

SERFF Tracking Number: AMRS-125346238 State: Arkansas
 First Filing Company: AMERISURE MUTUAL INSURANCE COMPANY, ... State Tracking Number: #269974 \$50
 Company Tracking Number: AR-IM-10-07-F
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: COMMERCIAL INLAND MARINE
 Project Name/Number: AAIS - IL 70 18 08 07 EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES FORM/IM-AAIS-10-07-F

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: COMMERCIAL INLAND MARINE SERFF Tr Num: AMRS-125346238 State: Arkansas

MARINE

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: #269974 \$50

Sub-TOI: 09.0000 Inland Marine Sub-TOI

Co Tr Num: AR-IM-10-07-F

State Status: FEES VERIFIED

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Dacia Owens

Disposition Date: 11/06/2007

Date Submitted: 11/05/2007

Disposition Status: Approved

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

Effective Date (New): 01/01/2008

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

Effective Date (Renewal):
01/01/2008

General Information

Project Name: AAIS - IL 70 18 08 07 EXCLUSION OF CERTAIN
COMPUTER RELATED LOSSES FORM

Status of Filing in Domicile:

Project Number: IM-AAIS-10-07-F

Domicile Status Comments:

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 11/06/2007

State Status Changed: 11/06/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

WE WISH TO PROPOSE NEW COMPANY ENDORSEMENT IL 70 18 08 07 - EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES FOR USE WITH OUR NON-FILED COMMERCIAL INLAND MARINE LINE OF BUSINESS FOR ALL AAIS CLASSES. THE MANDATORY FORM SPECIFIES THAT CERTAIN RISKS ASSOCIATED WITH COMPUTER OR OTHER ELECTRONIC EQUIPMENT FAILER ARE EXCLUDED FROM COVERAGE.

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Company and Contact

Filing Contact Information

Dacia Owens, COMPLIANCE ANALYST II dowens@amerisure.com
 26777 HALSTED RD. (800) 257-1900 [Phone]
 FARMINGTON HILLS, MI 48331 (248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 PER FILING SUBMISSION (X) 1 SUBMISSION = \$50
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
269974	\$50.00	11/02/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/06/2007	11/06/2007

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Disposition

Disposition Date: 11/06/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

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

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES	IL 70 18	08 07	Endorsement/Amendment/Conditions		0.00	IL 70 18 08 07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES

This endorsement modifies insurance provided under the following:

**COMMAND PROPERTY COVERAGE PART
AAIS INLAND MARINE COVERAGE FORM
TECHNISURE DATA PROCESSING EQUIPMENT AND MEDIA INCLUDING EXTRA EXPENSE
COVERAGE FORM**

- A.** We will not pay for loss or damage caused directly or indirectly by the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.
1. The failure, malfunction or inadequacy of,
 - a. Any of the following, whether belonging to any insured or to others;
 - (1) Computer hardware, including microprocessors;
 - (2) Computer application software;
 - (3) Computer operating systems and related software;
 - (4) Computer networks;
 - (5) Microprocessors (computer chips) not part of the computer system; or
 - (6) Any other computerized or electronic equipment or components: or
 - b. Any other products, any services, data or functions that directly or indirectly use or rely upon, in any manner, any of the items listed in paragraph **A.1.a.** of this endorsement;

due to the inability to correctly recognize, process, distinguish, interpret or accept one or more dates and times. An example is the inability of computer software to recognize the year 2000.
 2. Any advice, consultation, design, evaluation, inspection, installation, maintenance, repair, replacement or supervision provided or done by you or for you to determine, rectify or test for, any potential or actual problems described in Paragraph **A.1.** of this endorsement.
- B.** If an excluded Cause of Loss is described in Paragraph **A.** of this endorsement results:
1. In a loss by a "Specified Peril" under the **COMMAND PROPERTY COVERAGE PART**, or
 2. In a loss by a "Specified Peril" under the **AAIS INLAND MARINE COVERAGE FORM**, or
 3. In a loss by one of the "Named Causes of Loss" under the **DATA PROCESSING EQUIPMENT AND MEDIA INCLUDING EXTRA EXPENSE COVERAGE FORM**;
- we will pay only for the loss or damage caused by such "Specified Peril" or "Named Causes of Loss".
- C.** We will not pay for repair, replacement or modification of any items in Paragraphs **A.1.a.** and **A.1.b.** of this endorsement to correct any deficiencies or change any features.

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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 11/06/2007

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent[1].pdf

Satisfied -Name: FILING MEMO **Review Status:** Approved 11/06/2007

Comments:

Attachment:

FORM MEMORANDUM.pdf

Property & Casualty Transmittal Document

Reset Form

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 #
AMERISURE INSURANCE	0124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
AMERISURE MUTUAL INS. CO.	MI	23396	38-0829210	
AMERISURE INS. CO.	MI	19488	38-1869912	

5. Company Tracking Number	AR-AAIS-IM-10-07-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
DACIA OWENS, 26777 HALSTED RD., FARMINGTON HILLS, MI 48331	COMPLIANCE ANALYST	800-257-1900 EXT. 54270	248-426-7789	dowens@amerisure.com

7. Signature of authorized filer

8. Please print name of authorized filer: DACIA OWENS

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

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
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 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: 01-01-08 Renewal: 01-01-08
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	11-05-2007
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 # AR-AAIS-IM-10-07-F

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

AS MEMBERS OF AAIS, WE WISH TO PROPOSE NEW COMPANY ENDORSEMENT IL 70 18 08 07 - EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES FOR USE WITH OUR NON-FILED COMMERCIAL INLAND MARINE LINE OF BUSINESS FOR ALL AAIS CLASSES. THE MANDATORY FORM SPECIFIES THAT CERTAIN RISKS ASSOCIATED WITH COMPUTER OR OTHER ELECTRONIC EQUIPMENT FAILER ARE EXCLUDED FROM COVERAGE.

[View Complete Filing Description](#)

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 #: 269974

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 #	AR-AAIS-IM-10-07-F
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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	EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES	IL 70 18 08 07	<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		

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	

FORM MEMORANDUM

IL 70 18 08 07 - EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES – is a new, mandatory, company form. The form specifies that certain risks associated with computer or other electronic equipment failure, malfunction, inadequacy or inability to correctly recognize, process, distinguish, interpret or accept one or more dates or times are excluded from coverage.