

SERFF Tracking Number: PHLX-125321485 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-026406
Company Tracking Number: CR AR0030602F01
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Crime Protection Plus
Project Name/Number: Crime Protection Plus/CR AR0030602F01

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Crime Protection Plus SERFF Tr Num: PHLX-125321485 State: Arkansas
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: AR-PC-07-026406
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CR AR0030602F01 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: SPI PhiladelphiaIndemnity Disposition Date: 10/15/2007
Date Submitted: 10/11/2007 Disposition Status: Approved
Effective Date Requested (New): 11/21/2007 Effective Date (New): 11/21/2007
Effective Date Requested (Renewal): Effective Date (Renewal):
11/21/2007

General Information

Project Name: Crime Protection Plus
Project Number: CR AR0030602F01
Reference Organization:
Reference Title:
Filing Status Changed: 10/15/2007
State Status Changed: 10/12/2007
Corresponding Filing Tracking Number:

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

Deemer Date:

Filing Description:

Philadelphia Indemnity Insurance Company is submitting three new endorsements for use with its Crime Protection Plus Program. These endorsements were designed for use with risks with volunteer firefighting, ambulance and rescue related exposures.

PI-CRP-20, Faithful Performance of Duty Coverage

PI-CRP-21, Government Entity Coverage

PI-CRP-22, Scheduled Excess Limit of Insurance for Specified Employees or Positions

Please refer to the attached memorandum for further details. We do not anticipate any rate impact associated with these

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new endorsements.

Company and Contact

Filing Contact Information

Kevin O'Brien, Compliance Manager kobrien@phlyins.com
One Bala Plaza (610) 617-7752 [Phone]
Bala Cynwyd, PA 19004 (866) 282-7495[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company CoCode: 18058 State of Domicile: Pennsylvania
One Bala Plaza Group Code: 677 Company Type:
Suite 100
Bala Cynwyd, PA 19004 Group Name: Philadelphia Insurance Companies State ID Number:
(610) 617-7900 ext. [Phone] FEIN Number: 231738402

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
42261	\$50.00	10/09/2007

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Product Name: Crime Protection Plus
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: *PHLX-125321485* *State:* *Arkansas*
Filing Company: *Philadelphia Indemnity Insurance Company* *State Tracking Number:* *AR-PC-07-026406*
Company Tracking Number: *CR AR0030602F01*
TOI: *26.0 Burglary & Theft* *Sub-TOI:* *26.0001 Commercial Burglary & Theft*
Product Name: *Crime Protection Plus*
Project Name/Number: *Crime Protection Plus/CR AR0030602F01*

Disposition

Disposition Date: 10/15/2007

Effective Date (New): 11/21/2007

Effective Date (Renewal): 11/21/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125321485 State: Arkansas
 Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-026406
 Company Tracking Number: CR AR0030602F01
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
 Product Name: Crime Protection Plus
 Project Name/Number: Crime Protection Plus/CR AR0030602F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Faithful Performance of Duty Coverage	Approved	Yes
Form	Government Entity Coverage	Approved	Yes
Form	Scheduled Excess Limit of Insurance for Specified Employees or Postions	Approved	Yes

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 Project Name/Number: Crime Protection Plus/CR AR0030602F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Faithful Performance of Duty Coverage	PI-CRP-20	04/07	Other	New		0.00	PI-CRP-20.PDF
Approved	Government Entity Coverage	PI-CRP-21	04/07	Other	New		0.00	PI-CRP-21.PDF
Approved	Scheduled Excess Limit of Insurance for Specified Employees or Postions	PI-CRP-22	04/07	Other	New		0.00	PI-CRP-22.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FAITHFUL PERFORMANCE OF DUTY COVERAGE

This endorsement modifies the insurance provided under the following:

CRIME PROTECTION PLUS

and applies to the Employee Theft Insuring Agreement:

B. Provisions

- A. The following is added to the EMPLOYEE THEFT AND CLIENT PROPERTY INSURING AGREEMENT, A1:

We will pay for loss of or damage to **MONEY, SECURITIES** and **OTHER PROPERTY** resulting directly from the failure of any **EMPLOYEE** to faithfully perform his or her duties as prescribed by your constitution and by-laws or resolution of your governing body, including inability to faithfully perform those duties because of a criminal act committed by a person other than an **EMPLOYEE**.

- B. The following Exclusion is added to Section IV. EXCLUSIONS, paragraph D:

4. The failure of any entity acting as a depository for your property or property for which you are responsible.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GOVERNMENT ENTITY COVERAGE

This endorsement modifies the insurance provided under the following:

CRIME PROTECTION PLUS

This policy is amended as follows:

- A. The following condition shall apply to all coverages:
 - 1. No party other than the Named Insured may commence any litigation or other process to attempt any recovery due to a loss under this coverage.
 - 2. Subject to the Limit of Insurance for Coverage A1, we will indemnify any of your officers or directors who are required to give faithful performance of service bonds against loss caused by your **EMPLOYEES** that serve under them.

- B. The following Exclusion is added to Section IV. EXCLUSIONS, paragraph D:
 - 4. The failure of any entity acting as a depository for your property or property for which you are responsible.
 - 5. Any **EMPLOYEE** engaging in any violation of the civil rights of or harassment of any person.
 - 6. Any tortuous conduct by any **EMPLOYEE** other than theft or conversion of property.

- C. The following Exclusion is added to Section IV. EXCLUSIONS, paragraph A:
 - 4. Any of your **EMPLOYEES** who are individually bonded as required by law; or
 - 5. Any treasurer or tax collector or individual with similar title or duty.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SCHEDULED EXCESS LIMIT OF INSURANCE
FOR SPECIFIED EMPLOYEES OR POSITIONS**

This endorsement modifies the insurance provided under the following:

CRIME PROTECTION PLUS

and applies to the Employee Theft Insuring Agreement:

A. Schedule*

Item No.	Name Schedule Coverage	Position Schedule Coverage			Excess Limit Of Insurance Each "Employee"
	Names Of Covered "Employees"	Titles Of Covered Positions	Location Of Covered Positions	No. Of "Employees" Each Position	

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

B. Provisions

1. The Excess Limit of Insurance shown in the **Schedule** applies to each **EMPLOYEE** who is named or who holds a position shown in the **Schedule** opposite that limit.
2. The Excess Limit of Insurance applies only to that part of any covered loss that exceeds the Limit of Insurance shown in the Declarations for the Employee Theft Insuring Agreement plus any applicable Deductible Amount.
3. The Excess Limit of Insurance applies only to loss caused by an identified **EMPLOYEE**.
4. If the Excess Limit of Insurance is scheduled on a position basis, the most we will pay for an **EMPLOYEE** holding more than one position is the largest Excess Limit of Insurance in effect and applicable to any one of those positions at the time of loss.

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Product Name: Crime Protection Plus
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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 10/15/2007

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF
Filing memo.PDF

Property & Casualty Transmittal Document

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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					

3. Group Name	Group NAIC #			
Philadelphia Insurance Companies	0677			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Philadelphia Indemnity Insurance Company	PA	18058	231738402	

5. Company Tracking Number	CR AR0030602F01
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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
	Kevin W. O'Brien, CPCU One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Manager	877-438-7459	866-282-7495	kobrien@phlyins.com
7.	Signature of authorized filer		<i>Kevin O'Brien</i>		
8.	Please print name of authorized filer		Kevin W. O'Brien, CPCU		

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

9.	Type of Insurance (TOI)	26.0 Burglary & Theft
10.	Sub-Type of Insurance (Sub-TOI)	26.0001 Commercial Burglary & Theft
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: 11/21/07 Renewal: 11/21/07
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	10/11/07
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

20.	This filing transmittal is part of Company Tracking #	CR AR0030602F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Philadelphia Indemnity Insurance Company is submitting three new endorsements for use with its Crime Protection Plus Program. These endorsements were designed for use with risks with volunteer firefighting, ambulance and rescue related exposures.

PI-CRP-20, Faithful Performance of Duty Coverage

PI-CRP-21, Government Entity Coverage

PI-CRP-22, Scheduled Excess Limit of Insurance for Specified Employees or Positions

Please refer to the attached memorandum for further details. We do not anticipate any rate impact associated with these new endorsements.

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]			
<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">Check #:</td> <td style="padding: 5px;">42261</td> </tr> <tr> <td style="padding: 5px;">Amount:</td> <td style="padding: 5px;">\$50.00</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	Check #:	42261	Amount:	\$50.00
Check #:	42261			
Amount:	\$50.00			

***Refer to 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 #	CR AR0030602F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a
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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	Faithful Performance of Duty Coverage	PI-CRP-20 04/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Government Entity Coverage	PI-CRP-21 04/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Scheduled Excess Limit of Insurance for Specified Employees or Postions	PI-CRP-22 04/07	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Filing Memorandum for Crime Endorsements

3 new forms.

Philadelphia Indemnity Insurance Company is submitting three new endorsements for use with its Crime Protection Plus Program. These endorsements were designed for use with risks with volunteer firefighting, ambulance and rescue related exposures.

Forms:

Form#	Form Name	Description	Usage Rule	Mandatory Optional Cond. (CM)	Coverage impact
PI-CRP-20	Faithful Performance of Duty Coverage	Provides coverage for failure of Employee to faithfully perform duties.	1. <u>All volunteer fire department crime policies</u>	M for all volunteer fire department policies	Broadens coverage
PI-CRP-21	Government Entity Coverage	Clarifies the coverage so that the Municipality or other governmental entity is not granted coverage that is only intended for the Insured.	1. <u>All volunteer fire department crime policies</u>	M for all volunteer fire department policies	Clarifies coverage.
PI-CRP-22	Scheduled Excess Limit of Insurance for Specified Employees or Positions	Gives increased limits for schedule persons or position where duties of persons or position so require due to increased exposure to cash or valuables	1. <u>When requested by insured and underwritten accordingly</u>	O	Broadens Coverage

