

SERFF Tracking Number: AMFS-125335496 State: Arkansas
Filing Company: Wesco Insurance Company State Tracking Number: AR-PC-07-026564
Company Tracking Number: SCRI-WIC-AR-0104
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0004 Contractual Liability
Product Name: Service Contract Reimbursement Insurance
Project Name/Number: SCRI-WIC-AR-0104/SCRI-WIC-AR-0104

Filing at a Glance

Company: Wesco Insurance Company

Product Name: Service Contract

Reimbursement Insurance

TOI: 17.0 Other Liability - Claims

Made/Occurrence

Sub-TOI: 17.0004 Contractual Liability

Filing Type: Form

SERFF Tr Num: AMFS-125335496 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-026564

Co Tr Num: SCRI-WIC-AR-0104

State Status:

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Edward Lee

Disposition Date: 11/07/2007

Date Submitted: 10/25/2007

Disposition Status: Approved

Effective Date Requested (New): 10/31/2007

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: SCRI-WIC-AR-0104

Project Number: SCRI-WIC-AR-0104

Reference Organization:

Reference Title:

Filing Status Changed: 11/07/2007

State Status Changed: 10/26/2007

Corresponding Filing Tracking Number: SCRI-WIC-AR-0104

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We herewith respectfully submit for your office's review and approval an updated state amendatory endorsement pertaining to Wesco Insurance Company's (hereinafter "Wesco") service contract reimbursement insurance program. These changes serve to address new provisions applicable to service contract reimbursement insurance policies pursuant to the passage of House Bill 2691, and provides additional disclosures pursuant to the requirements of A.C.A Section 4-114-105. The initial form filing pertaining to this program was approved by the Department effective October 13, 2006. Please consider the required explanatory memorandum as being incorporated within the text of this description. We request an effective date for this filing of October 31, 2007.

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Company and Contact

Filing Contact Information

Edward Lee, Regulatory Analyst elee@amtrustgroup.com
59 Maiden Lane (212) 220-7120 [Phone]
New York, NY 10038 (212) 220-7130[FAX]

Filing Company Information

Wesco Insurance Company CoCode: 25011 State of Domicile: Delaware
59 Maiden Lane, 6th Floor Group Code: 2538 Company Type: Property and
Casualty
New York, NY 10038 Group Name: AmTrust Financial State ID Number: 2036
Group
(212) 220-7120 ext. 7022[Phone] FEIN Number: 85-0165753

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/07/2007	11/07/2007

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Disposition

Disposition Date: 11/07/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFS-125335496 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amendatory Endorsement	Approved	Yes

SERFF Tracking Number: AMFS-125335496 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement	SCRI-WIC-AR-0104	10-07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 SCRI-WIC-AR-0104 (07/06) Previous Filing #: SCRI-WIC-0002		SCRI-WIC-AR-0104 (10-07).pdf

**Wesco Insurance Company
New York, New York**

STATE ENDORSEMENT – ARKANSAS

Effective Date:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement contains Arkansas specific policy language and amends the policy to comply with requirements of Arkansas Insurance Law.

This endorsement modifies insurance provided under the:

Service Contract Reimbursement Insurance Policy, Policy #

Section A. INSURING AGREEMENT, is amended by deleting the first sentence of the second paragraph and substituting the following:

If the **Named Insured** fails to provide any service covered under a **Designated Contract** within sixty (60) days of the submission of proof of loss of a **Contract Holder Claim** by a **Contract Holder**, the **Contract Holder** shall be entitled to apply directly to the **Company** for covered services under the **Designated Contract**. The **Company** shall provide services for which the **Named Insured** is legally obligated to perform in accordance with the terms and conditions of the **Designated Contract** in the event the **Named Insured** fails to perform its **Contractual Obligations** under a **Designated Contract**.

Section E. SETTLEMENT OF THE COMPANY’S LIABILITY, is hereby deleted in its entirety and replaced as follows:

The **Company** agrees to pay to the **Named Insured** or on behalf of the **Named Insured** the reasonable and customary costs of repairing or replacing the **Covered Products** under **Designated Contracts**, subject to the terms and conditions of such **Designated Contracts**. Bankruptcy or insolvency of the **Named Insured** or the **Named Insured’s** estate shall not relieve the **Company** of any of its **Contractual Obligations** hereunder.

Section I. CANCELLATION OR CHANGE, is deleted in its entirety and replaced with the following:

Section I. CANCELLATION OR NON-RENEWAL

Wesco Insurance Company
New York, New York

1. This Policy may be cancelled by the **Named Insured** by surrender thereof to the **Company** written notice stating when thereafter such cancellation shall be effective.
2. (a) This Policy may be cancelled by the **Company** after it has been in effect for sixty (60) days or more if:
 - i. The **Named Insured** has failed to pay the premium;
 - ii. There is a substantial change in the scale of risk covered by the Policy; or
 - iii. The **Named Insured** has perpetrated a fraud or material representation upon the **Company**
- (b) The **Company** shall provide a written notice of cancellation to the **Named Insured** at least:
 - i. Ten (10) days before cancelling the policy for the reason set forth in subsection (a)(i);
 - ii. Twenty (20) days before cancelling the policy for the reason set forth in subsection (a)(iii);
 - iii. Sixty (60) days before cancelling the policy for the reason set forth in subsection (a)(ii)
3. The **Company** may cancel this Policy if it has been in effect less than sixty (60) days by providing a written notice of cancellation to the **Named Insured** at least:
 - a. Ten (10) days before cancelling if the **Named Insured** has failed to pay a premium;
 - b. Twenty (20) days before cancelling if the **Named Insured** has perpetrated a fraud or material misrepresentation upon the insurer; or
 - c. Thirty (30) days before cancelling for any other reason.
4. If the **Company** chooses not to renew this Policy, the **Company** shall provide written notice of nonrenewal to the **Named Insured** at least sixty (60) days before the anniversary date of the policy.
5. Proof of the mailing of the notice shall be sufficient proof of notice of cancellation or non-renewal. The time of surrender or the effective date and hour of cancellation stated in the notice shall become the end of the policy period. Delivery of such written notice either by the **Named Insured** or by the **Company** shall be equivalent to mailing.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN THE SAME

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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

11/07/2007

Comments:

Attachment:

NAIC transmittal form - AR SERFF filing - 10-2007.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
AmTrust Financial Group	2538

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Wesco Insurance Company	Delaware	25011	85-0165753	

5. Company Tracking Number	SCRI-WIC-AR-0104
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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
	Christopher Zentner, Wesco Insurance Company 59 Maiden Lane, 6 th Floor New York, NY 10038	Vice President, Compliance	212 220-7120 Ext. 7022	212 220-7130	czentner@amtrustgroup.com
	Edward B. Lee, Wesco Insurance Company 59 Maiden Lane, 6 th Floor New York, NY 10038	Regulatory Analyst	212 220-7120 Ext. 7928	212 220-7130	elee@amtrustgroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Edward B. Lee		

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

9. Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10. Sub-Type of Insurance (Sub-TOI)	17.0004 Contractual Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Service Contract Reimbursement Insurance
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: 10/31/2007 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	October 25, 2007
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 #	SCRI-WIC-AR-0104
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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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This amended endorsement submission is intended to address new provisions applicable to service contract reimbursement insurance policies pursuant to the passage of House Bill 2691, and provides additional policy disclosures pursuant to the requirements of A.C.A Section 4-114-105. The initial form filing pertaining to this program was approved by the Department effective October 13, 2006.

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]
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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 #	SCRI-WIC-AR-0104
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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	Arkansas Amendatory Endorsement	SCRI-WIC-AR-0104 (10/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SCRI-WIC- AR-0104 (07/06)	Tracking #: SCRI-WIC- 0002
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		