

SERFF Tracking Number: TWRG-125332789 State: Arkansas
 Filing Company: Tower Insurance Company of New York State Tracking Number: AR-PC-07-026541
 Company Tracking Number: 07-AR-3-CF-108
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Commercial Property
 Project Name/Number: AR CP TICNY Initial ISO Forms/07-AR-3-CF-108

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Commercial Property SERFF Tr Num: TWRG-125332789 State: Arkansas
 TOI: 01.0 Property SERFF Status: Closed State Tr Num: AR-PC-07-026541
 Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: 07-AR-3-CF-108 State Status:
 Filing Type: Form Co Status: Pending Reviewer(s): Betty Montesi, Llyweyia Rawlins
 Author: Sheila Levine Disposition Date: 10/26/2007
 Date Submitted: 10/24/2007 Disposition Status: Approved
 Effective Date Requested (New): On Approval Effective Date (New): 10/26/2007
 Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 10/26/2007

General Information

Project Name: AR CP TICNY Initial ISO Forms
 Project Number: 07-AR-3-CF-108
 Reference Organization: Insurance Services Office

Status of Filing in Domicile: Authorized
 Domicile Status Comments:
 Reference Number: CF-2006-OVBEP, CL-2006-OTF01, CL-2004-OTIPP, CL-2003-OTEFO, CF-2001-O01FR, CF-99-O99FR
 Advisory Org. Circular: CF-06-207, CF-06-52, CF-04-143, CF-02-132, CF-02-26, CF-00-165

Reference Title:

Filing Status Changed: 10/26/2007
 State Status Changed: 10/24/2007
 Corresponding Filing Tracking Number: 07-AR-1-CF-106, 07-AR-2-CF-107

Deemer Date:

Filing Description:

Tower Insurance Company of New York (TICNY), newly licensed company in Arkansas is a member company of the Insurance Services Office, Inc. (ISO) for Commercial Property. Tower will be utilizing the ISO Commercial Property for forms captioned above. We are proposing an effective date coincident with your date of approval.

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Our initial loss cost and rules filing is being filed simultaneously with your Department as found in 07-AR-1-CF-106 and 07-AR-2-CF-107.

We have mailed check # 117236. Included are the filing transmittals.

Company and Contact

Filing Contact Information

Sheila Levine, Senior Business Analyst
 120 Broadway, 31st Floor
 New York, NY 10271-3199
 slevine@twrgroup.com
 (212) 655-2017 [Phone]
 (646) 304-3378[FAX]

Filing Company Information

Tower Insurance Company of New York 120 Broadway, 31st Floor New York, NY 10271-3199	CoCode: 44300 Group Code: 3703 Group Name: Tower Group Company FEIN Number: 13-3548249 -----	State of Domicile: New York Company Type: Property & Casualty State ID Number:
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(212) 655-2000 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
117236	\$25.00	10/18/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/26/2007	10/26/2007

SERFF Tracking Number: *TWRG-125332789* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *AR-PC-07-026541*
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Disposition

Disposition Date: 10/26/2007

Effective Date (New): 10/26/2007

Effective Date (Renewal): 10/26/2007

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number: *TWRG-125332789* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *AR-PC-07-026541*
Company Tracking Number: *07-AR-3-CF-108*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Commercial Property*
Project Name/Number: *AR CP TICNY Initial ISO Forms/07-AR-3-CF-108*

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

SERFF Tracking Number: *TWRG-125332789* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *AR-PC-07-026541*
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125332789 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/26/2007

Comments:
See attached.

Attachment:
PC TD-1.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: 60%; 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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

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

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.)

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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