

Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - Commercial Farm Auto	SERFF Tr Num: ASPX-125223589	State: Arkansas
TOI: 20.0 Commerical Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-025335
Sub-TOI: 20.0003 Other	Co Tr Num: A-CFA-07 4570	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Llyweyia Rawlins
	Author: SPI AssurantPC	Disposition Date: 07-09-2007
	Date Submitted: 07-03-2007	Disposition Status: Approved
Effective Date Requested (New): 08-01-2007		Effective Date (New): 08-01-2007
Effective Date Requested (Renewal):		Effective Date (Renewal):

General Information

Project Name: SCO - Commercial Farm Auto
Project Number: CA AR02296ARF01
Reference Organization:
Reference Title:
Filing Status Changed: 07-09-2007
State Status Changed: 07-05-2007
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:

To better serve our insureds, American Reliable Insurance Company will begin offering Direct Bill services. Along with this service we wish to offer installment payment options. At this time American Reliable would like to file our Installment Fee.

We have also attached are Declaration Page - we have added two boxes:

Direct Bill or Agency Bill

Company and Contact

Filing Contact Information

LaQuela Weathers, Regulatory Analyst
222 South 15th Street
Omaha, NE 68102

(402) 516-7100 [Phone]
(402) 516-7108[FAX]

Filing Company Information

American Reliable Insurance Company
11222 Quail Roost Dr
Miami, FL 33157

CoCode: 19615
Group Code: 19
Group Name: Assurant, Inc. Group
State of Domicile: Arizona
Company Type:
State ID Number:

Created by SERFF on 07-09-2007 11:13 AM

(305) 253-2244 ext. [Phone]

FEIN Number: 41-0735002

Filing Fees

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

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-09-2007	07-09-2007

Disposition

Disposition Date: 07-09-2007

Effective Date (New): 08-01-2007

Effective Date (Renewal):

Status: Approved

Comment: APPROVAL CONTINGENT ON RECEIVING FILING FEE OF \$50

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Common Policy Declarations	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Declarations	A8031	0607	Policy/CoveNew rage Form		0.00	A8031.PDF

AMERICAN RELIABLE INSURANCE COMPANY

222 South 15th Street, Omaha, NE 68102
(A Stock Insurance Company)

**COMMON POLICY
DECLARATIONS**

Agency No: _____ Producer No: _____ Policy No: _____
Previous Policy No: _____

Direct Bill Agency Bill

POLICY PERIOD: From _____ To _____ Term: _____
at 12:01 A.M. Standard Time at your mailing address show below.

Named Insured:

Mailing Address: Street Number _____ City _____ State _____ Zip Code _____

BUSINESS DESCRIPTION:

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE
AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART *FOR WHICH A PREMIUM IS INDICATED.*
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Auto/Garage Coverage Part	\$ _____
Commercial Crime Coverage Part	\$ _____
Commercial General Liability Coverage Part	\$ _____
Commercial Inland Marine Coverage Part	\$ _____
Commercial Professional Liability Coverage Part	\$ _____
Commercial Property Coverage Part	\$ _____
Personal Liability Coverage Part	\$ _____
	Premium Total \$ _____
Other Charges _____	\$ _____
Audit Period: Annual unless otherwise stated:	
	TOTAL \$ _____

Forms and Endorsements:

Agency Name / Address:

Countersigned: _____ Date _____ By _____ Authorized Representative _____

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-09-2007
Comments:			
Attachment:			
AR - NAIC P&C TRANSMITTAL DOCUMENT.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 #
Assurant, Inc. Group	0019

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Reliable Insurance Company	AZ	19615	41-0735002	

5. Company Tracking Number	A-CFA-07 4570
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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
	LaQuela Weathers 222 South 15th Street, Suite 600S Omaha NE 68102	Regulatory Analyst	800-365-0398 Ext. 7386	402-516-7108	

7. Signature of authorized filer	
8. Please print name of authorized filer	LaQuela Weathers

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

9.	Type of Insurance (TOI)	20.0 Commerical Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0003 Other
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Commercial Farm
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: 8/1/07 Renewal: 8/1/07
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	7/3/07
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 #	A-CFA-07 4570
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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To better serve our insureds, American Reliable Insurance Company will begin offering Direct Bill services. Along with this service we wish to offer installment payment options. At this time American Reliable would like to file our Installment Fee.

We have also attached are Declaration Page - we have added two boxes:

Direct Bill or Agency Bill

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 each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)