

SERFF Tracking Number: FFDC-125321378 State: Arkansas  
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: AR-PC-07-026412  
Company Tracking Number: NARMC0307  
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2000 CMP Sub-TOI Combinations  
Only  
Product Name: General Liability Avian Flu Endorsement  
Project Name/Number: General Liability Avian Flu Endorsement/NWMC0307 (Liability, Farm and Garage)

## Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: General Liability Avian Flu Endorsement SERFF Tr Num: FFDC-125321378 State: Arkansas

TOI: 05.2 Commercial Multi-Peril - Liability Portion Only SERFF Status: Closed State Tr Num: AR-PC-07-026412

Sub-TOI: 05.2000 CMP Sub-TOI Combinations Co Tr Num: NARMC0307 State Status:  
Filing Type: Form Co Status: Pending Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Michelle Davanzo, Gina

Bondanza, Melissa Edney

Date Submitted: 10/11/2007

Disposition Date: 10/18/2007

Effective Date Requested (New): 11/01/2007

Disposition Status: Approved  
Effective Date (New):

Effective Date Requested (Renewal): 11/01/2007

Effective Date (Renewal):

## General Information

Project Name: General Liability Avian Flu Endorsement  
Project Number: NWMC0307 (Liability, Farm and Garage)

Status of Filing in Domicile: Pending  
Domicile Status Comments: New nationwide status report

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/18/2007

State Status Changed: 10/12/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing Description should read:

For your consideration and review, we are enclosing the following new Commercial Multiple Casualty Lines filing. This filing consists of two new optional endorsements which will be used with the casualty lines of business listed below.

This is a forms filing only with no premium charge or rate impact associated with use of these new endorsements.

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These new endorsements are to clarify that the excluded exposures are not contemplated in our forms or rates.

These new endorsements modify the following Coverage forms:

Commercial General Liability Coverage  
Liquor Liability Coverage  
Owners and Contractors Protective Liability Coverage  
Pollution Liability Coverage  
Products/Completed Operations Liability Coverage  
Railroad Protective Liability Coverage  
Underground Storage Tank Liability Coverage  
Farm Liability Coverage  
American Business Coverage (Section II)  
Garage Coverage (Section II)

Following are further descriptions of each new endorsement:

145964 09 07 – Avian Influenza (Avian Flu) – Absolute Exclusion

This endorsement may be used to exclude coverage for Avian Influenza virus including any variant, strain, adaptation or mutation thereof.

145965 09 07 Communicable Diseases and Viruses – Absolute Exclusion

This endorsement may be used to exclude coverage for communicable diseases, virus or any variant, strain, adaptation or mutation thereof.

Also enclosed is the Explanatory Memorandum.

## **Company and Contact**

### **Filing Contact Information**

Michelle Davanzo, Regulatory Services Senior mdavanzo@ffic.com

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**Analyst**

777 San Marin Drive (415) 899-2660 [Phone]  
 Novato, CA 94998 (866) 290-0671[FAX]

**Filing Company Information**

American Automobile Insurance Company	CoCode: 21849	State of Domicile: Missouri
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1608585	

Associated Indemnity Corporation	CoCode: 21865	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1708002	

Fireman's Fund Insurance Company	CoCode: 21873	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-3290 ext. [Phone]	FEIN Number: 94-1610280	

National Surety Corporation	CoCode: 21881	State of Domicile: Illinois
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 36-2704643	

The American Insurance Company	CoCode: 21857	State of Domicile: Nebraska
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-0731810	

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Automobile Insurance Company	\$50.00	10/11/2007	16077269
The American Insurance Company	\$0.00	10/11/2007	
Associated Indemnity Corporation	\$0.00	10/11/2007	
Fireman's Fund Insurance Company	\$0.00	10/11/2007	
National Surety Corporation	\$0.00	10/11/2007	

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## Correspondence Summary

### Dispositions

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

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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.

### 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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Form Transmittal	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Avian Influenza (Avian Flu) - Absolute Exclusion	Approved	Yes
Form	Communicable Diseases and Viruses - Absolute Exclusion	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Avian Influenza (Avian Flu) - Absolute Exclusion	145964	09 07	Endorsement/Amendment/Conditions		0.00	Avian Influenza _Avian Flu_ Endorsement 145964.pdf
Approved	Communicable Diseases and Viruses - Absolute Exclusion	145965	09 07	Endorsement/Amendment/Conditions		0.00	Communicable Diseases and Viruses 145965.pdf

**Avian Influenza (Avian Flu) – Absolute Exclusion - 145964 09 07**  
Policy Amendment(s)

**This endorsement modifies insurance provided under the following:**

**Commercial General Liability Coverage**  
**Liquor Liability Coverage**  
**Owners and Contractors Protective Liability Coverage**  
**Pollution Liability Coverage**  
**Products/Completed Operations Liability Coverage**  
**Railroad Protective Liability Coverage**  
**Underground Storage Tank Liability Coverage**  
**Farm Liability Coverage**  
**American Business Coverage (Section II)**  
**Garage Coverage (Section II)**

The following exclusion is added:

This insurance policy does not apply to any claim or liability arising, in whole or in part, directly or indirectly out of, or which is in any way related to any Avian Influenza virus or any variant, strain, adaptation or mutation thereof.

Without limiting the foregoing, this exclusion applies to every injury, damage, loss, cost or expense otherwise covered by this policy, if any.

This Form must be attached to Change Endorsement when issued after the policy is written.  
One of the **Fireman's Fund Insurance Companies** as named in the policy



Secretary



President

# Communicable Diseases and Viruses – Absolute Exclusion 145965 09 07

Policy Amendment(s)

This endorsement modifies insurance provided under the following:

**Commercial General Liability Coverage**  
**Liquor Liability Coverage**  
**Owners and Contractors Protective Liability Coverage**  
**Pollution Liability Coverage**  
**Products/Completed Operations Liability Coverage**  
**Railroad Protective Liability Coverage**  
**Underground Storage Tank Liability Coverage**  
**Farm Liability Coverage**  
**American Business Coverage (Section II)**  
**Garage Coverage (Section II)**

The following exclusion is added:

This insurance policy does not apply to any claim or liability arising, in whole or in part, directly or indirectly out of, or which is in any way related to any communicable disease, virus or any variant, strain, adaptation or mutation thereof.

Without limiting the foregoing, this exclusion applies to every injury, damage, loss, cost or expense otherwise covered by this policy, if any.

This Form must be attached to Change Endorsement when issued after the policy is written.  
One of the **Fireman's Fund Insurance Companies** as named in the policy



Secretary



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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 10/18/2007

**Comments:**

**Attachment:**

NAIC Transmittal Form.pdf

**Satisfied -Name:** NAIC Form Transmittal **Review Status:** Approved 10/18/2007

**Comments:**

**Attachment:**

Form Filing Schedule.pdf

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 10/18/2007

**Comments:**

**Attachment:**

Explanatory Memorandum.pdf

## Property & Casualty Transmittal Document (Revised 1/1/06)

**1. Reserved for Insurance Dept. Use Only**

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**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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Fireman's Fund Insurance Companies	0761

4. Company Name(s)	Domicile	NAIC #	FEIN #
Fireman's Fund Insurance Company	California	21873	94-1610280
The American Insurance Company	Nebraska	21857	22-0731810
National Surety Corporation	Illinois	21881	36-2704643
Associated Indemnity Corporation	California	21865	22-1708002
American Automobile Insurance Company	Missouri	21849	22-1608585

<b>5. Company Tracking Number</b>	<b>NARMC0307</b>
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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
	Michelle A. Davanzo 777 San Marin Drive Novato, California 94998	Regulatory Analyst	(415)899-2660	(866)290-0671	mdavanzo@ffic.com
7.	Signature of authorized filer		<i>Michelle A. Davanzo</i>		
8.	Please print name of authorized filer		Michelle A. Davanzo		

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

9.	Type of Insurance (TOI)	5.2 Commercial Multi-Peril (Liability Portion)			
10.	Sub-Type of Insurance (Sub-TOI)	5.2000 CMP Sub-TOI Combinations			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)	<b>Commercial Multiple Peril</b>			
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			
14.	Effective Date(s) Requested	New:	11-1-07	Renewal:	11-1-07
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	10-10-07			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document---

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>   NARMC0307
<b>21.</b>	<p><b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]                  For your consideration and review, we are enclosing the following new Commercial Multiple Casualty Lines filing. This filing consists of two new optional endorsements which will be used with the casualty lines of business listed below. This is a forms filing only with no premium charge or rate impact associated with use of these new endorsements. These new endorsements are to clarify that the excluded exposures are not contemplated in our forms or rates.</p> <p>These new endorsements modify the following Coverage forms:                  Commercial General Liability Coverage                  Liquor Liability Coverage                  Owners and Contractors Protective Liability Coverage                  Pollution Liability Coverage                  Products/Completed Operations Liability Coverage                  Railroad Protective Liability Coverage                  Underground Storage Tank Liability Coverage                  Farm Liability Coverage                  American Business Coverage (Section II)                  Garage Coverage (Section II)</p> <p>Following are further descriptions of each new endorsement:                  145964 09 07 – Avian Influenza (Avian Flu) – Absolute Exclusion</p> <p>This endorsement may be used to exclude coverage for Avian Influenza virus including any variant, strain, adaptation or mutation thereof.</p> <p>145965 07 Communicable Diseases and Viruses – Absolute Exclusion</p> <p>This endorsement may be used to exclude coverage for communicable diseases, virus or any variant, strain, adaptation or mutation thereof.</p> <p>Also enclosed is the Explanatory Memorandum.</p>
<b>22.</b>	<p><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]</p> <p><b>Check #:</b> <input style="width: 150px; height: 20px;" type="text"/></p> <p><b>Amount:</b> \$ <input style="width: 150px; height: 20px;" type="text"/></p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> <p><b>***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</b></p>

Effective January 1, 2006

## 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>	NARMC0307			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Avian Influenza (Avian Flu) – Absolute Exclusion	145964 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Communicable Diseases and Viruses – Absolute Exclusion	145965 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		



**Explanatory Memorandum**  
**145964 09 07 – Avian Influenza (Avian Flu) – Absolute Exclusion**  
**145965 09 07 Communicable Diseases and Viruses – Absolute Exclusion**

Fireman's Fund Insurance Companies®

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