

SERFF Tracking Number: LBRM-125322041 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: AR-PC-07-026411
Company Tracking Number: 2007-01548
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery
Product Name: AR-BM-INTERLINE FORMS REVISION
Project Name/Number: AR-BM-INTERLINE FORMS REVISION/2007-01548

Filing at a Glance

Companies: America First Insurance Company, Peerless Insurance Company, Peerless Indemnity Insurance Company, The Netherlands Insurance Company

Product Name: AR-BM-INTERLINE FORMS REVISION SERFF Tr Num: LBRM-125322041 State: Arkansas

TOI: 27.0 Boiler & Machinery

SERFF Status: Closed

State Tr Num: AR-PC-07-026411

Sub-TOI: 27.0000 Boiler & Machinery

Co Tr Num: 2007-01548

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Tammy Blake

Disposition Date: 10/15/2007

Date Submitted: 10/12/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):
05/01/2008

General Information

Project Name: AR-BM-INTERLINE FORMS REVISION

Status of Filing in Domicile:

Project Number: 2007-01548

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CL-2006-OLOB1

Reference Title: MULTISTATE INTERLINE FORMS REVISION OF
COVERAGE PART REFERENCES (INCLUDING STATE
SUPPLEMENTS) TO BE IMPLEMENTED IN ADDITIONAL
JURISDICTIONS

Advisory Org. Circular: LI-CL-2007-050

Filing Status Changed: 10/15/2007

State Status Changed: 10/12/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Effective March 1, 2008 for new business and May 1, 2008 for renewal business we wish to file to adopt ISO Filing
Designation #CL-2006-OLOB1

Company and Contact

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Filing Contact Information

Tammy Blake, State Filings Analyst tammy.blake@LibertyMutual.com
 62 Maple Avenue (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 PER FILING

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	10/12/2007	16092393
Peerless Indemnity Insurance Company	\$0.00	10/12/2007	
The Netherlands Insurance Company	\$0.00	10/12/2007	
Peerless Insurance Company	\$0.00	10/12/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/15/2007	10/15/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
EFFECTIVE DATES	Note To Reviewer	Tammy Blake	10/12/2007	10/12/2007

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Disposition

Disposition Date: 10/15/2007
Effective Date (New): 03/01/2008
Effective Date (Renewal): 05/01/2008
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes

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Note To Reviewer

Created By:

Tammy Blake on 10/12/2007 12:26 PM

Subject:

EFFECTIVE DATES

Comments:

PLEASE BE ADVISED THAT THE EFFECTIVE DATES FOR THIS SUBMISSION SHOULD BE MARCH 1, 2008 FOR NEW BUSINESS AND MAY 1, 2008 FOR RENEWAL BUSINES AS INDICATED IN THE COVER LETTER.

THANK YOU,
TAMMY BLAKE

SERFF Tracking Number: *LBRM-125322041* *State:* *Arkansas*
First Filing Company: *America First Insurance Company, ...* *State Tracking Number:* *AR-PC-07-026411*
Company Tracking Number: *2007-01548*
TOI: *27.0 Boiler & Machinery* *Sub-TOI:* *27.0000 Boiler & Machinery*
Product Name: *AR-BM-INTERLINE FORMS REVISION*
Project Name/Number: *AR-BM-INTERLINE FORMS REVISION/2007-01548*

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 10/15/2007

Comments:

P & C TRANSMITTAL

Attachment:

P & C TRANSMITTAL.pdf

Satisfied -Name: COVER LETTER **Review Status:** Approved 10/15/2007

Comments:

COVER LETTER

Attachment:

2007-01548.trb.pdf

Property & Casualty Transmittal Document

Reset Form

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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name	Group NAIC #
Liberty Mutual Agency Markets	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Peerless Insurance Company	NH	24198	02-0177030	
The Netherlands Insurance Company	NH	24171	02-0342937	
America First Insurance Company	NH	12696	58-0953149	
Peerless Indemnity Insurance Company	IL	18333	13-2919779	

5. Company Tracking Number	2007-01548
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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
Tammy R. Blake 62 Maple Avenue Keene NH 03431	Sr. Analyst Regulatory Filing AM	603-358-4520	603-352-9252	tammy.blake@libertymutual.com

7. Signature of authorized filer

8. Please print name of authorized filer: Tammy R. Blake

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

9. Type of Insurance (TOI)	27.0 Boiler and Machinery
10. Sub-Type of Insurance (Sub-TOI)	27.0000 Boiler and Machinery
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Boiler & Machinery
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: 03-01-2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	CL-2006-OLOB1 Multistate Interline Forms Revision
18. Company's Date of Filing	
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—

20. This filing transmittal is part of Company Tracking # 2007-01548

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

Adopting ISO Filing Designation #CL-2006-OLOB1

[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 #:
Amount:

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	



**America First
Insurance.**

Member of Liberty Mutual Group

62 Maple Avenue
Keene, NH 03431
603-352-3221

October 10, 2007

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Division Two – Boiler & Machinery
Form Filing
ISO Filing Designation #CL-2006-OLOB1
PEERLESS INSURANCE COMPANY
NAIC #111-24198
THE NETHERLANDS INSURANCE COMPANY
NAIC #111-24171
AMERICA FIRST INSURANCE COMPANY
NAIC #111-12696
PEERLESS INDEMNITY INSURANCE COMPANY
NAIC #111-18333
Company Filing #2007-01548

Dear Mr. Lacy:

Effective March 1, 2008 for new business and May 1, 2008 for renewal business we wish to file to adopt the above referenced ISO Filing Designation to be used with our Boiler & Machinery Program.

Enclosed, please find the required filing forms and our \$50.00 filing fee.

Questions regarding the above filing should be directed to me at 603-358-4520 or 800-826-6189 ext. 84520.

Sincerely,

Tammy R. Blake
Sr. Analyst Regulatory Filing AM
E-mail: tammy.blake@libertymutual.com