

Filing at a Glance

Company: ACE American Insurance Company

Product Name: Disaster Recovery - Amend Groups SERFF Tr Num: ACEH-125244228 State: Arkansas

TOI: 33.0 Other Lines of Business SERFF Status: Closed State Tr Num: AR-PC-07-025573

Sub-TOI: 33.0002 Other Commercial Lines Co Tr Num: DISASTER RECOVERY - AMEND GROUPS State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Disposition Date: 07-30-2007

Authors: Karen Moore, Joanne Spruill

Date Submitted: 07-26-2007

Disposition Status: Approved

Effective Date Requested (New): 09-01-2007

Effective Date (New): 09-01-2007

Effective Date Requested (Renewal): 09-01-2007

Effective Date (Renewal): 09-01-2007

General Information

Project Name: Disaster Recovery - Amend Groups
Project Number: Disaster Recovery - Amend Groups

Status of Filing in Domicile: Authorized
Domicile Status Comments: Pennsylvania has approved this filing.

Reference Organization: NA

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 07-30-2007

State Status Changed: 07-26-2007

Deemer Date:

Corresponding Filing Tracking Number: Disaster Recovery - Amend Groups

Filing Description:

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

Re: ACE American Insurance Company - NAIC: 626-22667 / FEIN: 95-2371728

Line of Business: 33.0000 Other Lines of Business

Sub-Type of Insurance: 33.0002 Other Commercial Lines

Filing for Extension of Approval for Additional Groups

Disaster Recovery Certificate of Insurance Form ZZ-18121 and

Enrollment Form, ZZ-18168.

Our Filing Number: Disaster Recovery Certificate 2007-AR

Dear Commissioner:

Under State Tracking Number AR-PC-07-024753, your Department approved the Disaster Recovery Certificate of Insurance, form ZZ-18121 and Enrollment Form ZZ-18168, intended for delivery to Arkansas residents enrolling for coverage under a group Disaster Recovery Policy issued and delivered outside your state.

Our initial cover letter indicated the group master policy is issued to a financial institution (primarily, we market to mortgage lending and service companies) to benefit their accountholders.

We would like to expand the original filing to include banking corporations, financial institutions, mortgage lenders or other issuers of mortgage loans, insurance companies, credit unions, and discretionary groups such as: (a) a bank, retailer or other issuer of credit cards, charge cards or payment cards issued to buy goods or services to insure cardholders; or a bank, savings and loan association or other financial institution regulated by state or federal law to insure depositors, account holders or members of the institutions; (b) bona fide associations; and (c) other affinity groups, with marketing access to homeowners as a result of the homeowners customer relationships to those group sponsors as mortgage holders, investment or financial accountholders, homeowners' insurance customers, association membership holders, and similar relationships.

We would like to implement this change for all new business effective on and after September 1, 2007, or the earliest date your Department will allow.

I look forward to receiving your approval. If you have any questions, or require additional information, please contact me directly at karen.moore@ace-ina.com.

Regards,

Karen N. Moore

Compliance Analyst

Company and Contact

Filing Contact Information

Karen Moore, Compliance Analyst
436 Walnut Street
Philadelphia, PA 19106

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(215) 640-5134 [Phone]
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Filing Company Information

Created by SERFF on 07-30-2007 09:08 AM

ACE American Insurance Company
PO Box 1000
436 Walnut Street
Philadelphia, PA 19106
(215) 640-5123 ext. [Phone]

CoCode: 22667
Group Code: 626
Group Name:
FEIN Number: 95-2371728

State of Domicile: Pennsylvania
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: Minor correction to previous filing = \$20
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
PS 00301631	\$20.00	07-23-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-30-2007	07-30-2007

Disposition

Disposition Date: 07-30-2007

Effective Date (New): 09-01-2007

Effective Date (Renewal): 09-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-30-2007 09:08 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Disaster Recovery Certificate of Insurance	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Disaster Recovery Certificate of Insurance	AH-18121	(08/06)	Certificate	New		0.00	Disaster Recovery Certificate of Insurance - ZZ-18121 08-06 (OOS Filing).pdf



ACE American Insurance Company
Philadelphia, PA 19106

Disaster Recovery Certificate of Insurance

Policyholder:

Policy Number:

Policy Effective Date:

Policy Term:

Certificate Holder:

Certificate Number:

Certificate Effective Date:

Primary Residence Address:

This Certificate takes effect at 12:01 A.M. on the Certificate Effective Date shown above at the Primary Residence address. In return for payment of the required premiums, **We** will pay benefits according to the terms and conditions of coverage described in the Certificate.

The Policy is governed by the laws of the State in which it is delivered.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania



JOHN J. LUPICA, President



GEORGE D. MULLIGAN, Secretary

TABLE OF CONTENTS

Schedule of Benefits	3
Definitions	5
Provisions Regarding Personal Insurance	9
Description of Coverages.....	10
Exclusions	16
Claim Provisions	18
Administrative Provisions.....	19
General Provisions.....	19

SCHEDULE OF BENEFITS

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

- {Class 1: All Account Holders of the Policyholder with their **Primary Residence** in Zone 1

- Class 2: All Account Holders of the Policyholder with their **Primary Residence** in Zone 2

- Class 3: All Account Holders of the Policyholder with their **Primary Residence** in Zone 3

- Class 4: All Account Holders of the Policyholder with their **Primary Residence** in Zone 4

- Class 5: All Account Holders of the Policyholder with their **Primary Residence** in Zone 5}

Coverage	Limits
Displacement Benefit	
<p>Temporarily Uninhabitable Monthly Mortgage Payment Limit of Liability:</p> <p>Maximum Payment Period:</p> <p>Permanently Uninhabitable Maximum Limit of Liability:</p>	<p>The Monthly Mortgage Amount or { <i>Variable: Any amount from: \$500 to \$5,000, in increments of \$100</i> }</p> <p>Up to 24 Months</p> <p>The lesser of the Remaining Mortgage Balance or \$250,000, after all other payable and collectible insurance and non-insurance payments/benefits are applied.</p>
[Emergency Cash Coverage	
<p>Monthly Benefit:</p> <p>Maximum Payment Period:</p>	<p>{ <i>Variable: Any amount from: \$500 to \$1,000, in increments of \$100</i> }</p> <p>Up to 24 Months]</p>
[Property and Homeowners Deductible Reimbursement	
<p>Maximum Limit:</p> <p>Maximum Payments:</p>	<p>Up to \$1000</p> <p>Twice Per Year (12 consecutive months)]</p>

OPTIONAL COVERAGES	
[Auto GAP Coverage	
Maximum Limit Per Automobile:	Remaining Loan Balance after all other insurance coverages are applied. Up to \$5000 per automobile.]
[Emergency Medical Evacuation and Repatriation of Remains Coverage	
Maximum Limit:	Up to any amount from: \$1,000 to \$15,000, in increments of \$1,000]
[Accidental Death and Dismemberment	
Principal Sum:	One of the following amounts: \$5,000 / \$10,000 / \$15,000 / \$20,000]
[Accident Medical Expenses	
Maximum Limit:	Up to \${ <i>Variable: Any amount from: \$1,000 to \$15,000, in increments of \$1,000</i> }

INITIAL PREMIUM RATES

Rate per Account Holder

{Zone 1	
Zone 2	
Zone 3	
Zone 4	
Zone 5	

}

Premium Due Date:

{Premiums are due monthly in advance on the 1st of the month for all enrolled Account Holders.}

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be **bold** throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Description of Coverages Section.

["Covered Accident"] means a sudden, unexpected and unintended occurrence caused by a covered **Event** covered under this policy that results directly in an **Injury** covered by this policy for which benefits are payable.]

["Doctor"] means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an **Insured** or an **Immediate Family** member that is appropriate for the conditions and locality. It will not include an **Insured** or a member of the **Insured's Immediate Family** or household.]

["Domestic Partner"] means a person of the same or opposite sex as the **Insured** who:

- 1) shares the **Insured's Primary Residence**;
- 2) has resided with the **Insured** for at least 12 months prior to the date of enrollment and is expected to reside with the **Insured** indefinitely;
- 3) is financially interdependent with the **Insured** in each of the following ways:
 - a. by holding one or more credit or bank accounts, including a checking account, as joint owners;
 - b. by owning or leasing their permanent residence as joint tenants;
 - c. by naming, or being named by the other as a beneficiary of life insurance or under a will;
 - d. by each agreeing in writing to assume financial responsibility for the welfare of the other;
- 4) has signed a **Domestic Partner** declaration with the **Insured**, if recognized by the laws of the state in which they reside;
- 5) has not signed a **Domestic Partner** declaration with any other person within the last 12 to 24 months;
- 6) is older than 18 years old;
- 7) is not currently married to another person;
- 8) is not in a position as a blood relative that would prohibit marriage.

["Emergency Medical Evacuation"] means the **Insured's** or the **Insured's Immediate Family Member's** immediate transportation from the place where he or she suffers a **Medical Emergency** to the nearest available **Hospital** or other medical facility where appropriate medical treatment can be obtained.]

["Event"] means any sudden and accidental occurrence beyond the control of or not intended by the **Insured**, by the **Insured's Immediate Family** or by other persons living in the **Insured's Primary Residence** that physically, adversely and directly affects the habitable condition of the covered premises.

["Fungi"] means any type or form of fungus, including mold, mildew, bacteria, rust, smut, mushroom or yeast. This includes any spores, allergens, mycotoxins, irritants, odors, scents, substances, microbial volatile organic compounds, product or byproducts produced by or associated with **Fungi**.

["Hospital"] means an institution that: 1) operates as a **Hospital** pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons;

2) provides 24-hour nursing service by registered nurses on duty or call; 3) has a staff of one or more licensed **Doctors** available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a **Hospital** used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.]

["Injury" means accidental bodily harm sustained by an **Insured** or an **Immediate Family** member from an accident which is the direct cause of a covered **Event**. All **injuries** sustained by one person in any one accident, including all related conditions and recurrent symptoms of these **injuries**, are considered a single **Injury**.]

"Immediate Family" means an **Insured's** parent, grandparent, spouse, **Domestic Partner**, child, brother, sister or in-laws, living in the **Primary Residence**.

"Insured" means a person in a Class of Eligible Persons who enrolls for coverage and pays the required premium making insurance in effect for that person and his or her **Immediate Family** members.

"Licensed Contractor" means a construction professional evaluated and accredited by the state or federal government to do business and perform construction services on residential property in that jurisdiction.

"Loss" means destruction of, damage to or other adverse condition physically affecting the covered **Primary Residence**, as a direct result of a covered **Event**, which makes the covered **Primary Residence Temporarily Uninhabitable** or **Permanently Uninhabitable**.

["Medical Emergency" means a condition caused by an **Injury** that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.]

"Microbe" or "Microbial" means any type or form of nonfungal microorganism or nonfungal colony-form organism that causes infection or disease.

"Monthly Mortgage Payment" means the amount normally payable monthly to the **Insured's Mortgage** lender(s), on the **Primary Residence**, including finance charge(s), taxes, interest charge(s) and insurance charge(s) scheduled to be paid by the **Insured** after the date of **Loss**. The **Monthly Mortgage Payment** does not include penalties or other charges not normally included in the **Insured's Monthly Mortgage Payment** that are incurred by the **Insured** prior to the date of **Loss**.

"Mortgage" means a debt instrument by which the borrower (mortgagor) gives the lender (mortgagee) a lien on property as security for the repayment of a loan.

"Permanently Displaced" means the **Insured** is forced out of the **Primary Residence**, which by reason of a covered **Event**, is damaged and made unfit for use by the **Insured** as a residence and cannot be made fit for use as a residence by immediate corrective action.

“Permanently Uninhabitable” means the covered **Primary Residence**, by reason of a covered **Event**, is made unfit for use as a residence and cannot be made fit for use as a residence by corrective action due to:

1. condemnation of the land on which the covered premises exists which permanently prohibits rebuilding or reconstruction. The land must be condemned by federal, state or local statutory or common law, ordinance, rule or regulation, or judicial or administrative order or decision; and/or
2. movement of the land on which the covered premises exists which makes the land permanently unfit for rebuilding or reconstruction as determined by federal, state or local statutory or common law, ordinance, rule or regulation, or judicial or administrative order or decision.

“Primary Residence” means the owner-occupied primary home premises that is occupied by the **Insured**. It does not mean a property that is a mobile or manufactured home, rental property or secondary or vacation residence.

[“Remaining Loan Balance” means the amount remaining after subtracting the amount of the automobile insurance claim from the total loan balance remaining on the automobile.]

“Remaining Mortgage Balance” means the total of the **Monthly Mortgage Payments**, if any, remaining due to the lender following the date of **Loss**, less:

1. unearned finance charges;
2. unearned interest charges;
3. unearned insurance premiums;
4. charges and penalties due to the lender by the **Insured**;
5. all other **Monthly Mortgage Payments** made under the **Temporary Uninhabitable** coverage under this Certificate;
6. all other collectible and paid payments made for the benefit of decreasing the mortgage balance including other insurance benefits, third party benefits and payments, and government benefits and/or payments.

“Regular Basis” means the average scope of reconstruction work which is generally accomplished by a **Licensed Contractor** working full-time with a full-time crew between a start date and a completion date, usually measured over a 30-day period.

“Repair, Reconstruction or Restoration” means the work which is required and completed by a **Licensed Contractor** to return the property to a condition fit for use as a residence.

“Temporarily Displaced” means the **Insured** is forced out of the **Primary Residence**, which by reason of a covered **Event**, is damaged and made unfit for use by the **Insured** as a residence for a period in excess of forty-eight consecutive hours, but can be made fit for use as a residence by corrective action.

“Temporarily Uninhabitable” means the covered **Primary Residence**, by reason of a covered **Event**, is made unfit for use as a residence for a period in excess of forty-eight (48) consecutive hours, but can be made fit for use as a residence by corrective action.

[“Usual and Customary Charge” means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided for the treatment of the accidental **Injury**.]

“Usually and Customarily Required” means the average period of time required for a **Licensed Contractor** working with a full-time crew in the insured property’s general area to complete the work required to repair, rebuild or restore the premises to a condition fit for use as a residence with reasonable speed and similar quality materials and workmanship.

“War” means any of the following:

1. hostile or belligerent action, including action in hindering, combating or defending against an actual, impending or expected attack by:
 - a. any government or sovereign power (dejure or de facto);
 - b. any military, naval, air or nuclear forces; or,
 - c. any agent of such government, power, authority or forces;
2. insurrection, invasion, rebellion, revolution, civil **War**, usurping power or action taken by governmental authority in hindering, combating or defending against any of these.

“We”, “Our”, “Us” means the insurance company underwriting this insurance or its authorized agent.

PROVISIONS REGARDING PERSONAL INSURANCE

ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date of the Policy, or the day he or she enrolls for insurance and pays the required premium. **We** maintain the right to investigate eligibility status and to verify eligibility requirements are met. If **We** discover the eligibility requirements are not met, **Our** only obligation is to refund any premium paid for that person.

Benefits for any one **Loss** are payable only once under this Certificate, whether covered as an **Insured** or as an **Immediate Family** member or by two members.

EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the Policy Effective Date or the date the required premiums are paid.

TERMINATION DATE OF INSURANCE

An **Insured's** coverage will end on the earlier of the date:

1. the Policy terminates; or
2. the period ends for which premium is paid.

PORTABILITY OPTION

If an **Insured's** eligibility as an Account Holder with the Policyholder ends, he or she may continue insurance for the same limits and coverages. To continue insurance, the **Insured** must submit an application for insurance and pay the required premium. If an **Insured** does not continue insurance within 31 days after his or her eligibility ends, he or she may not elect to continue coverage at a later date. An **Insured** who continues insurance in this manner will become a "Former **Insured**". Coverage will be effective on the date we receive the completed application and the required premium payment. It will end on the date **We** cancel coverage for all members of the **Insured's** class or the end of the period for which premiums are paid.

DESCRIPTION OF COVERAGES

We will provide the insurance coverage described in this Certificate in return for the premium and compliance with all applicable provisions of the Certificate. The applicability and amount of benefit payable depends on the **Insured's** class.

DISPLACEMENT BENEFIT

Temporarily Uninhabitable

If the **Insured** is **Temporarily Displaced** for a minimum of forty-eight (48) hours from his or her **Primary Residence** by a covered **Event** as defined in this Certificate, **We** will pay the lesser of the **Insured's Monthly Mortgage Payment** or the Limit of Liability shown in the Schedule of Benefits for the lesser of the Maximum Payment Period or until the period of time **Usually and Customarily Required** to complete **Repair, Reconstruction and Restoration**. **Repair, Reconstruction or Restoration** of the **Primary Residence** must start within ninety (90) days of the date of the covered **Event** causing damage to the residence, and continue on a **Regular Basis**. If **Repair, Reconstruction or Restoration** does not start within ninety (90) days of the date of the covered **Event** causing damage to the residence, **We** will not pay more than three (3) **Monthly Mortgage Payments**.

No payment will be made until the residence is uninhabitable and vacated for forty-eight (48) hours.

For any month the **Insured** is **Temporarily Displaced** for less than a month, **We** will pay a pro rata benefit for the portion of the month the premises is uninhabitable.

Permanently Uninhabitable

We will pay the **Insured's Remaining Mortgage Balance**, if any, up to the Maximum Limit of Liability shown in the Schedule of Benefits, or \$250,000, whichever is less, if the **Insured** is **Permanently Displaced** from his or her **Primary Residence** by an **Event** as defined in this Certificate and the **Primary Residence** is rendered **Permanently Uninhabitable** as defined in this Certificate. The amount of the **Remaining Mortgage Balance** will be reduced by the following: 1) unearned finance charges; 2) unearned interest charges; 3) unearned insurance premiums; 4) charges and penalties due to the lender by the **Insured**; 5) all other **Monthly Mortgage Payments** made under the **Temporarily Uninhabitable** Coverage under this Certificate; and 6) all other collectible and paid payments made for the benefit of decreasing the mortgage balance including other insurance benefits, third party benefits and payments, and government benefits and payments.

[EMERGENCY CASH COVERAGE

We will pay to the **Insured** an Emergency Cash Monthly Benefit for each month the **Insured** is **Temporarily Displaced** from his or her **Primary Residence** up to the number of Maximum Payments shown in the Schedule of Benefits. No payment will be made until the **Primary Residence** is uninhabitable and vacated for a minimum of 48 consecutive hours. **We** will pay the Emergency Cash Monthly Benefit shown in the Schedule of Benefits for the lesser of the Maximum Payment Period or until the period of

time **Usually and Customarily Required** to complete **Repair, Reconstruction and Restoration**. **Repair, Reconstruction or Restoration** of the **Primary Residence** must start within ninety (90) days of the date of the covered **Event** causing damage to the residence, and continue on a **Regular Basis**. If **Repair, Reconstruction or Restoration** does not start within ninety (90) days of the date of the covered **Event** causing damage to the residence, **We** will not pay more than three (3) Emergency Cash Monthly Benefit payments.

Payments will be suspended once the home is made fit for use as a residence or is determined to be **Permanently Uninhabitable.**]

[PROPERTY OR HOMEOWNER INSURANCE DEDUCTIBLE REIMBURSEMENT

We will pay any deductible amount incurred by the **Insured** for a **Loss** that is paid under the **Insured's** primary property or homeowners insurance policy in excess of the deductible amount, if the **Primary Residence** is damaged by a covered **Event** as defined in this Certificate and the **Insured** is **Temporarily Displaced** or **Permanently Displaced** from the **Primary Residence**. **We** will not reimburse this benefit for deductibles applicable for **Loss** to covered property other than real property. Benefit payments are limited to the lesser of:

1. the actual expenses incurred and applied to the deductible under the **Insured's** primary property insurance; or,
2. the Maximum Limit shown in the Schedule of Benefits.

Coverage applies only when the following conditions are met:

1. property or homeowners insurance must be in effect on the **Primary Residence** at the time of **Loss**;
2. the **Primary Residence** is not vacant at the time of **Loss**; and
3. the **Insured** submits to **Us** satisfactory proof of payment under his or her property or homeowners insurance for the property loss claim.

We will not be liable under this coverage for more than the Maximum Payments shown in the Schedule of Benefits.]

OPTIONAL COVERAGES

[AUTO GAP COVERAGE

If the **Insured** is **Temporarily Displaced** or **Permanently Displaced** from his or her **Primary Residence** by a covered **Event** as defined in this Policy, and his or her personal automobile, while located at the **Primary Residence**, is deemed a total loss as a result of the same covered **Event**, **We** will pay the **Remaining Loan Balance** up to the Maximum Limit shown in the Schedule of Benefits. This benefit is payable only after the **Insured's** automobile insurance company has declared the automobile to be a total loss and has paid the automobile insurance claim. **We** will pay this benefit for up to three personal automobiles owned by the **Insured** that are each declared a total loss by the **Insured's** automobile insurance company and totally destroyed by a covered **Event**, but **We** will not pay more than the Maximum Limit per Automobile shown in the Schedule of Benefits for the **Remaining Loan Balances** on each automobile covered under this Policy.

Benefits are payable only if all of the following conditions apply:

1. the **Insured** must be named as an owner on the title to the automobile(s); and
2. the automobile(s) must be maintained at the **Insured's Primary Residence**; and
3. an automobile insurance policy must be in place with appropriate physical damage coverage for the automobile(s); and
4. the automobile(s) must be less than three years old; and
5. the automobile loan(s) must be current and in good standing.

The **Insured** must supply **Us** with satisfactory Proof of Loss including:

1. a copy of the automobile insurance policy in place on the destroyed automobile(s); and
2. a copy of the automobile insurance policy settlement(s) or claim payment(s) identifying a total loss; and
3. a copy of the latest loan statement(s) or other evidence verifying the outstanding loan balance(s) on the automobile(s).]

[EMERGENCY MEDICAL EVACUATION AND REPATRIATION OF REMAINS COVERAGE

The Maximum Limit shown in the Schedule of Benefits applies to expenses incurred for both **Emergency Medical Evacuation** and **Repatriation of Remains**.

Emergency Medical Evacuation Benefit

If the **Insured** is **Temporarily Displaced** or **Permanently Displaced** from his or her **Primary Residence** by a covered **Event** as defined in this Policy, and he or she or a member of his or her **Immediate Family** requires **Emergency Medical Evacuation** as a result of an **Injury** related to a covered **Event**, **We** will pay up to the Maximum Limit shown in the Schedule of Benefits for **Emergency Medical Evacuation** to the nearest facility where treatment can be rendered. The **Injury** must occur as a result of an accident in or on the **Insured's Primary Residence** premises. Amounts due to service providers over the Maximum Limit of the benefit are the full responsibility of the **Insured**.

Benefits will not be payable unless the **Doctor** ordering the **Emergency Medical Evacuation** certifies that the severity of the **Insured's** or **Immediate Family** member's **Injury** is a **Medical Emergency** and **We**, or **Our** designated provider, authorize in writing (or by an authorized electronic or telephonic means) all expenses in advance.

Repatriation Of Remains Benefit

If the **Insured** is **Temporarily Displaced** or **Permanently Displaced** from his or her **Primary Residence** by a covered **Event** as defined in this Policy and he or she or an **Immediate Family** member dies as a result of an **Injury** related to the covered **Event**, **We** will pay benefits for the preparation and return of the **Insured's** or an **Immediate Family** member's body to his or her **Final Resting Place**. The **Injury** must occur as a result of an accident in or on the **Insured's Primary Residence** premises. "**Final Resting Place**" means any geographic area in the world.

Covered expenses include, but are not limited to, expenses for:

1. embalming or cremation;
2. a coffin or receptacle adequate for transporting the remains; and

3. transporting the remains by the most direct conveyance and route possible.

Benefits will not be payable unless **We**, or **Our** designated provider, authorize in writing (or by an authorized electronic or telephonic means) all expenses in advance. Amounts due to service providers that exceed the Maximum Limit of the benefit are the full responsibility of the **Insured**.]

[ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If the **Insured** is **Temporarily Displaced** or **Permanently Displaced** from his or her **Primary Residence** by a covered **Event** as defined in this Policy, and he or she or a member of his or her **Immediate Family** dies within 30 days as the direct result of an **Injury** related to a covered **Event**, We will pay the Principal Sum shown in the Schedule of Benefits.

If the **Insured** is **Temporarily Displaced** or **Permanently Displaced** from his or her **Primary Residence** by a covered **Event** as defined in this Policy, and he or she or a member of his or her **Immediate Family**, within 30 days, suffers an **Injury** resulting in any one of the **Losses** shown below, as the direct result, and from no other cause, of a covered **Event** as defined in this Policy, We will pay the Benefit Amount shown below for that **Loss**. The Principal Sum is shown in the Schedule of Benefits. If multiple **Losses** occur, only one Benefit Amount, the largest, will be paid for all **Losses** due to the same **Event**.

Schedule of Covered Losses

Covered Loss	Benefit Amount
{Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
Loss of Use of Four Limbs	100% of the Principal Sum
Loss of Use of Three Limbs	75% of the Principal Sum
Loss of Use of Two Limbs.....	50% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia.....	50% of the Principal Sum
Loss of Use of One Limb.....	50% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum
Uniplegia	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by

any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

"Loss of Use" means total paralysis of a limb or limbs which is determined by a competent medical authority to be permanent, complete and irreversible with respect to: 1) arm, at or above the elbow joint; 2) leg, at or above the knee joint; 3) hand, at or above the wrist joint; and, 4) foot, at or above the ankle joint.}}

[ACCIDENT MEDICAL EXPENSES BENEFIT

We will pay benefits for the Covered Expenses as shown below that result directly, and from no other cause, from a **Covered Accident** if: a) the **Insured** is **Temporarily Displaced** or **Permanently Displaced** from his or her **Primary Residence** by a covered **Event** as defined in this Policy; and b) he or she or a member of his or her **Immediate Family** incurs Accident Medical Expenses for medical treatment or services as a result of an **Injury** related to the covered **Event**. The **Injury** must occur as a result of an accident in or on the **Insured's Primary Residence** premises during the **Event**.

We will pay benefits only for **Usual and Customary Charges** incurred for those **Medically Necessary** Covered Expenses that the **Insured** or a member of the **Insured's Immediate Family** incurs within 30 days after the  of the accident causing the **Injury** up to the Maximum Limit shown in the Schedule of Benefits. Amounts due to service providers over the Maximum Limit of the benefit are the full responsibility of the **Insured**. "**Medically Necessary**" means a treatment, service or supply that is: 1) required to treat an **Injury**; 2) prescribed or ordered by a **Doctor** or furnished by a **Hospital**; 3) performed in the least costly setting required by the **Insured's** condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

No benefits will be paid for any expenses incurred that are payable under another health plan covering the **Insured** or **Immediate Family** member for Accident Medical Expense Benefits.

Covered Expenses

1. Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration.
2. Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of an accident including the attending **Doctor's** charges, X-rays, laboratory procedures, use of the emergency room and supplies.
3. Registered Nurse Services: for private duty nursing while an **Insured** or an **Immediate Family** member is Hospital Confined; these services must be ordered by a **Doctor**.
4. Ambulance Expenses: for transportation from the emergency site to the **Hospital**.
5. Dental Expenses: including X-rays for the repair or treatment of an injured tooth that is whole, sound and a natural tooth at the time of the accident.
6. Prescription Drug Expenses: prescribed by a **Doctor** to treat an **Injury** and administered on an outpatient basis.
7. Rehabilitative braces or appliances: prescribed by a **Doctor**. These appliances must be durable medical equipment that: 1) are primarily and customarily used to

- serve a medical purpose; 2) can withstand repeated use; and 3) generally are not useful to a person in the absence of **Injury**. No benefits will be paid for rental charges in excess of the purchase price.
8. Medical Equipment Rental Expenses: for a wheelchair or other medical equipment that has therapeutic value for the **Injured Insured** or **Immediate Family** member.

As Proof of Loss, the **Insured** must submit a copy of the bill(s) for Accident Medical Expenses for treatment or services to **Us**. **We** will not pay benefits for more than one **Covered Accident** within any consecutive twelve (12) month period.]

EXCLUSIONS

We will not pay benefits under this Certificate if the **Insured** is **Temporarily Displaced** or **Permanently Displaced** from his or her **Primary Residence** by an **Event** that is the result of:

1. **War**;
2. nuclear reaction or nuclear radiation or radioactive contamination;
3. allergies or a covered **Event** affecting or causing allergies;
4. constant or intermittent noise;
5. pollution and/or contamination;
6. normal wear and tear and/or deterioration;
7. settling, shrinking, bulging or expansion, including resulting cracking of pavements, patios, foundations, walls, floors, roofs or ceilings;
8. riot;
9. neglect, which means the **Insured's** failure to take all reasonable steps to protect the property when it is threatened with **Loss** or damage, and to take all reasonable steps to protect the property from further **Loss** after **Loss** or damage occurs;
10. vandalism if the premises are vacant for more than 60 days;
11. interruption of power from an off-premises source;
12. **Loss** caused by a condition known by the **Insured** to exist prior to this insurance being placed in force or of which the **Insured** should have known to exist by use of reasonable diligence;
13. **Loss** caused by an intentional act, meaning any **Loss** arising out of any act committed:
 - a. by or at the **Insured's** direction; and
 - b. with the intent to cause a **Loss** or with knowledge that such a **Loss** would occur; or
 - c. as a dishonest act;
14. governmental activity which means:
 - d. the seizure or destruction of the **Primary Residence** by any governmental body, including any customs or quarantine action; or
 - e. confiscation or destruction of the **Primary Residence** by an order of any governmental or public authority, except an order to destroy property to prevent the spread of fire or explosion;
15. acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body;
16. faulty, inadequate or defective:
 - a. planning, zoning, development, surveying, siting;
 - b. design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
 - c. materials used in repair, construction, renovation or remodeling; or
 - d. maintenance of any part or all of any property on the insured **Primary Residence** premises.
17. **Loss**, damage or expense consisting of, caused by, contributed to, or aggravated by mold, moss, mildew, **Fungi**, spores, bacterial infestation or any similar organism or wet or dry rot; or extremes of temperature or humidity whether directly or indirectly the result of a covered **Event**. This includes, but is not limited to, investigation, testing and remediation services. Such **Loss** is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the **Loss**. If **Loss** otherwise covered by this Certificate occurs and the removal, testing and remediation of mold, moss, mildew, **Fungi**, spores, bacterial infestation or any similar organism or wet or dry rot, or extremes

of temperature or humidity cause the **Repair, Reconstruction or Restoration** of the **Primary Residence** to extend past the time **Usually and Customarily Required** to complete, the extended time period is not covered.

[In addition to the exclusions listed in the Policy, **We** will not pay benefits for Auto GAP Coverage for **Loss** or damage:

1. occurring other than as a direct result of a covered **Event** as defined by this Policy;
2. arising as the result of an intentional act of the **Insured**;
3. arising directly or indirectly out of any dishonest, fraudulent, criminal or illegal act committed by the **Insured** or as a result of direction given by the **Insured**;
4. arising out of confiscation or repossession;
5. arising out of wear and tear, obsolescence, gradual deterioration, freezing, overheating, rust, corrosion, or resulting from any repairing, restoration, or remodeling process, structural, mechanical or electrical breakdown or failure.]

[In addition to the Exclusions listed in the Policy, **We** will not pay [Emergency Medical Evacuation and Repatriation of Remains Coverage] [,] [Accidental Death and Dismemberment Benefits] [, or] [Accident Medical Expenses Benefits] for any **Loss** or **Injury**:

1. for **Immediate Family** members who are not permanent residents of the **Insured's Primary Residence**;
2. for residents of the **Primary Residence** premises who are not **Immediate Family** members;
3. related to a covered **Event** affecting the **Insured's Primary Residence** located outside the United States or any United States possessions.

Nor will **We** pay benefits under these provisions for any **Loss** or **Injury** that is caused by, results from, or is contributed to by:

1. intentionally self-inflicted **Injury**; suicide or attempted suicide;
2. **War** or any act of **War**, whether declared or not; or active participation in a riot or insurrection;
3. sickness, disease, or any bacterial infection, except one that results from an accidental cut or wound or pyogenic infections that result from accidental ingestion of contaminated substances;
4. the **Insured** or an **Immediate Family** member being legally intoxicated (as determined by that state's law) or while under the influence of any drug unless administered under the advice and consent of a **Doctor**;
5. medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice;
6. treatment by persons employed or retained by an **Insured**, or by any **Immediate Family** or member of the **Insured's** household;
7. **Injury** or death to which a contributing cause is the **Insured's** violation or attempt to violate any duly-enacted law or regulation, or the commission or attempt to commit an assault or a felony; or
8. conditions that are not caused by an accident due to a covered **Event** as defined by this Policy.]

CLAIM PROVISIONS

Notice Of Claim: The insured claimant must give **Us** or **Our** authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any **Loss** covered by the Certificate occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the **Insured** and the Certificate Number.

Claim Forms: Upon receiving written notice of claim, **We** will send claim forms to the insured claimant within 15 days. If **We** do not furnish such claim forms, the insured claimant will satisfy the requirements of written Proof of Loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the **Loss** and be accompanied by supporting documentation.

Proof Of Loss: Written (or authorized electronic or telephonic) Proof of Loss satisfactory to **Us** must be sent to **Us** or the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of **Loss**. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should Proof of Loss be sent later than one year from the time proof is otherwise required.

Insured Claimant Cooperation Provision: Failure of an insured claimant to cooperate with **Us** in the administration of a claim may result in the denial, suspension or termination of benefits under this Certificate. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether coverages are payable or the benefit amount due.

Time Payment Of Claims: Any claims amounts due will be paid when **We** receive satisfactory written (or authorized electronic or telephonic) Proof of Loss.

Payment Of Claims: Any claims payments due under the Displacement Benefit will be paid to the **Insured's** mortgage lender (mortgagee) up to the outstanding indebtedness of the **Insured**. All other claims payments will be made to the **Insured**. In the case of the **Insured's** death, any claims payments due under the Displacement Benefit will be paid to the lender (mortgagee); claims payments due under any other coverage will be paid to the **Insured's** estate.

Concealment or Fraud: Coverage under this Certificate will be void and claims may be denied if, whether before or after a claim for **Loss**, an **Insured**: a) intentionally concealed or misrepresented any material fact or circumstance; b) made false statements; or c) engaged in fraudulent conduct relating to this insurance.

Legal Actions: No lawsuit or action in equity can be brought to recover on the Policy: 1) unless the **Insured** has complied with all the terms and conditions of this Certificate, and 2) before 60 days following the date proof of loss was given to **Us**; or 3) after 3 years following the date of the covered **Event**.

Recovery of Overpayment: If claims payments are overpaid or paid in error, **We** have the right to recover the amount overpaid or paid in error, by either of the following methods:

1. a request for lump sum payment of the amount overpaid or paid in error; or

2. reduction of any proceeds payable under the Certificate by the amount overpaid or paid in error.

ADMINISTRATIVE PROVISIONS

Premiums: The premiums for this Certificate will be based on the rates currently in force, the coverage requested and amount of insurance in effect.

Changes In Premium Rates: **We** may change the premium rates from time to time with at least 30 days' advanced written (or authorized electronic or telephonic) notice. An increase in rates will not be made more often than once in a 12-month period. However, **We** reserve the right to change rates at any time if any of the following events take place:

1. the terms of the Certificate change;
2. there is a change in the factors bearing on the risk assumed;
3. any federal or state law or regulation is amended to the extent it affects **Our** coverage obligation; or
4. there is a misrepresentation in the information **We** relied on in establishing the rate.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first Premium is due on the Certificate Effective Date. After that, premiums will be due according to the method of premium payment selected.

If any premium is not paid when due, the Certificate will be canceled as of the Premium Due Date, except as provided in the Grace Period section.

Grace Period: A Grace Period of 30 days will be granted for the payment of the required premiums. The Certificate will remain in force during the Grace Period. If the required premiums are not paid during the Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Certificate Holder will be liable to **Us** for any unpaid premium for the time the Certificate was in force.

Reinstatement: The Certificate may be reinstated within 31 days of lapse if it lapsed for nonpayment of premium. Requirements for reinstatement are written application of the Certificate Holder satisfactory to **Us** and payment of all overdue premiums. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was not previously paid.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments) and the signed applications of the **Insureds** are the entire contract. Any statements made by the **Insureds** will be treated as representations and not warranties. No such statement shall void the insurance, reduce the coverage or limits, or be used in defense of a claim for **Loss** incurred unless it is contained in a written application.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). It must be signed by **Our** President or Secretary and be attached to the Policy/Certificate. No agent has authority to change or waive any part of the Policy/Certificate.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date at 12:01 AM Standard Time at the address of the Policyholder where the Policy is delivered. **We** may terminate the Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Policyholder. This Policy terminates automatically on the Premium Due Date if premiums are not paid when due. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

If **We** terminate the Policy for non-payment of premium, **We** will also give written notice of such termination for non-payment of premium to each **Insured**. Each **Insured** will have the right to pay such premium by the later of: 1) 20 days after such notice; or 2) the required premium due date.

If the Policy is terminated or if the **Insured** is no longer eligible for coverage under the Policy, the **Insured** may maintain his or her Certificate in force for sixty (60) days in the same amount, upon payment of the required premium applicable to the class of risk to which he or she belongs. The option to maintain the insurance in force must be exercised within thirty (30) days following the date of the termination of the Policy. After the sixty (60) day period, **We** may offer the **Insured** a conversion Policy at rates for that class of risk and based upon our underwriting standards and requirements in effect at that time.

Any notice of cancellation of the Policy or a Certificate will be accompanied by a notice that, at the request of the Policyholder or **Insured**, **We** will afford the Policyholder and/or **Insured** a reasonable opportunity to consult with **Us** and to present facts in opposition to the cancellation.

Cancellation of Certificates: **We** may cancel an **Insured's** Certificate only for non-payment of premium by giving 31 days advance notice in writing to the **Insured** at the last mailing address shown on the Certificate, and advising the date cancellation will take effect. If the required premium is paid on or before the date of cancellation, coverage will remain in effect.

Clerical Error: If a clerical error is made, it will not affect the insurance of any **Insured**. No error will continue the insurance of an **Insured** beyond the date it should end under the Certificate terms.

Conformity With State Laws: On the effective date of the Certificate, any provision that is in conflict with the laws of the state where it is issued is amended to conform to the minimum requirements of such laws.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-30-2007
Comments:			
Attachment:			
AR - industry_rates_PCtransDoc_intelligent.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	