

<i>SERFF Tracking Number:</i>	<i>UTCX-125368435</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$0</i>
<i>Company Tracking Number:</i>	<i>CP AR09318CGF01</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>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>Commercial Property/CP AR09318CGF01</i>		

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company		
Product Name: Commercial Property	SERFF Tr Num: UTCX-125368435	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: #? \$0
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CP AR09318CGF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI UticaNational	Disposition Date: 11/27/2007
	Date Submitted: 11/26/2007	Disposition Status: Withdrawn
Effective Date Requested (New): 04/01/2008		Effective Date (New): 04/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: Commercial Property	Status of Filing in Domicile:
Project Number: CP AR09318CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/27/2007	
State Status Changed: 11/27/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Our companies would like to make a revision to our Commercial Property Earthquake Coverages.

Our property per risk treaty now includes earthquake coverage, which means we don't need to buy fac reinsurance excess of \$1,000,000 as our current rules require. At this time we would like to withdraw our independent Earthquake rules and forms and replace with ISO's CP 10 45 08 99, Earthquake And Volcanic Eruption Endorsement (Sub-Limit Form), and corresponding rates and rules.

Attached please find the following:

<i>SERFF Tracking Number:</i>	<i>UTCX-125368435</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$0</i>
<i>Company Tracking Number:</i>	<i>CP AR09318CGF01</i>		
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<i>Project Name/Number:</i>	<i>Commercial Property/CP AR09318CGF01</i>		

Company and Contact

Filing Contact Information

Julie Garrabrant, Senior State Filings Coordinator	julie.garrabrant@uticanational.com
180 Genesee Street	(315) 734-2000 [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	

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
Withdrawn	Llyweyia Rawlins	11/27/2007	11/27/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Fees	Note To Reviewer	SPI UticaNational	11/27/2007	11/27/2007

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Disposition

Disposition Date: 11/27/2007
Effective Date (New): 04/01/2008
Effective Date (Renewal):
Status: Withdrawn
Comment:

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	Yes
Form	Earthquake Changes - Coinsurance and Deductible	Withdrawn	Yes

SERFF Tracking Number: UTCX-125368435 *State:* Arkansas
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Note To Reviewer

Created By:

SPI UticaNational on 11/27/2007 09:10 AM

Subject:

Fees

Comments:

Please note that we did not send a filing fee because this was a withdrawal filing. Please advise if a fee is still required.

Thank you,
Julie Garrabrant

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	Earthquake Changes - Coinsurance and Deductible	8-E-2053	Ed. 7-1999	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:		8-E-2053.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARTHQUAKE CHANGES - COINSURANCE AND DEDUCTIBLE

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
BUILDERS RISK COVERAGE FORM
CAUSES OF LOSS - EARTHQUAKE FORM

EARTHQUAKE COVERAGE AND DEDUCTIBLE SCHEDULE

PREM. NO.	BLDG. NO.	LIMIT OF INSURANCE	DED. %	or	DED. \$ AMOUNT
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*(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. 1.** The Additional Condition, Coinsurance, of the Building and Personal Property Coverage Form, CP 00 10, does not apply to the Earthquake and Volcanic Eruption Causes of Loss.
- 2.** Exclusion **B.1.b. Earth Movement**, in the Builders Risk Coverage Form does not apply to the insurance provided by this endorsement.
- 3.** The Additional Condition, Need For Adequate Insurance, of the Builders Risk Coverage Form, 8-E-2018(C), does not apply to the insurance provided by this endorsement.
- B. Part 1.** of Section **D.**, Deductible, of the Causes of Loss - Earthquake Form, CP 10 40, is replaced by the following:
 - 1.** The following is applicable to all Coverage Forms except:
 - (1)** Business Income (And Extra Expense) Coverage Form;
 - (2)** Business Income (Without Extra Expense) Coverage Form;
 - (3)** Extra Expense Coverage Form.

The Deductible, if any, in this Coverage Part is replaced by the following with respect to Earthquake and Volcanic Eruption:

We will subtract a sum from the amount of loss or damage in any one occurrence.

- a.** The sum we subtract will be either a percentage of the value of each separate item or a set dollar amount as shown in the Schedule above.
- b.** The Deductible determined as a percentage of each item's value applies separately to the following:
 - (1)** Each building or structure;
 - (2)** The contents of each building or structure; and
 - (3)** Personal property in the open.

Example:

When: The value of the property is \$100,000

The Earthquake Deductible is 5%

The amount of loss is \$20,000

Step (a): $\$100,000 \times 5\% = \$5,000$

Step (b): $\$20,000 - \$5,000 = \$15,000$

The most we will pay is \$15,000. The remaining \$5,000 is not covered because of the Deductible.

- c. The set dollar amount Deductible applies as follows:

We will not pay for loss or damage in any one occurrence until the amount of loss or damage from Earthquake or Volcanic Eruption exceeds the Deductible shown in the Declarations. We will then pay the amount of loss or damage in excess of the Deductible, up to the applicable Limit of Insurance.

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Product Name: Commercial Property
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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:** Withdrawn 11/27/2007

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

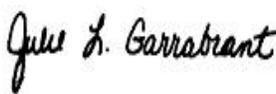
Property & Casualty Transmittal Document

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 #			
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	

5. Company Tracking Number	CP AR09318CGF01
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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
	Julie L. Garrabrant 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2324	315-734-2252	julie.garrabrant@uticanational.com
7.	Signature of authorized filer				
					
8.	Please print name of authorized filer				
	Julie L. Garrabrant				

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)	Commercial Property Earthquake Changes
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 checked="" type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 04/01/2008 Renewal: 04/01/2008
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	11/26/2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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 #	CP AR09318CGF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	CP AR09318CGR01
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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	Earthquake Changes - Coinsurance and Deductible	8-E-2053 Ed. 7-1999	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" 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		