

SERFF Tracking Number: REGU-125313832 State: Arkansas
 Filing Company: Discover Property & Casualty Insurance Company State Tracking Number: AR-PC-07-026332
 Company Tracking Number: DPC-CP-ARC-07 F
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Commercial Property Form
 Project Name/Number: /DPC-CP-ARC-07 F

Filing at a Glance

Company: Discover Property & Casualty Insurance Company

Product Name: Commercial Property Form	SERFF Tr Num: REGU-125313832	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: AR-PC-07-026332
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: DPC-CP-ARC-07 F	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Joanne Sullivan	Disposition Date: 10/05/2007
	Date Submitted: 10/04/2007	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 10/05/2007
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 10/05/2007

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number: DPC-CP-ARC-07 F	Domicile Status Comments:
Reference Organization: ISO	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/05/2007	
State Status Changed: 10/05/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Discover Property & Casualty Insurance Company (DP&C) a participant of Insurance Services Office (ISO) is submitting an independent Commercial Property form filing. The rules are not required to be filed as per your state requirements.	

This independent form will be used in conjunction with our approved bureau (ISO) coverage forms and endorsements, along with other approved Discover Property & Casualty Insurance Company independent forms and endorsements. All state mandatory ISO forms are used on our policies, to meet state specific regulations.

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This endorsement guarantees loss payment on a replacement cost basis. The endorsement can be used on any commercial risk that fits the underwriting guidelines and insures the applicable buildings to at least 90% of the estimated replacement cost value. The benefit of this endorsement is that it does not limit the loss payment to the limit of insurance, so the insured is not penalized for not carrying the proper limit of insurance when all reasonable attempts were made to do so.

Enclosed for your review are the following:

- State Filing Forms
- Explanatory Memo
- Agreed Replacement Cost Endorsement - PR5132 0900

We ask that this filing become effective for all policies effective upon approval. An EFT in the amount of \$50.00 has been initiated to cover your state's filing fees.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Joanne Sullivan, joannesullivan@ircllc.com
 50 Broad Street (212) 571-3989 [Phone]
 New York, NY 10004 () -[FAX]

Filing Company Information

Discover Property & Casualty Insurance CoCode: 36463 State of Domicile: Illinois
 Company
 5 Batterson Park Group Code: 164 Company Type:
 Farmington, CT 06032 Group Name: State ID Number:
 (860) 674-2660 ext. [Phone] FEIN Number: 36-2999370

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR fee is \$50.00 form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Discover Property & Casualty Insurance Company	\$50.00	10/04/2007	15953551

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/05/2007	10/05/2007

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Disposition

Disposition Date: 10/05/2007
Effective Date (New): 10/05/2007
Effective Date (Renewal): 10/05/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exp. Memo	Approved	Yes
Supporting Document	Authorization Letter	Approved	Yes
Form	Agreed Replacement Cost	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Agreed Replacement Cost	PR5132	0900	Endorsement/Amendment/Conditions		0.00	Form PR5132 0900.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AGREED REPLACEMENT COST

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY

COVERED LOCATION(S):

DESCRIPTION OF BUILDING(S) UNDER THIS ENDORSEMENT:

AGREED REPLACEMENT COST \$

We will provide agreed replacement cost insurance for the building(s) described above, with no dollar limit of insurance, subject to the following:

1. We will not be liable under this Endorsement unless and until you actually repair or replace the building(s) as soon as reasonably possible after the loss or damage.
2. You may decide to repair or replace the damaged or destroyed building(s) described above with construction of different design, quality, or location. If you do, we will not pay more than the cost of repairing or replacing the damaged or destroyed building(s) or any part thereof with construction of like kind and quality at the covered location.
3. You agree to report to us, in writing, within 30 days after completion of construction, any additions, improvements or enlargements of building(s) described above which occur after the effective date of this Endorsement. You will suffer a penalty if these changes were not timely reported to us and the replacement cost of the change was more than 5% of the agreed "replacement cost" shown above. In such cases, the penalty will be computed as of the date of the loss and will be equal to the percentage that the replacement cost of such unreported change bears to the total replacement cost of the covered building(s).
4. You may elect not to repair or replace the building(s) after a covered loss. In those instances we will pay for losses to the buildings based upon actual cash value.
5. If there is available to you any other valid and collectible insurance which would apply in the absence of this coverage, insurance under this Endorsement shall apply only as excess insurance.
6. The coinsurance clause in the Coverage Form of the policy does not apply under this Endorsement to covered losses to buildings described above.
7. The basic form attached to your policy may have coverage extensions, deductible provisions or other conditions or provisions that are based on the Limit of Insurance for building coverage. If so, and for the purpose of computing the amount of your coverage for such extensions, provisions or conditions, the Limit of Insurance for the buildings will be the, Agreed Replacement Cost shown above.

This Endorsement does not change and remains, subject to all other terms, conditions and provisions of the policy.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/05/2007

Comments:

Attachment:

AR NAIC Trans & RRS.pdf

Satisfied -Name: Exp. Memo **Review Status:** Approved 10/05/2007

Comments:

Attachment:

Explanatory Memo.pdf

Satisfied -Name: Authorization Letter **Review Status:** Approved 10/05/2007

Comments:

Attachment:

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

3. Group Name	Group NAIC #
St. Paul Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Discover Property & Casualty Insurance Company	Illinois	36463	36-2999370	

5. Company Tracking Number	DPC-CP-ARC-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
Joanne Sullivan Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Analyst	(212) 571-3989	(212) 571-2502	joannesullivan@ircllc.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Joanne Sullivan

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

9. Type of Insurance (TOI)	1.0, 2.0 Commercial Fire/Allied Lines
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
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: Upon Approval Renewal:
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	10/4/07
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 # | DPC-CP-ARC-07 F

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

Discover Property & Casualty Insurance Company (DP&C) a participant of Insurance Services Office (ISO) is submitting an independent Commercial Property form filing. The rules are not required to be filed as per your state regulations.

This independent form will be used in conjunction with our approved bureau (ISO) coverage forms and endorsements, along with other approved Discover Property & Casualty Insurance Company independent forms and endorsements. All state mandatory ISO forms are used on our policies, to meet state specific regulations.

This endorsement guarantees loss payment on a replacement cost basis. The endorsement can be used on any commercial risk that fits the underwriting guidelines and insures the applicable buildings to at least 90% of the estimated replacement cost value. The benefit of this endorsement is that it does not limit the loss payment to the limit of insurance, so the insured is not penalized for not carrying the proper limit of insurance when all reasonable attempts were made to do so.

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

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 #	DPC-CP-ARC-07 F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	DPC-CP-ARC-07 R (As retained in company files)			
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	Agreed Replacement Cost	PR5132 0900	<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		

**EXPLANATORY MEMORANDUM
DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY**

Commercial Property Form and Rule

FORMS AND ENDORSEMENTS

The independent form that is being filed will be used in conjunction with our approved bureau (ISO) coverage forms and endorsements, along with other approved Discover Property & Casualty Insurance Company independent forms and endorsements. All state mandatory ISO forms are used on our policies, to meet state specific regulations.

The following form is being submitted for approval by Discover Property & Casualty Insurance Company. This form has not previously been filed.

Commercial Property

- PR5132 0900 – Agreed Replacement Cost

This endorsement guarantees loss payment on a replacement cost basis. The endorsement can be used on any commercial risk that fits the underwriting guidelines and insures the applicable buildings to at least 90% of the estimated replacement cost value. The benefit of this endorsement is that it does not limit the loss payment to the limit of insurance, so the insured is not penalized for not carrying the proper limit of insurance when all reasonable attempts were made to do so.

RATES AND RULES

The premium charge for the Agreed Replacement Cost endorsement is a flat charge of \$25.

May 1, 2007

RE: Authority for Insurance Regulatory Consultants, LLC to Process Filings on behalf of Discover Property & Casualty Insurance Company

Dear Regulatory Official:

Please accept this letter as the authorization for representatives of Insurance Regulatory Consultants, LLC, to prepare and submit, on behalf of Discover Property & Casualty Insurance Company filings in your state. This authorization includes our permission for representatives of Insurance Regulatory Consultants, LLC, to receive and respond to any inquiries that you may raise on these filings.

This authority will continue in place until you receive, from Discover Property & Casualty Insurance Company, a written statement that the authority has been removed.

If you have any questions on this or need any additional information, please don't hesitate to contact me.

Very truly yours,



Arthur W. Wright
President