

SERFF Tracking Number: AMMH-125312866 State: Arkansas  
Filing Company: American Modern Select Insurance Company State Tracking Number: AR-PC-07-026313  
Company Tracking Number: 20070601-07  
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners  
Product Name: 085 AR DP1,DP3 & Vacant  
Project Name/Number: AR DP1,DP3 & Vacant - FORM/20070601-07

## Filing at a Glance

Company: American Modern Select Insurance Company

Product Name: 085 AR DP1,DP3 & Vacant SERFF Tr Num: AMMH-125312866 State: Arkansas  
TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: AR-PC-07-026313  
Sub-TOI: 04.0005 Other Homeowners Co Tr Num: 20070601-07 State Status:  
Filing Type: Form Co Status: Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding  
Author: Krista Mahaffey Disposition Date: 10/24/2007  
Date Submitted: 10/03/2007 Disposition Status: Approved  
Effective Date Requested (New): 12/01/2007 Effective Date (New): 12/01/2007  
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):  
12/01/2007

## General Information

Project Name: AR DP1,DP3 & Vacant - FORM  
Project Number: 20070601-07  
Reference Organization:  
Reference Title:  
Filing Status Changed: 10/24/2007  
State Status Changed: 10/04/2007  
Corresponding Filing Tracking Number:  
Filing Description:

Status of Filing in Domicile:  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
Deemer Date:

On behalf of American Modern Home Insurance Company I would like to present a revision to our existing DP-1, DP-3 & Vacant Programs. This filing will take place of the current filing which was effective for new business on 11-01-2005. The corresponding rate filing is also being submitted for your approval, that project number is 20071003-03.

## Company and Contact

### Filing Contact Information

Krista Mahaffey, Filing Analyst

kmahaffey@amig.com

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7000 Midland Blvd (800) 759-9008 [Phone]  
Amelia, OH 45102 (513) 947-4695[FAX]

**Filing Company Information**

American Modern Select Insurance Company CoCode: 38652 State of Domicile: Ohio  
7000 Midland Blvd. Group Code: 127 Company Type: Property/Casualty  
Amelia, OH 45102 Group Name: State ID Number:  
(513) 759-9008 ext. [Phone] FEIN Number: 38-2342976  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Form Filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Modern Select Insurance Company	\$0.00	10/03/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/24/2007	10/24/2007

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	10/05/2007	10/05/2007	Krista Mahaffey	10/22/2007	10/22/2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Previous Note to Reviewer (Filing Fee Check)	Note To Reviewer	Krista Mahaffey	10/08/2007	10/08/2007
Filing Fee Check	Note To Reviewer	Krista Mahaffey	10/08/2007	10/08/2007

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## Disposition

Disposition Date: 10/24/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Form Summary	Approved	Yes
<b>Supporting Document</b>	Response Cover Letter	Approved	Yes
<b>Form</b>	Additional Living Expense	Approved	Yes
<b>Form</b>	Residence Burglary	Approved	Yes
<b>Form</b>	Construction Cost Index Endorsement	Approved	Yes
<b>Form</b>	Reduction in Coverage when Vacant or Unoccupied	Approved	Yes
<b>Form</b>	Special Limit for Animal Liability	Approved	Yes
<b>Form</b>	Permitted Vacancy Clause	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/05/2007  
Submitted Date 10/05/2007

Respond By Date

Dear Krista Mahaffey,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment: The cover letter mentioned in this document was not attached. Provide a brief description of the changes.

### Objection 2

- Reduction in Coverage when Vacant or Unoccupied (Form)

Comment: Directive 1-2007 requires the waiver of vacancy/occupancy clauses for Armed Services personnel deployed outside the state.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/22/2007  
Submitted Date 10/22/2007

Dear Becky Harrington,

### Comments:

### Response 1

Comments: On behalf of American Modern Select Insurance Company I would like to address questions and concerns you have regarding our dwelling program filing submission.

### Related Objection 1

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Applies To:

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment:

The cover letter mentioned in this document was not attached. Provide a brief description of the changes.

**Related Objection 2**

Applies To:

- Reduction in Coverage when Vacant or Unoccupied (Form)

Comment:

Directive 1-2007 requires the waiver of vacancy/occupancy clauses for Armed Services personnel deployed outside the state.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Response Cover Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Krista Mahaffey

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**Note To Reviewer**

**Created By:**

Krista Mahaffey on 10/08/2007 02:38 PM

**Subject:**

Previous Note to Reviewer (Filing Fee Check)

**Comments:**

Please disregard the previously noted amount of the check that was sent to you. The actual amount is \$50, check number 85003639.

Sorry for any inconvenience this may have caused.

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**Note To Reviewer**

**Created By:**

Krista Mahaffey on 10/08/2007 02:35 PM

**Subject:**

Filing Fee Check

**Comments:**

Hello,

I have sent the fee for this filing to the appropriate address; check number 85003639 in the amount of \$100.

I will also be addressing the concerns I received from you as soon as possible.

Thank You.

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Living Expense	72677	02/06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 72677 (03/95) Previous Filing #:		72677.pdf
Approved	Residence Burglary	DF001	05/06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 DF001 (03/91) Previous Filing #:		DF001-200605.pdf
Approved	Construction Cost Index Endorsement	71908	05/06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 71908 (04/98) Previous Filing #:		71908-200605.pdf
Approved	Reduction in Coverage when Vacant or Unoccupied	DF003	05/06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 DF003 (03/91) Previous Filing #:		DF003.pdf
Approved	Special Limit for Animal Liability	73183	05/06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 73183 (02/98) Previous Filing #:		73183-200605.pdf
Approved	Permitted Vacancy Clause	71884	05/06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 71884 (05/93) Previous Filing #:		71884-200605.pdf

## **ADDITIONAL LIVING EXPENSE**

For an additional premium, we cover, for the limit of liability shown in this policy for this coverage, the necessary increase in living expense incurred by you so that your household can maintain its normal standard of living when a loss to property described in Coverages A, B or C by a Peril Insured Against in this policy makes the Described Location unfit for its normal use.

Payment will be for the shortest time required to repair or replace the Described Location or, if you permanently relocate, the shortest time required for your household to settle elsewhere.

If a civil authority prohibits you from use of the Described Location as a result of direct damage to a neighboring location by a Peril Insured Against in this policy, we cover the Additional Living Expense loss for a period not exceeding two weeks during which use is prohibited.

The periods of time referenced above are not limited by the expiration of this policy.

We do not cover loss or expense due to cancellation of a lease or agreement.

All other provisions of this policy apply.

## RESIDENCE BURGLARY

For an additional premium, Residence Burglary Coverage is added to this policy subject to the maximum limit of liability shown on the schedule page. It is subject to the Terms, Exclusions and Conditions of this endorsement.

### TERMS

#### AGREEMENT

**We** will pay up to **our** Limit of Insurance for the loss caused by burglary of household or personal property from within the premises.

#### DEFINITIONS

**Burglary** is the taking of household or personal property from within the premises by a person who intends to commit a felony. Entry must be gained by use of force or violence and visible marks of entry shown.

**Premises** means the dwelling described in the Declarations or by endorsement including attached garages.

**Household or Personal Property** are the items usual to the occupancy of the premises as a dwelling. They must belong to **you** or members of **your** family of the same household.

#### SPECIAL LIMITS OF COVERAGE

These limits do not increase **our** Limit of Insurance. They are the **total limit** that **we** will pay for each loss for all of the items in that lettered category.

- A. \$100 on money, bank notes, bullion, gold and goldware, silver and silverware, platinum, coins and medals.
- B. \$100 on securities, accounts, deeds, evidences of debts, letters of credit, notes other than bank notes, manuscripts, passports, tickets and stamps.
- C. \$100 on watercraft, including their trailers, furnishings, equipment and outboard motors.
- D. \$100 on records and tapes.
- E. \$250 on jewelry, watches, furs, precious and semi-precious stones.
- F. \$250 on guns and cameras.

#### DEDUCTIBLE

The amount of \$100 will be deducted from each loss.

### EXCLUSIONS

**We** will not pay for loss:

- A. if committed by or at the direction of **you** or anyone in **your** household;
- B. in or to a dwelling under construction or of materials and supplies for use in the construction until it is completed and occupied;
- C. that occurs away from the premises;

- D. if committed by a roomer, boarder or tenant;
- E. of articles separately described and specifically insured in any other insurance;
- F. of animals, birds or fish;
- G. of motorized land vehicles except those used to service an insured's residence which are not licensed for road use;
- H. of any device or instrument, including any accessories or antennas, for the transmitting, recording, receiving or reproduction of sound which is operated by power from the electrical system of a motor vehicle, or any tape, wire, record, disc or other medium for use with any such device or instrument while any of this property is in or upon a motor vehicle;
- I. of aircraft and parts;
- J. of property of roomer, boarders and other tenants;
- K. of business property in storage or held as a sample or for sale or delivery after sale; or
- L. of business property pertaining to a business actually conducted on the premises.

### **SPECIAL CONDITIONS**

(Applicable only when this endorsement is not attached to a Standard Fire Policy)

**Insurable Interest and Limit of Liability.** Even if more than one person has an insurable interest in the property covered, **we** shall not be liable:

- A. to the insured for an amount greater than the insured's interest; nor
- B. for more than the applicable limit of liability.

**Your Duties After Loss.** In case of a loss, you shall:

- A. give immediate notice to **us** or **our** agent and to the police;
- B. prepare an inventory of personal property taken showing the quantity, description, actual cash value and amount of loss. Attach to the inventory all bills, receipts, and related documents that verify the figures in the inventory;
- C. exhibit the premises as often as **we** reasonably require and submit to examination under oath;
- D. submit to **us** within 60 days after **we** request, **your** signed, sworn statement of loss which states, to the best of **your** knowledge and belief:
  1. the time and cause of loss;
  2. interest of the insured and all others in the property involved and all encumbrances on the property;
  3. other insurance which may cover the loss;
  4. changes in occupancy of the property during the term of the policy;

**Vacancy or Unoccupancy.** Unless stated in other parts of the policy, coverage for vacant or unoccupied dwellings is allowed for only 60 days.

**Our Option.** If **we** give **you** written notice within 30 days after **we** receive **your** signed, sworn statement of loss, **we** may replace any part of the property with like property.

**Loss Payment.** We will adjust all losses with **you**. We will pay **you** unless some other person is named in the policy to receive payment. Payment for loss will be made within 60 days after **we** reach agreement with **you**, entry of a final judgment, or the filing of an appraisal award with **us**.

**Abandonment of Property.** We need not accept any property abandoned by any insured.

**Mortgage Clause**

The word "**mortgagee**" includes trustee.

If a mortgagee is named in this policy, any loss shall be paid to the mortgagee and **you**, as interests appear. If more than one mortgagee is named, the order of payment shall be the same as the order or precedence of the mortgagees.

All other Terms and Conditions of this Policy remain unchanged.

## **CONSTRUCTION COST INDEX ENDORSEMENT**

The amount of coverage provided by this policy will be adjusted annually in accordance with construction cost index data developed to reflect the changes in the cost of materials and labor due primarily to inflation.

## **REDUCTION IN COVERAGE WHEN VACANT OR UNOCCUPIED**

The following definitions are added:

"Vacant" means the absence of most of the furniture and other items needed for human occupancy as a dwelling.

"Unoccupied" means not being used as a dwelling by people. Any dwelling structure with no permanent resident is "unoccupied" even if it is fully furnished. The temporary absence of the permanent resident will not be construed as "unoccupancy".

The Limits of Liability shown in the Declarations are reduced to 60% of the amounts shown any time the dwelling at the described location has been vacant or unoccupied for a period exceeding 45 consecutive days.

All other provisions of this policy apply.

## **SPECIAL LIMIT FOR ANIMAL LIABILITY**

Your policy is amended as follows:

### **LIABILITY COVERAGES**

#### **COVERAGE L - PERSONAL LIABILITY**

We will not pay more than \$10,000 for any claim made or suit brought against any "insured" for "bodily injury" or "property damage" caused by or contributed to by any animal owned by, or in the care or custody of any "insured". This limit is the maximum we will pay for any one "occurrence".

All Definitions and Conditions of the Personal Liability Coverage Part apply. All other provisions of the policy apply.

## **PERMITTED VACANCY CLAUSE**

In consideration of the additional premium charged Item 9. c. under Perils Insured Against is deleted.

All other provisions of this policy apply.

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 10/24/2007

**Comments:**

**Attachment:**

FORM - F777AR\_021307[1].pdf

**Satisfied -Name:** Form Summary **Review Status:** Approved 10/24/2007

**Comments:**

**Attachments:**

F1.pdf

F2.pdf

**Satisfied -Name:** Response Cover Letter **Review Status:** Approved 10/24/2007

**Comments:**

**Attachments:**

Form Obj Response.pdf

FORM - Cover LetterAR.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Modern Select Insurance Company	OH	38652	38-2342976	

<b>5. Company Tracking Number</b>	20070601-07
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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
	Krista N. Mahaffey	Compliance Analyst	1-800-543-2644, ext. 5953	513-947-4695	<a href="mailto:KMahaffey@amig.com">KMahaffey@amig.com</a>

7. Signature of authorized filer	
8. Please print name of authorized filer	Krista N. Mahaffey

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Homeowners
10. Sub-Type of Insurance (Sub-TOI)	DP1/DP3/Vacant
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Arkansas DP1/DP3/Vacant Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 12/01/2007                      Renewal: 12/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	

<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	20070601-07
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<b>21. 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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Please see cover letter for filing description.

<b>22. 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]
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**Check #:** Check is pending in our Accounting Dept, will update once check is obtained.  
**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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

**ARKANSAS**  
**American Modern Select Insurance Company**  
**DP-1 and DP-3 PROGRAMS**

**FORM SECTION**

**POLICY AND DECLARATION PAGE**

<b><u>Form Number</u></b>	<b><u>Title</u></b>
S2001 (07/88)	Dwelling Property – Basic Form (DP-1)
S2002 (07/88)	Dwelling Property – Special Form (DP-3)
0110-4269 (5/92)	Declaration Page
EQ DECLN 03 (03/00)	Application Supplement – Declination of Residential Earthquake Coverage

**OPTIONAL AND MANDATORY ENDORSEMENTS BY PROGRAM**

**Owner Occupied Dwelling**  
**Optional Endorsements**

70399 (03/85)	Notice of Cancellation or Non Renewal
72677 (02/06)	Additional Living Expense (DP-1 only)
73182 (05/99)	Animal Liability Exclusion
DF001 (05/06)	Residence Burglary
SDA00 (09/00)	Dwelling Property Basic Form DP-1 7/88 Windstorm and Hail Buy-Back for Antennas (DP-1 only)
SD800 (10/02)	Dwelling Property Other Structures Exclusion (DP-1 only)
SDO00 (04/05)	Dwelling Property Special Form Actual Cash Value Loss Settlement Endorsement (DP-3 only)

**Mandatory Endorsements**

71428 (01/06)	Arkansas Act 197 of 1987
71682 (06/07)	Special Provisions – Arkansas
71908 (05/06)	Construction Cost Index Endorsement (DP-3 only)
72539 (09/01)	Log Building Endorsement (DP-3 only)
73339 (07/02)	Condemnation Endorsement
DF003 (05/06)	Reduction in Coverage when Vacant or Unoccupied
EQN03 (03/00)	Notice to Policyholders
SDC00 (03/03)	Dwelling Property Basic Form Criminal Acts Exclusion (DP-1)

**Seasonal Dwelling**  
**Optional Endorsements**

70399 (03/85)	Notice of Cancellation or Non Renewal
73182 (05/99)	Animal Liability Exclusion
SDA00 (09/00)	Dwelling Property Basic Form DP-1 7/88 Windstorm and Hail Buy-Back for Antennas (DP-1 only)
SD800 (10/02)	Dwelling Property Other Structures Exclusion (DP-1 only)
SDO00 (04/05)	Dwelling Property Special Form Actual Cash Value Loss Settlement Endorsement (DP-3 only)

**Mandatory Endorsements**

71428 (01/06)	Arkansas Act 197 of 1987
71682 (06/07)	Special Provisions – Arkansas
71908 (05/06)	Construction Cost Index Endorsement (DP-3 only)
72539 (09/01)	Log Building Endorsement (DP-3 only)
73339 (07/02)	Condemnation Endorsement
EQN03 (03/00)	Notice to Policyholders
SDC00 (03/03)	Dwelling Property Basic Form Criminal Acts Exclusion (DP-1)

**Mandatory When Personal Liability is Purchased** (available on Owner Occupied Dwellings)

S2005 (07/88)	Comprehensive Personal Liability Policy
SDP03 (11/01)	Personal Liability Total Pollution Exclusion - Arkansas
73183 (05/06)	Special Limit for Animal Liability
73184 (05/99)	Business, Commercial or Farming Enterprise Exclusion
73185 (05/99)	Home Day Care Exclusion
73186 (03/00)	Personal Liability Lead Contamination Exclusion
DLB00 (02/00)	Assault and Battery Exclusion
DLE00 (03/00)	Punitive or Exemplary Damages Exclusion

<b>NEW PAGE</b>		<b>PAGE NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>PUBLICATION DATE</b>
<b>REVISION</b>	<b>X</b>	<b>F-1</b>	<b>12/01/2007</b>	<b>09/24/2007</b>

**ARKANSAS**  
**American Modern Select Insurance Company**  
**DP-1 and DP-3 PROGRAMS**

SLM00 (06/02) Personal Liability Mold Exclusions

**Rental Dwelling**

**Optional Endorsements**

70399 (03/85) Notice of Cancellation or Non Renewal  
 71487 (01/03) Vandalism and Malicious Mischief Exclusion (DP-1 only)  
 DF001 (03/91) Residence Burglary  
 SDA00 (09/00) Dwelling Property Basic Form DP-1 7/88 Windstorm and Hail Buy-Back for Antennas (DP-1 only)  
 SD800 (10/02) Dwelling Property Other Structures Exclusion (DP-1 only)  
 SDO00 (04/05) Dwelling Property Special Form Actual Cash Value Loss Settlement Endorsement (DP-3 only)

**Mandatory Endorsements**

71428 (01/06) Arkansas Act 197 of 1987  
 71682 (06/07) Special Provisions – Arkansas  
 71908 (04/98) Construction Cost Index Endorsement (DP-3 only)  
 72539 (09/01) Log Building Endorsement (DP-3 only)  
 73339 (07/02) Condemnation Endorsement  
 DF003 (05/06) Reduction in Coverage when Vacant or Unoccupied  
 EQN03 (03/00) Notice to Policyholders  
 SDC00 (03/03) Dwelling Property Basic Form Criminal Acts Exclusion (DP-1)  
 SDY03 (01/06) Dwelling Property Cap on Losses from Certified Acts of Terrorism – Arkansas

**Vacant Dwelling**

**Optional Endorsements**

70399 (03/85) Notice of Cancellation or Non Renewal  
 SDA00 (09/00) Dwelling Property Basic Form DP-1 7/88 Windstorm and Hail Buy-Back for Antennas  
 SD800 (10/02) Dwelling Property Other Structures Exclusion

**Mandatory Endorsements**

71428 (01/06) Arkansas Act 197 of 1987  
 71682 (06/07) Special Provisions – Arkansas  
 71884 (05/06) Permitted Vacancy Clause  
 73339 (07/02) Condemnation Endorsement  
 EQN03 (03/00) Notice to Policyholders  
 SDC00 (03/03) Dwelling Property Basic Form Criminal Acts Exclusion (DP-1)

**Mandatory when Premises Liability is Purchased** (available on the Rental, Seasonal and Vacant Dwellings)

PL003 (01/06) Premises Liability Insurance - Arkansas  
 73253 (03/00) Premises Liability Lead Poisoning Exclusion  
 PLM00 (04/02) Premises Liability Mold Exclusions  
 PLY03 (01/06) Premises Liability Cap on Losses from Certified Acts of Terrorism (Rental Only) - Arkansas

NEW PAGE		PAGE NUMBER	EFFECTIVE DATE	PUBLICATION DATE
REVISION	X	F-2	12/01/2007	09/24/2007



AMERICAN MODERN SELECT  
INSURANCE COMPANY

October 22, 2007

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY & CASUALTY DIVISION  
1200 W 3RD ST  
LITTLE ROCK AR 72201-1904

RE: American Modern Select Insurance Company  
DP1 Program  
Form Filing  
Company File number: 20071003-03  
NAIC Number: 38652

Dear Reviewer,

On behalf of American Modern Select Insurance Company I would like to address questions and concerns you have regarding our dwelling program filing submission. I will address these questions in order which they were presented.

**Question 1)**

[The cover letter mentioned in this document was not attached. Provide a brief description of the changes.](#)

**Answer:** Please see the attached cover letter.

**Question 2)**

[Directive 1-2007 requires the waiver of vacancy/occupancy requirements for Armed Services personnel deployed outside the state for military service.](#)

**Answer:** According to the endorsement, the temporary absence of the permanent resident will not be construed as "unoccupancy" therefore it would not apply to those deployed outside of the state.

I hope that I have answered your questions about this program and appreciate the time you have taken to review our filing.

If you should have any further questions or concerns regarding this submission please feel free to contact me by phone at 1-800-759-9008 Ext. 5953 or via email at [KMahaffey@amig.com](mailto:KMahaffey@amig.com).

Sincerely,

*Krista N. Mahaffey*

Krista N. Mahaffey  
Compliance Analyst

EXECUTIVE OFFICES / 7000 MIDLAND BOULEVARD / AMELIA, OHIO 45201-2607  
MAILING ADDRESS / P.O. BOX 5323 / CINCINNATI, OHIO 45201-5323 / TEL. (513) 943-7200



AMERICAN MODERN SELECT  
INSURANCE COMPANY

October 3, 2007

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY & CASUALTY DIVISION  
1200 W 3RD ST  
LITTLE ROCK AR 72201-1904

RE: American Modern Select Insurance Company  
DP-1, DP-3 & Vacant Program  
Form Filing  
Company File number: 20070601-07  
NAIC Number: 38652

Dear Reviewer,

On behalf of American Modern Home Insurance Company I would like to present a revision to our existing DP-1, DP-3 & Vacant Programs. This filing will take place of the current filing which was effective for new business on 04/01/2006. The corresponding rate filing is also being submitted for your approval, that project number is 20071003-03. I have enclosed the following to assist you with your review:

- Proposed form changes

**Forms:** We have made the following form revisions:

<b>Revise</b>	Additional Living Expense	72677 (02/06)
<b>Revise</b>	Residence Burglary	DF001 (05/06)
<b>Revise</b>	Construction Cost Index Endorsement	71908 (05/06)
<b>Revise</b>	Reduction in Coverage when Vacant or Unoccupied	DF003 (05/06)
<b>Revise</b>	Special Limit for Animal Liability	73183 (05/06)
<b>Revise</b>	Permitted Vacancy Clause	71884 (05/06)
<b>Revise</b>	Special Provisions – Arkansas	71682 (06/07)

This concludes the summary of changes that we are proposing for this filing. The proposed effective date is December 1, 2007 for new business.

If you should have any questions or concerns regarding this submission please feel free to contact me by phone at 1-800-759-9008 Ext. 5953 or via email at [KMahaffey@amig.com](mailto:KMahaffey@amig.com).

Sincerely,

Krista N. Mahaffey  
Compliance Analyst