

<i>SERFF Tracking Number:</i>	<i>HCAP-125328513</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>West American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026520</i>
<i>Company Tracking Number:</i>	<i>PL20070065F</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0006 Other Personal Inland Marine</i>
<i>Product Name:</i>	<i>Personal Inland Marine Program</i>		
<i>Project Name/Number:</i>	<i>Forms Revision/PL20070065F</i>		

Filing at a Glance

Companies: West American Insurance Company, American Fire and Casualty Company, The Ohio Casualty Insurance Company

Product Name: Personal Inland Marine Program	SERFF Tr Num: HCAP-125328513	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: AR-PC-07-026520
Sub-TOI: 09.0006 Other Personal Inland Marine	Co Tr Num: PL20070065F	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author: Linda Baker	Disposition Date: 10/24/2007
	Date Submitted: 10/22/2007	Disposition Status: Approved
Effective Date Requested (New): 01/25/2008		Effective Date (New): 01/25/2008
Effective Date Requested (Renewal): 01/25/2008		Effective Date (Renewal): 01/25/2008

General Information

Project Name: Forms Revision	Status of Filing in Domicile: Not Filed
Project Number: PL20070065F	Domicile Status Comments: These changes have not yet been file in state of domicile.
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 10/24/2007	
State Status Changed: 10/23/2007	Deemer Date:
Corresponding Filing Tracking Number: PL20070065R	

Filing Description:

In accordance with the prior approval filing requirements of your state, we submit for your review revisions to our Personal Inland Marine Program. We are revising various forms. The revisions are explained below.

We are converting to a new policy administration system. Some of these revisions are to accommodate this conversion. Others are editorial in nature.

SERFF Tracking Number: HCAP-125328513 State: Arkansas
First Filing Company: West American Insurance Company, ... State Tracking Number: AR-PC-07-026520
Company Tracking Number: PL20070065F
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Personal Inland Marine Program
Project Name/Number: Forms Revision/PL20070065F

These form revisions correspond to rule revisions submitted under separate cover under rules filing file number PL20070065R.

These revisions will apply to all new business and renewal policies written on or after January 25, 2008.

NEW FORM:

Inland Marine Declarations - This is the new Declarations for new policy administration system

REVISED FORMS:

IM-2413 (06-07) Jewelry in Vaults Endorsement - Editorial changes only. No change in text. Replaces 10 00 edition.

IM-2406 (06-07) Participating Clause - Revised to add the following: "Entries may be left blank if shown elsewhere in policy." Replaces 02-91 edition.

Company and Contact

Filing Contact Information

Linda Baker, Product Analyst
9450 Seward Road
Fairfield, OH 45014-5456

Linda.Baker@ocas.com
(800) 843-6446 [Phone]
(513) 603-2160[FAX]

Filing Company Information

West American Insurance Company
9450 Seward Road
Fairfield, OH 45014-5456
(800) 843-6446 ext. [Phone]

CoCode: 44393
Group Code: 111
Group Name:
FEIN Number: 31-0624491

State of Domicile: Indiana
Company Type:
State ID Number:

American Fire and Casualty Company
9450 Seward Road
Fairfield, OH 45014-5456
(800) 843-6446 ext. [Phone]

CoCode: 24066
Group Code: 111
Group Name:
FEIN Number: 59-0141790

State of Domicile: Ohio
Company Type:
State ID Number:

SERFF Tracking Number: HCAP-125328513 State: Arkansas
First Filing Company: West American Insurance Company, ... State Tracking Number: AR-PC-07-026520
Company Tracking Number: PL20070065F
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Personal Inland Marine Program
Project Name/Number: Forms Revision/PL20070065F

The Ohio Casualty Insurance Company CoCode: 24074 State of Domicile: Ohio
9450 Seward Road Group Code: 111 Company Type:
Fairfield, OH 45014-5456 Group Name: State ID Number:
(800) 843-6446 ext. [Phone] FEIN Number: 31-0396250

SERFF Tracking Number: HCAP-125328513 State: Arkansas
First Filing Company: West American Insurance Company, ... State Tracking Number: AR-PC-07-026520
Company Tracking Number: PL20070065F
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Personal Inland Marine Program
Project Name/Number: Forms Revision/PL20070065F

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	10/22/2007	
The Ohio Casualty Insurance Company	\$50.00	10/22/2007	16225535
West American Insurance Company	\$0.00	10/22/2007	

SERFF Tracking Number: HCAP-125328513 State: Arkansas
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Company Tracking Number: PL20070065F
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Personal Inland Marine Program
Project Name/Number: Forms Revision/PL20070065F

Correspondence Summary

Dispositions

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

SERFF Tracking Number: HCAP-125328513 State: Arkansas
First Filing Company: West American Insurance Company, ... State Tracking Number: AR-PC-07-026520
Company Tracking Number: PL20070065F
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Personal Inland Marine Program
Project Name/Number: Forms Revision/PL20070065F

Disposition

Disposition Date: 10/24/2007
Effective Date (New): 01/25/2008
Effective Date (Renewal): 01/25/2008
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

SERFF Tracking Number: HCAP-125328513 State: Arkansas
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 Product Name: Personal Inland Marine Program
 Project Name/Number: Forms Revision/PL20070065F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter and Forms Summary	Approved	Yes
Form	Inland Marine Declarations	Approved	Yes
Form	Jewelry in Vaults Endorsement	Approved	Yes
Form	Participating Clause	Approved	Yes

SERFF Tracking Number: HCAP-125328513 State: Arkansas
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 TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
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 Project Name/Number: Forms Revision/PL20070065F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Inland Marine Declarations	n/a	n/a	Declaration New s/Schedule		0.00	Personal Inland Marine Declarations page.pdf
Approved	Jewelry in Vaults Endorsement	IM-2413	06 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 Previous Filing #:		IM 2413 06 07.pdf
Approved	Participating Clause	IM-2406	06 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 Previous Filing #:		IM 2406 06 07.pdf



West American Insurance Company

9450 Seward Road, Fairfield, Ohio 4501
1-800-345-6664 www.ocas.com

Personal Inland Marine Declaration

POLICY NUMBER:
POLICY PERIOD
12:01 am Standard Time
POLICY TERM:

INSURED

AGENT

AGENT'S PHONE NO

PRODUCER CODE

**THIS IS
NOT A
BILL**

Dear Policyholder:



The Ohio Group of Insurance Companies, along with your Professional Independent Insurance Agent, thank you for your business. Enclosed is information regarding your insurance coverage. Please read these documents very carefully and contact your Independent Agent if you have any questions.

- If you have made additions or improvements to your property or purchased personal items of a significant value, such as furs or jewelry, please contact your Independent Agent to be sure you are properly protected.
- You will receive the billing statement under separate cover.
- The Ohio Casualty Group has enhanced your billing statement and made it easier to read.
- We now offer additional payment options including a no installment fee electronic funds transfer automated payment option. Additional information will be provided.



Policy Reminders

- *Verify that all information is correct.*
- *Call your agent if you have any changes.*
- *File these documents in a safe place.*

Important Messages

To report a claim, call your Agent or 1-800-FON-OHIO (1-800-366-6446)



West American Insurance Company

9450 Seward Road, Fairfield, Ohio 4501

1-800-345-6664 www.ocas.com

Personal Articles Schedule

POLICY NUMBER:

POLICY PERIOD

12:01 am Standard Time

POLICY TERM:

INSURED

AGENT

AGENT'S PHONE NO

PRODUCER CODE

*** Important Notice ***

Attach to your policy

This policy insures scheduled personal articles for which an amount of insurance is indicated below or on attached schedules. This schedule is subject to the conditions of the Scheduled Personal Articles Coverage Supplement. The following is a brief description of each item covered. A complete description (as provided by the named insured is maintained in the company file.

DESCRIPTION

AMOUNT OF INSURANCE

-
-
-
-

**PERSONAL JEWELRY
JEWELRY IN VAULTS ENDORSEMENT**

For a premium credit you agree that the jewelry items scheduled below will be kept in a vault at the

Bank Name: _____
Address: _____

Coverage will not be provided for these item(s) if they are removed from the premises named above.
All other provisions of the policy apply.

Signed: _____

SCHEDULE

***DESCRIPTION**

***AMOUNT OF INSURANCE**

*Entries may be left blank if shown elsewhere for this coverage.

PARTICIPATING CLAUSE ENDORSEMENT

For the premium charged, we do not provide insurance for the total value of the items described in the schedule below. The percentage interest is our portion of the total value for any covered loss or damage.

Regardless of whether loss or damage is covered by other insurance or whether such other insurance is valid or collectible, we will not pay for more than the least of the following for the items described in the schedule below:

1. The percentage interest times the value of any loss or damage;
2. The amount of insurance

	<u>Schedule</u>		
<u>Description</u>	<u>Value</u>	<u>Amount of Insurance</u>	<u>Percentage Interest</u>

*Entries may be left blank if shown elsewhere in this policy for this coverage.

IM-2406 (06-07)

SERFF Tracking Number: HCAP-125328513 State: Arkansas
First Filing Company: West American Insurance Company, ... State Tracking Number: AR-PC-07-026520
Company Tracking Number: PL20070065F
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Personal Inland Marine Program
Project Name/Number: Forms Revision/PL20070065F

Supporting Document Schedules

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

Comments:
See attached Transmittal Document and Form Filing Schedule.

Attachments:
PCTD-1 PIM Forms.pdf
PCFFS-1 PIM Forms.pdf

Satisfied -Name: Cover Letter and Forms Summary **Review Status:** Approved 10/24/2007

Comments:
See attached cover letter and form summary.

Attachment:
Paris PIM filing letter FORMS.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	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: <div style="display: flex; justify-content: space-between;"> New Business Renewal Business </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Liberty Mutual Group	0111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Ohio Casualty Insurance Company	Ohio	0111-24074	31-0396250	
West American Insurance Company	Indiana	0111-44393	31-0624491	
American Fire and Casualty Company	Ohio	0111-24066	59-0141790	

5. Company Tracking Number	PL20070065F
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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
Linda Baker 9450 Seward Road Fairfield, Ohio 45014	PL Prod. Analyst	1-800-843-6446 Ext. 2120	513-603-2160	linda.baker@ocas.com

7. Signature of authorized filer

8. Please print name of authorized filer Linda Baker

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

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0006 Other Personal Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Personal Inland Marine
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: 01/25/2008 Renewal: 01/25/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	October 22, 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 # PL20070065F

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

In accordance with the prior approval filing requirements of your state, we submit for your review revisions to our Personal Inland Marine Program. We are revising various forms. The revisions are explained in detail in the attached filing exhibits.

We are converting to a new policy administration system. Some of these revisions are to accommodate this conversion. Others are editorial in nature.

These form revisions correspond to rule revisions submitted under separate cover under rules filing file number PL20070065R.

These revisions will apply to all new business and renewal policies written on or after January 25, 2008.

[View Complete Filing Description](#)

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]

Check #:	EFT
Amount:	\$. 50.00

\$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.)

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 #	
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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			<input 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



October 22, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: THE OHIO CASUALTY INSURANCE COMPANY NAIC #111-24074 FEIN# 31-0396250
WEST AMERICAN INSURANCE COMPANY NAIC #111-44393 FEIN# 31-0624491
AMERICAN FIRE AND CASUALTY COMPANY NAIC #111-24066 FEIN# 59-0141790
PERSONAL INLAND MARINE PROGRAM
FORM REVISIONS
OUR FILE NO.: PL20070065F

In accordance with the prior approval filing requirements of your state, we submit for your review revisions to our Personal Inland Marine Program. We are revising various forms. The revisions are explained in detail in the attached filing exhibits.

We are converting to a new policy administration system. Some of these revisions are to accommodate this conversion. Others are editorial in nature.

These form revisions correspond to rule revisions submitted under separate cover under rules filing file number PL20070065R.

These revisions will apply to all new business and renewal policies written on or after January 25, 2008.

Should you have questions regarding these revisions or require additional information pertaining to this submission, please do not hesitate to contact me at the number provided below.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of the state of Arkansas.

Sincerely,

A handwritten signature in cursive script that reads 'Linda M. Baker'.

Linda Baker, CPCU, AU
Product Analyst
Personal Lines Property Department
1-800-843-6446, 2120
FAX (513) 603-2160
linda.baker@ocas.com

**FORMS SUMMARY
PERSONAL INLAND MARINE**

NEW FORMS

	Inland Marine Declarations	New Declarations for new policy administration system
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REVISED FORMS

IM-2413 (06-07)	Jewelry in Vaults Endorsement	Editorial changes only. No change in text. Replaces 10 00 edition.
IM-2406 (06-07)	Participating Clause	Revised to add Note under schedule indicating "Entries may be left blank if shown elsewhere in policy." Replaces 02-91edition.