

<i>SERFF Tracking Number:</i>	<i>UTCX-125335367</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026560</i>
<i>Company Tracking Number:</i>	<i>CP AR09294CGF01</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Religious Institutions</i>		
<i>Project Name/Number:</i>	<i>Religious Institutions/CP AR09294CGF01</i>		

## Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company		
Product Name: Religious Institutions	SERFF Tr Num: UTCX-125335367	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: AR-PC-07-026560
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CP AR09294CGF01	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI UticaNational	Disposition Date: 10/30/2007
	Date Submitted: 10/25/2007	Disposition Status: Approved
Effective Date Requested (New): 02/01/2008		Effective Date (New): 02/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 02/01/2008

## General Information

Project Name: Religious Institutions	Status of Filing in Domicile: Pending
Project Number: CP AR09294CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/30/2007	
State Status Changed: 10/26/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Our company(s) would like to implement a structural revision to how we provide Flood and Backup of Sewers or Drains coverage for Religious Institutions Advantage risks. Previously these coverages were automatically included in our Advantage endorsements; however this left us with no means to accommodate Religious Institutions that did not want the coverage. Also, it limited us from writing business that otherwise would have been acceptable, but we did not insure them due to the concern about the Flood or Backup exposure. Therefore, we would like to provide these coverages via two individual endorsements. With the removal of these two coverages, a premium reduction of \$75 has been deducted from our Advantage coverages and will be charged to these two endorsements.

<i>SERFF Tracking Number:</i>	<i>UTCX-125335367</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026560</i>
<i>Company Tracking Number:</i>	<i>CP AR09294CGF01</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Religious Institutions</i>		
<i>Project Name/Number:</i>	<i>Religious Institutions/CP AR09294CGF01</i>		

When a Religious Institution purchases one of our Advantage endorsements, they will still receive the Flood and Backup coverage endorsements and their premium will remain the same. If an insured chooses not to purchase the Flood and Backup of Sewers or drains coverages, the premium will be reduced by \$75.

As a result of removing these coverages from our Advantage endorsements, it will allow us to be more flexible for our policyholders as well as write business that we otherwise would not have written before.

Our independent endorsement 8-E-3609 Ed. 01-2007 will provide Backup of Sewers or Drains Coverage and CP 10 65 10 00 will provide the Flood Coverage.

Attached for your review, you will find the following:

## Company and Contact

### Filing Contact Information

Kathleen McSweeney, Senior State Filings Coordinator	kathleen.mcsweeney@uticanational.com
180 Genesee Street	(315) 734-2169 [Phone]
New Hartford, NY 13413	(315) 734-2252[FAX]

### Filing Company Information

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	

*SERFF Tracking Number:* UTCX-125335367      *State:* Arkansas  
*First Filing Company:* Utica Mutual Insurance Company, ...      *State Tracking Number:* AR-PC-07-026560  
*Company Tracking Number:* CP AR09294CGF01  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
*Product Name:* Religious Institutions  
*Project Name/Number:* Religious Institutions/CP AR09294CGF01

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SERFF Tracking Number: UTCX-125335367 State: Arkansas  
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026560  
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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Religious Institutions  
Project Name/Number: Religious Institutions/CP AR09294CGF01

## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000006315	\$50.00	10/24/2007

SERFF Tracking Number: UTCX-125335367 State: Arkansas  
 First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026560  
 Company Tracking Number: CP AR09294CGF01  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Religious Institutions  
 Project Name/Number: Religious Institutions/CP AR09294CGF01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/30/2007	10/30/2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Property & Casualty Transmittal Document	Note To Reviewer	SPI UticaNational	10/29/2007	10/29/2007
Missing Document on Filing	Note To Filer	Llyweyia Rawlins	10/29/2007	10/29/2007

SERFF Tracking Number: UTCX-125335367 State: Arkansas  
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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Religious Institutions  
Project Name/Number: Religious Institutions/CP AR09294CGF01

## Disposition

Disposition Date: 10/30/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal): 02/01/2008

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.

### 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:* UTCX-125335367      *State:* Arkansas  
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*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
  
*Product Name:* Religious Institutions  
*Project Name/Number:* Religious Institutions/CP AR09294CGF01

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Backup of Sewers or Drains Endorsement	Approved	Yes

*SERFF Tracking Number:* UTCX-125335367      *State:* Arkansas  
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*Product Name:* Religious Institutions  
*Project Name/Number:* Religious Institutions/CP AR09294CGF01

**Note To Reviewer**

**Created By:**

SPI UticaNational on 10/29/2007 01:01 PM

**Subject:**

Property & Casualty Transmittal Document

**Comments:**

Please see attached requested forms.

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

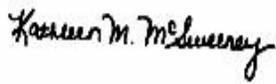
<b>3. Group Name</b>	<b>Group NAIC #</b>
Utica National Insurance Group	0201

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

<b>5. Company Tracking Number</b>	CP AR09294CGF01
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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
	Kathleen M. McSweeney, AIS  180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2169	315-734-2252	kathleen.mcsweeney@uti canational.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Kathleen M. McSweeney, AIS

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

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Religious Institutions Advantage Endorsement - Flood and Backup of Sewers or Drains Coverage
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: 02/01/2008      Renewal: 02/01/2008
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	10/25/2007
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

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CP AR09294CGF01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Attached for your review, you will find the following:

<b>22.</b>	<b>Filing Fees</b> (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="width: 15%;"><b>Check #:</b></td> <td>0000006315</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$50.00</td> </tr> </table> <p style="text-align: center; margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>		<b>Check #:</b>	0000006315	<b>Amount:</b>	\$50.00
<b>Check #:</b>	0000006315				
<b>Amount:</b>	\$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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CP AR09294CGF01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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	Backup of Sewers or Drains Endorsement	8-E-3609 Ed. 01- 2007	<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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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*Product Name:* Religious Institutions  
*Project Name/Number:* Religious Institutions/CP AR09294CGF01

**Note To Filer**

**Created By:**

Llyweyia Rawlins on 10/29/2007 11:49 AM

**Subject:**

Missing Document on Filing

**Comments:**

Hello Kathleen

Before I can finish reviewing this filing, I need a completed Property & Casualty Transmittal Document (PC TD-1).

If you have any questions or concerns feel free to contact me.

Llyweyia Rawlins  
Certified Rate and Form Analyst  
Property and Casualty Division  
501-371-2809 Fax 501-371-2748

SERFF Tracking Number: UTCX-125335367 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Backup of Sewers or Drains Endorsement	8-E-3609	Ed. 01-2007	Endorsement/New/Amendment/Conditions		0.00	8-E-3609.PDF

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**BACKUP OF SEWERS OR DRAINS COVERAGE  
(NOT FLOOD - RELATED)**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
CAUSES OF LOSS - SPECIAL FORM

**SCHEDULE\***

Premises Number	Building Number	Revised Limit of Insurance

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

- A. We will pay for direct physical loss of or damage to Covered Property solely caused by or resulting from water that backs up or overflows from a sewer, drain or sump. However, the coverage provided by this endorsement is not flood insurance and does not apply to any loss or damage that is induced by or caused directly or indirectly by flood, surface water or the overflow of a river, stream, or other body of water.
- B. The most we will pay under this endorsement in any one occurrence is the applicable Limit of Insurance for Covered Property shown in the Declarations, unless a Revised Limit of Insurance is shown in the Schedule above.
- C. Only with respect to the insurance provided by this endorsement, to the extent that part **(3)** of the Water Exclusion in the Causes of Loss Form applicable to this coverage part conflicts with the coverage provided by this endorsement, that part does not apply.
- D. If any excluded cause or event contributes concurrently or in any sequence to the loss, we will not pay for the loss caused directly or indirectly by such excluded cause or event under this endorsement.

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Bypassed -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/30/2007  
**Bypass Reason:** Information generates through new version of SERFF.  
**Comments:**