  
the policy  
-- PLEASE READ IT CAREFULLY --

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## PERMISSION FOR EXCESS INSURANCE

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### OTHER CONDITIONS

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The following condition is added:

#### **Permission For Excess Insurance**

Permission is granted to "you" to have excess insurance over the Limits of Insurance set forth in the applicable Schedule of Coverages herein, without prejudice to this policy. The existence of such insurance, if any, shall not reduce any liability under this policy.

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AIM 2033 09 07



American Alternative Insurance Corporation

AIM 2034 09 07  
Page 1 of 1

This endorsement changes  
the Contractors' Equipment Coverage  
-- PLEASE READ IT CAREFULLY --

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## UNDERGROUND OPERATIONS EXCLUSION

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### PROPERTY NOT COVERED

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The following is added as Property Not Covered:

**Underground Operations or Storage** -- "We" do not cover property while stored or operated underground.

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AIM 2034 09 07

*SERFF Tracking Number:*      *AMLX-125315473*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Alternative Insurance Corporation*      *State Tracking Number:*      *AR-PC-07-026347*  
*Company Tracking Number:*      *CM AR0233101F02*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *Commercial Non-Filed Inland Marine*  
*Project Name/Number:*              *Builders' Risk & Contractors' Equipment/CM AR0233101F02*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125315473 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/09/2007

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 10/09/2007

**Comments:**

**Attachment:**

Explanatory Memorandum.PDF

**Satisfied -Name:** AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 10/09/2007

**Comments:**

**Attachment:**

AR - FORM FILING ABSTRACT F-1.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Munich Re Group	0361

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Alternative Insurance Corporation	DE	19720	52-2048110	

<b>5. Company Tracking Number</b>	CM AR0233101F02
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Judy Cahill 555 College Road East Princeton NJ 08543-5241	State Filing Analyst	800-305-4954 Ext. 8473	609-275-2147	jcahill@munichreamerica.com

<b>7.</b>	Signature of authorized filer	
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<b>8.</b>	Please print name of authorized filer	Judy Cahill
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**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	Type of Insurance (TOI)	09.0 Inland Marine
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
<b>11.</b>	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing Title)	Commercial Non-Filed Inland Marine
<b>13.</b>	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	Effective Date(s) Requested	New: 11/05/2007      Renewal: 11/05/2007
<b>15.</b>	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	Reference Organization (if applicable)	NA
<b>17.</b>	Reference Organization # & Title	NA
<b>18.</b>	Company's Date of Filing	10/05/2007
<b>19.</b>	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CM AR0233101F02
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Alternative Insurance Corporation (AAIC), licensed in the state of Arkansas and affiliated with the American Association of Insurance Services (AAIS), is submitting for your review and approval the enclosed independent forms filing.

The purpose of this filing is to introduce forms that will be used in conjunction with AAIS's Non-Filed Commercial Inland Marine Guide for Builders' Risk and Contractors' Equipment currently on file with your department. Please refer to the attached explanatory memorandum for more details.

We propose that this filing apply to all policies effective on or after November 5, 2007.

Your early approval is appreciated. Should you have any questions regarding this submission, please do not hesitate to contact me.

Sincerely,

Judy Cahill  
 State Filing Analyst  
 jcahill@munichreamerica.com  
 (609) 951-8473

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]						
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><b>Check #:</b></td> <td>17006228</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$50</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">e-check</td> </tr> </table> <p style="text-align: center; margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>		<b>Check #:</b>	17006228	<b>Amount:</b>	\$50	e-check	
<b>Check #:</b>	17006228						
<b>Amount:</b>	\$50						
e-check							

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

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CM AR0233101F02
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	NA
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Permission For Excess Insurance	AIM 2033 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Underground Operations Exclusion	AIM 2034 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

## **Inland Marine Miscellaneous Forms Filing 0907 (AAIS)**

These endorsements are New, Optional with no premium impact.

### **Inland Marine**

AIM 2033 0907, Permission For Excess Insurance - This endorsement allows for the insured to purchase excess insurance over the Limits of Insurance of our policy.

Impact: Broadening

### **Contractors' Equipment**

AIM 2034 09 07, Underground Operations Exclusion - This endorsement excludes property stored or used underground.

Impact: Restrictive

# ARKANSAS INSURANCE DEPARTMENT

## FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

**Page 1 of 2**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 10/05/2007
2. Company Name(s) American Alternative Insurance Corporation  
Group Name Munich Re Group NAIC No. 19720 Group No. 0361
3. (a) Annual Statement Line of Business Number (Page 14) 09.0  
(b) Class of Business Non-filed Inland Marine  
© Coverages Affected General Non-Filed Inland Marine & Contractors Equipment
4. (a) Name of Advisory Organization, if any AAIC  
(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )
5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:  
(a) Name of Advisory Organization (or Affiliated Company) NA  
(b) Date of Filing NA  
© Filing Designation Number or Description NA

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
YES
8. Is the form filed in response to or due to legislation? If so, specify legislation.  
NO
9. Is the form in response to or due to recent court decisions? If so, give citation.  
NO

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

State Filing Analyst

**Title**

609-951-8473

**Telephone Number**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	11/05/2007	AIM 2033 09 07	Permission For Excess Insurance
	11/05/2007	AIM 2034 09 07	Underground Operations Exclusion