

SERFF Tracking Number: AMLX-125320436 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: AR-PC-07-026383
Company Tracking Number: GLAR0233801F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Factor Revisions Forest, Agric, Wholesale Dist /GLAR0233801F01

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Commercial General Liability SERFF Tr Num: AMLX-125320436 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-026383
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR0233801F01 State Status:
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: SPI Disposition Date: 10/18/2007
AmericanAlternativeInsurance
Date Submitted: 10/10/2007 Disposition Status: Approved
Effective Date Requested (New): 11/10/2007 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Factor Revisions Forest, Agric, Wholesale Dist Status of Filing in Domicile: Not Filed
Project Number: GL AR0233801F01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/18/2007
State Status Changed: 10/11/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

The purpose of this filing is to revise the following Commercial General Liability form:

GL 181 (09-07) replacing GL 181 (07/06)
Logging and Lumbering Operations Endorsement

This endorsement has been revised to include two limits: The Each Occurrence Limit which is applicable to all of the coverages provided by this endorsement and the Each Occurrence Sublimit for Timber Trespass. The sublimit varies depending on the Limit purchased for the endorsement. If endorsement limits of \$100,000 or \$250,000 are purchased, the sublimit will be equal to the endorsement limit. If limits of \$500,000 are purchased, a sublimit of \$300,000 will apply.

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If limits of \$1,000,000 are purchased, one of the following sublimits will apply: \$300,000, \$500,000 or \$1,000,000.

Impact: this revision is restrictive

We propose that this filing apply to all policies effective on or after November 10, 2007.

Your early approval would be appreciated.

Sincerely,

Judy Cahill
State Filing Analyst
Ph: 609-951-8473
Fax: 609-275-2147
jcahill@munichreamerica.com

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 #: 17006229
E-check date: 09/27/2007
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$50.00	10/10/2007	16058918

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/18/2007	10/18/2007

SERFF Tracking Number: *AMLX-125320436* *State:* *Arkansas*
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Disposition

Disposition Date: 10/18/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - NAIC P&C TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Form	Logging and Lumbering Operations Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Logging and Lumbering Operations Endorsement	GL 181	(09/07)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 GL 181 Previous Filing #: AR-PC-06-021760		GL 181.PDF



American Alternative Insurance Corporation

LOGGING AND LUMBERING OPERATIONS ENDORSEMENT

This Endorsement Changes the Policy — Please Read it Carefully

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

Schedule

Limit of Insurance: \$ _____ Each "Occurrence"
Sublimit of Insurance: \$ _____ Each "Occurrence" (Timber Trespass)

Deductible \$ _____ Per "Occurrence."

Premium \$ _____

A. With respect to "logging and lumbering operations" as defined below, **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is amended to include coverage for the following coverages. The terms, conditions and exclusions of Coverage A apply to these coverages except as otherwise stated below.

- FIRE SUPPRESSION EXPENSE COVERAGE-** We will pay fire suppression expenses incurred by others for which the Named Insured is legally liable, solely by reason of such expenses having been incurred as a direct consequence of fire resulting from and immediately attributable to an "occurrence" taking place during the policy period and arising out of "logging and lumbering operations" of the Named Insured. This coverage is excess of any coverage provided for these expenses under any other Coverage Part of this policy.
- "PROPERTY DAMAGE" TO TIMBERLAND NOT OWNED BY ANY INSURED -** We will pay those sums that the insured becomes legally obligated to pay as damages because of "property damage" to timberland and standing, felled or bucked timber, not owned by any insured, at premises rented or controlled by the Named Insured, caused by an "occurrence" during the policy period. This coverage does not apply while such timber is in the process of being transported.
- "PROPERTY DAMAGE" TO AUTOS AND RAILROAD CARS NOT OWNED BY THE NAMED INSURED -** We will pay those sums that the insured becomes legally obligated to pay as damages because of "property damage" to "autos" and/or railroad cars, not owned by any insured, caused by an "occurrence" during the policy period while such vehicles are being loaded or unloaded by or on behalf of the Named Insured. The "property damage" must arise out of such loading or unloading.

4. **TIMBER TRESPASS** - We will pay those sums that the insured becomes legally obligated to pay as damages because of unexpected or unintended "property damage", caused by an "occurrence" during the policy period, to timberland or standing timber which is not owned by the Named Insured or in the care, custody or control of the Named Insured and which arises out of the "logging and lumbering operations" of the Named Insured.

The insurance provided for Fire Suppression Expense and for "Property Damage" To Timberland or Timber Not Owned By Any Insured shall not apply to any "occurrence" due to fire or fire suppression if such fire arose out of any of the following operations conducted by or at the direction of the insured:

- a. The burning of slash at times or under conditions prohibited or not approved by proper state or federal authorities, or
- b. The felling or bucking of timber, the operations of logging equipment (including railroad equipment) or the "loading or unloading" of logs at a time during which suspension of such operations had been directed by the proper state or federal authorities.

This insurance does not apply to that portion of any damages for "property damage" otherwise payable by us, in settlement or otherwise, representing funds or property that have accrued or will accrue, directly or indirectly, to your benefit as a result of the "occurrence" for which a claim is made.

You agree to reimburse us for any payment made by us which we would not have been obligated to make under the terms of this policy had you paid the person or entity making claim for "property damage" the funds or value of the property that accrued, or will accrue, to your benefit as a result of the "occurrence" for which a claim is made.

- B. The following is added to **SECTION III - LIMITS OF INSURANCE**:

With respect to coverage provided by this endorsement, the Each Occurrence Limit shown in the Schedule above is the most we will pay in any one "occurrence" for the sum of the damages and Fire Suppression Expenses under the coverages described in Paragraphs A.1., A.2., A.3. and A.4. of this endorsement.

However, subject to the above paragraph, the most we will pay in any one "occurrence" under the coverage described in Paragraph A.4. of this endorsement is the Each Occurrence Sublimit (Timber Trespass) shown in the Schedule above.

These limits are part of and not in addition to the applicable Limits of Insurance for **COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE**.

- C. Deductible - Our obligation under this endorsement to pay damages and Fire Suppression Expenses on your behalf applies only to the amount of damages and Fire Suppression Expenses in excess of the amount shown in the Schedule above. The deductible amount applies to all damages or Fire Suppression Expenses covered by this endorsement as the result of any one "occurrence", regardless of the number of persons or organizations who sustain damages because of that "occurrence".

The terms of this insurance, including those with respect to:

1. Our right and duty to defend the insured against "suits" seeking those damages; and
 2. Your duties in the event of an "occurrence", claim or "suit",
- apply irrespective of the application of the deductible amount.

We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

- D. As used in this endorsement, "logging and lumbering operations" means all operations associated with the felling of timber and production of lumber, including road building operations, the operation of saw or planing mills, operations incidental to any of these, and the ownership, maintenance or use of "mobile equipment" in connection with such operations, if such operations are conducted by or for the Named Insured.

All other terms and conditions of this policy remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 10/18/2007
Comments:
Attachment:
Explanatory Memorandum.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 10/18/2007
Comments:
Attachment:
AR - FORM FILING ABSTRACT F-1.PDF

Satisfied -Name: AR - NAIC P&C TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING SCHEDULE **Review Status:** Approved 10/18/2007
Comments:
Attachments:
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Explanatory Memorandum

GL Form

GL 181 (09-07) replacing GL 181 (07/06)
Logging and Lumbering Operations Endorsement

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Impact: this revision is 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 10/10/2007
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) 17.0
(b) Class of Business Commercial General Liability
© Coverages Affected Forestry Operations
4. (a) Name of Advisory Organization, if any NA
(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?
No, it is being filed countrywide concurrently
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

Judy Cahill

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
GL 181 (07/06)	11/01/2007	GL 181 (09/07)	Logging and Lumbering Operations Endorsement

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <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					

3. Group Name	Group NAIC #
Munich Re Group	0361

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

5. Company Tracking Number	GL AR0233801F01
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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

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

9.	Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Forestry, Wholesale Distributors, and Agricultural Operations
13.	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)
14.	Effective Date(s) Requested	New: 11/10/2007 Renewal: 11/10/2007
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NA
17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	10/10/2007
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR0233801F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Logging and Lumbering Operations Endorsement

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Impact: this revision is restrictive

We propose that this filing apply to all policies effective on or after November 10, 2007.

Your early approval would be appreciated.

Sincerely,

Judy Cahill
State Filing Analyst
Ph: 609-951-8473
Fax: 609-275-2147
jcahill@munichreamerica.com

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Amount:</p> <p>Payment Amount: \$50 E-check #: 17006229 E-check date: 09/27/2007</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***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.)

1.	This filing transmittal is part of Company Tracking #	GL AR0233801F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	Logging and Lumbering Operations Endorsement	GL 181 (09/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 181	AR-PC-06-021760
02			<input 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		