

SERFF Tracking Number: AMMH-125360899 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: #? \$50
Company Tracking Number: 20071019-04
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: 070 AR MH - MB
Project Name/Number: 070 AR Mechanical Breakdown/20071019-04

Filing at a Glance

Company: American Family Home Insurance Company

Product Name: 070 AR MH - MB

TOI: 04.0 Homeowners

Sub-TOI: 04.0002 Mobile Homeowners

Filing Type: Form

SERFF Tr Num: AMMH-125360899 State: Arkansas

SERFF Status: Closed

Co Tr Num: 20071019-04

Co Status:

Author: Krista Mahaffey

Date Submitted: 11/21/2007

State Tr Num: #? \$50

State Status: Fees verified

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Disposition Date: 11/27/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

01/01/2008

General Information

Project Name: 070 AR Mechanical Breakdown

Project Number: 20071019-04

Reference Organization:

Reference Title:

Filing Status Changed: 11/27/2007

State Status Changed: 11/27/2007

Corresponding Filing Tracking Number:

Filing Description:

On behalf of American Family Home Insurance Company I am submitting for your review a revision to our existing mobile home filing which was approved on 09/01/2007. The purpose of this filing is to add Equipment Breakdown Enhancement forms, rates and rules.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Krista Mahaffey, Filing Analyst

7000 Midland Blvd

kmahaffey@amig.com

(800) 759-9008 [Phone]

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Product Name: 070 AR MH - MB
Project Name/Number: 070 AR Mechanical Breakdown/20071019-04

Amelia, OH 45102 (513) 947-4695[FAX]

Filing Company Information

American Family Home Insurance Company CoCode: 23450 State of Domicile: Florida
7000 Midland Blvd. Group Code: 127 Company Type:
Amelia, OH 45102 Group Name: State ID Number:
(800) 759-9008 ext. [Phone] FEIN Number: 31-0711074

SERFF Tracking Number: AMMH-125360899 State: Arkansas
Filing Company: American Family Home Insurance Company State Tracking Number: #? \$50
Company Tracking Number: 20071019-04
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Product Name: 070 AR MH - MB
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Home Insurance Company	\$0.00	11/21/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
70034638	\$50.00	11/19/2007

SERFF Tracking Number: AMMH-125360899 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/27/2007	11/27/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Cover Letter	Supporting Document	Krista Mahaffey	11/21/2007	11/21/2007

SERFF Tracking Number: *AMMH-125360899* *State:* *Arkansas*
Filing Company: *American Family Home Insurance Company* *State Tracking Number:* *#? \$50*
Company Tracking Number: *20071019-04*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0002 Mobile Homeowners*
Product Name: *070 AR MH - MB*
Project Name/Number: *070 AR Mechanical Breakdown/20071019-04*

Disposition

Disposition Date: 11/27/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125360899 State: Arkansas
 Filing Company: American Family Home Insurance Company State Tracking Number: #? \$50
 Company Tracking Number: 20071019-04
 TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
 Product Name: 070 AR MH - MB
 Project Name/Number: 070 AR Mechanical Breakdown/20071019-04

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Equipment Breakdown Enhancement-\$500 Deductible	Approved	Yes
Form	Equipment Breakdown Enhancement-\$250 Deductible	Approved	Yes

SERFF Tracking Number: AMMH-125360899 State: Arkansas
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TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
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Amendment Letter

Amendment Date:

Submitted Date: 11/21/2007

Comments:

Please see the attached cover letter.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment:

cover letter.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Breakdown Enhancement-\$500 Deductible	7MB00	09/07	Endorsement/New Amendment/Conditions		40.30	7MB00-200709.pdf
Approved	Equipment Breakdown Enhancement-\$250 Deductible	7M250	09/07	Endorsement/New Amendment/Conditions		40.30	7M250-200709.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HOMEOWNERS POLICY FOR MANUFACTURED HOMES EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT

DEFINITIONS

The following definition is added:

Equipment Breakdown as used herein means:

- a. Physical loss or damage both originating within:
 - (1) Boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping, all normally subject to vacuum or internal pressure other than static pressure of contents, excluding:
 - a. waste disposal piping;
 - b. any piping forming part of a fire protective system; and
 - c. any water piping other than:
 - (1) boiler feed water piping between the feed pump and the boiler;
 - (2) boiler condensate return piping; or
 - (3) water piping forming part of a refrigerating or air conditioning system used for cooling, humidifying or space heating purposes.
 - (2) All mechanical, electrical, electronic or fiber optic equipment; and
- b. Caused by, resulting from, or consisting of:
 - (1) Mechanical breakdown;
 - (2) Electrical or electronic breakdown; or
 - (3) Rupture, bursting, bulging, implosion, or steam explosion.

However, **Equipment Breakdown** will not mean:

Physical loss or damage caused by or resulting from any of the following; however, if loss or damage not otherwise excluded results, then we will pay for such resulting damage:

- (1) All losses excluded in the Homeowners Policy for Manufactured Homes; and
- (2) Loss, damage, cost or expense directly caused by, contributed to or by, resulting from or arising out of the following causes of loss:

Fire, lightning, combustion explosion, windstorm or hail, weight of snow, ice or sleet, falling objects, smoke, aircraft or vehicles, riot or civil commotion, vandalism, sinkhole collapse, volcanic action, leakage from fire extinguishing equipment, water damage, earth movement and flood.

SECTION I – PROPERTY COVERAGE

SUPPLEMENTARY COVERAGES

The following **Supplementary Coverages** are added:

10. Expediting Expense

We will pay for the expediting expense resulting from an **Equipment Breakdown** with respect to your damaged Personal Property. We will pay the reasonable extra cost to:

- (1) Make temporary repairs;
- (2) Expedite permanent repairs; and
- (3) Expedite permanent replacement.

Reasonable extra cost shall mean “the extra cost of temporary repair and of expediting the repair of such damaged equipment of the **insured person**, including overtime and the extra cost of express or other rapid means of transportation. This will be a part of and not an addition to the Limit of Liability per occurrence.” The most we will pay for loss or damage under this Additional Coverage is \$2,500.

Regardless of the number of claims, this limit is the most we will pay for the total of all loss or damage arising out of all occurrences of an **Equipment Breakdown** which take place in a 12-month period (starting with the beginning of the present annual policy period).

11. Spoilage Coverage

We will pay for loss of perishable goods due to spoilage resulting from lack of power, light, heat, steam or refrigeration caused by an **Equipment Breakdown** to Personal Property covered by this policy. The most we will pay for loss or damage under this Additional Coverage is \$2,500. This supplementary coverage is part of and not in addition to the **Equipment Breakdown** Limit of Liability.

Regardless of the number of claims, this limit is the most we will pay for the total of all loss or damage arising out of all occurrences of an **Equipment Breakdown** which take place in a 12-month period (starting with the beginning of the present annual policy period).

12. Pollutant Clean Up and Removal

We will pay for the **pollutant** clean up and removal for loss resulting from an **Equipment Breakdown**. The most we will pay for the **pollutant** clean up and removal is \$2,500. This supplementary coverage is part of and not in addition to the **Equipment Breakdown** Limit of Liability.

Regardless of the number of claims, this limit is the most we will pay for the total of all loss or damage arising out of all occurrences of an **Equipment Breakdown** which take place in a 12-month period (starting with the beginning of the present annual policy period).

SECTION I – EXCLUSIONS

Exclusion 1. is deleted and replaced with the following:

1. Loss that results from defective or improper manufacture, latent defect or inherent vice.

SECTION I – CONDITIONS

The following **Conditions** are added:

17. Equipment Breakdown coverage does not extend beyond the **Residence Premises**.

18. Environmental, Safety and Efficiency Improvements

If Personal Property requires replacement due to an **Equipment Breakdown**, we will pay your additional cost to replace with equipment that is better for the environment, safer or more efficient than the equipment being replaced.

However, we will not pay more than 125% of what the cost would have been to repair or replace with like kind and quality. This condition does not increase any of the applicable limits. This condition does not apply to any property to which **actual cash value** applies.

19. Limit of Liability. The limit of liability for loss under this coverage shall not exceed \$25,000 per occurrence.

SPECIAL DEDUCTIBLE

We will pay only that part of the loss that exceeds \$500 per occurrence. No other deductible applies to Equipment Breakdown coverage.

All other provisions of this policy apply.

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 - (1) boiler feed water piping between the feed pump and the boiler;
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TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: 070 AR MH - MB
Project Name/Number: 070 AR Mechanical Breakdown/20071019-04

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/27/2007

Comments:

Attachment:

Forms Transmittal.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 11/27/2007

Comments:

Attachment:

cover 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
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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 type="text"/> Renewal: <input 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.)

PC TD-1 pg 2 of 2

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	



AMERICAN FAMILY HOME
INSURANCE COMPANY

November 15, 2007

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: American Family Home Insurance Company
Domiciliary State : Florida
Mobile Home Program
Mechanical Breakdown – Form Filing
Company File number: 20071019-04

Dear Reviewer,

On behalf of American Family Home Insurance Company I am submitting for your review a revision to our existing mobile home filing which was approved on 09/01/2007. The purpose of this filing is to add Equipment Breakdown Enhancement forms, rates and rules. Enclosed you will find:

- Manual pages
- Forms
- Required Transmittals

Rate: We have added Mechanical Breakdown coverage as an optional coverage in the Package, Byline, Rental and Seasonal programs.

Forms: We have added 2 forms; 7MB00 (09/07) and 7M250 (09/07). I have attached both for your review.

We would like this program to become effective for new business on or after January 1, 2008. If you have any questions about this submission please contact me at 1-800-759-9008 Ext. 5953 or via email at KMahaffey@amig.com.

Sincerely,

Krista N. Mahaffey
Compliance Analyst