

SERFF Tracking Number: AMRS-125317154 State: Arkansas  
 First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-026422  
 COMPANY, ...  
 Company Tracking Number: AR-CP-10-07-F  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Commercial Property  
 Project Name/Number: Proposed Adoption of New Company Form with Companion Rule/AR-CP-10-07-F

## Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY  
 Product Name: Commercial Property SERFF Tr Num: AMRS-125317154 State: Arkansas  
 TOI: 01.0 Property SERFF Status: Closed State Tr Num: AR-PC-07-026422  
 Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: AR-CP-10-07-F State Status:  
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
 Author: Dacia Owens Disposition Date: 10/16/2007  
 Date Submitted: 10/12/2007 Disposition Status: Approved  
 Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008  
 Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal): 01/01/2008

## General Information

Project Name: Proposed Adoption of New Company Form with Companion Rule Status of Filing in Domicile: Authorized  
 Project Number: AR-CP-10-07-F Domicile Status Comments:  
 Reference Organization: Reference Number:  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 10/16/2007  
 State Status Changed: 10/15/2007 Deemer Date:  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 We wish to propose new, optional, Company Endorsement - CP 74 48 09 07 – Limitation on Loss Settlement – Blanket Insurance (Margin Clause) to be used in the interim of approval of the newly proposed ISO Form CP 12 32 – Limitation on Loss Settlement – Blanket Insurance (Margin Clause). This form will automatically be withdrawn with the approval of ISO Form CP 12 32 in your jurisdiction.

Please refer to the attached filing memorandum for complete details surrounding the submission of new Company

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 Endorsement.

## Company and Contact

### Filing Contact Information

Dacia Owens, COMPLIANCE ANALYST II dowens@amerisure.com  
 26777 HALSTED RD. (800) 257-1900 [Phone]  
 FARMINGTON HILLS, MI 48331 (248) 426-7789[FAX]

### Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY	CoCode: 23396	State of Domicile: Michigan
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-0829210	
	-----	
AMERISURE INSURANCE COMPANY	CoCode: 19488	State of Domicile: Michigan
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-1869912	
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 PER SUBMISSION (X) 1 SUBMISSION = \$50  
 Per Company: No

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
269360	\$50.00	10/12/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/16/2007	10/16/2007

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## Disposition

Disposition Date: 10/16/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Limitation on Loss Settlement – Blanket Insurance (Margin Clause)	CP 74 48	09 07	Endorsement/Amendment/Conditions		0.00	CP 74 48 09 07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## LIMITATION ON LOSS SETTLEMENT – BLANKET INSURANCE (MARGIN CLAUSE)

This endorsement modifies insurance provided under the BUILDING AND PERSONAL PROPERTY COVERAGE FORM

### SCHEDULE

<b>Premises Number:</b>	<b>Building Number:</b>	<b>Margin Clause:</b> %
<b>Description Of Property:</b>		
<b>Premises Number:</b>	<b>Building Number:</b>	<b>Margin Clause:</b> %
<b>Description Of Property:</b>		

Information required to complete this Schedule if not shown above will be shown in the Declarations.

**A.** This endorsement applies to loss settlement on property that is subject to a Blanket Limit of Insurance.

A Blanket Limit of Insurance is a single Limit of Insurance that applies to any of the following as shown elsewhere in this policy:

1. Two or more buildings;
2. Building and contents;
3. Contents of more than one building; or
4. Contents at more than one premises.

**B. Margin Clause**

With respect to property that is subject to a Blanket Limit of Insurance, we will determine a maximum loss payable for each building and for the contents of each building or the contents at each premises. The maximum loss payable is determined by applying the applicable Margin Clause percentage indicated in the Schedule to the value of the property as shown in the latest statement of values reported to us. If the statement of values does not state individually the value of each building and the value of contents at each building or premises, we will determine individual values as a part of the total reported values prior to application of the Margin Clause percentage.

Actual loss payment will be determined based on the amount of loss or damage subject to all applicable policy provisions including the Limits of Insurance Condition, Coinsurance, Deductible and Valuation Conditions. But the actual loss payment, for each building, for the contents of each building or for the contents at each premises, will not exceed the maximum loss payable as described above and will not exceed the Blanket Limit of Insurance.

The Margin Clause does not increase the Blanket Limit of Insurance

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 10/16/2007

**Comments:**

**Attachment:**

industry\_rates\_pc\_trans. doc-FORM.pdf

**Satisfied -Name:** FILING MEMO **Review Status:** Approved 10/16/2007

**Comments:**

**Attachment:**

CP 74 48 09 07 Filing Memorandum - Margin Clause.pdf

## Property & Casualty Transmittal Document

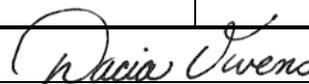
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New 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>
AMERISURE INSURANCE	0124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
AMERISURE MUTUAL INS. CO.	MI	23396	38-0809210	
AMERISURE INS. CO	MI	19488	38-1869912	

<b>5. Company Tracking Number</b>	AR-CP-10-07-F
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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
	DACIA OWENS, 26777 HALSTED RD., FARMINGTON HILLS, MI 48331	COMPLIAN CE ANALYST	800-257-1900 EXT. 54270	248-426-7789	<a href="mailto:dowens@amerisure.com">dowens@amerisure.com</a>
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Dacia Owens		

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

9. Type of Insurance (TOI)	01.0 – Property
10. Sub-Type of Insurance (Sub-TOI)	01.001 – Commercial Property
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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: 01-01-2008      Renewal: 01-01-2008
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	
19. 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>	<b>AR-CP-10-07-F</b>
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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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We wish to propose new, optional, Company Endorsement - CP 74 48 09 07 – Limitation on Loss Settlement – Blanket Insurance (Margin Clause) to be used in the interim of approval of the newly proposed ISO Form CP 12 32 – Limitation on Loss Settlement – Blanket Insurance (Margin Clause). This form will automatically be withdrawn with the approval of ISO Form CP 12 32 in your jurisdiction.

Please refer to the attached filing memorandum for complete details surrounding the submission of new Company Endorsement.

<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]
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**Check #: 269360**  
**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.)**

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## 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>	AR-CP-10-07-F
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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)	
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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	Limitation on Loss Settlement – Blanket Insurance (Margin Clause)	CP 74 48 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1

## **Form Filing Memorandum**

Company Endorsement - CP 74 48 09 07 – Limitation on Loss Settlement – Blanket Insurance (Margin Clause) is a new, optional, endorsement to be used in the interim of approval of the newly proposed ISO Form CP 12 32 – Limitation on Loss Settlement – Blanket Insurance (Margin Clause). Under this clause Endorsement, loss payment on an individual property under the blanket is limited to its stated value, plus a percentage of that value. The margin clause does not increase the blanket limit of insurance.

The description provided for Company Endorsement CP 74 48 was taken from the ISO 2007 Multistate Revisions to Forms and Endorsements, as contained in Proposed ISO Filing Reference No. CF-2007-OFR07. It is our intent to use Company Endorsement CP 74 48 until new ISO Endorsement - CP 12 32 is approved in your jurisdiction; at which time the company endorsement will be automatically withdrawn.