

Filing at a Glance

Company: Balboa Insurance Company

Product Name: Lender's Protection Program

TOI: 01.0 Property

Sub-TOI: 01.0001 Commerical Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: BALB-125073665

SERFF Status: Closed

Co Tr Num: FOH_06-5141

Co Status: Complete

Authors: Elizabeth Clark, Cindee Tran

Date Submitted: 01-04-2007

State: Arkansas

State Tr Num: AR-PC-07-022620

State Status:

Reviewer(s): Michelle Fahey, Betty Montesi, Llyweyia Rawlins

Disposition Date: 07-05-2007

Disposition Status: Approved

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-2007

Effective Date Requested (New):

Effective Date Requested (Renewal):

General Information

Project Name: Form Revision - Arkansas Amendatory Endorsement

Project Number: FOH_06-5141

Reference Organization: Not Applicable

Reference Title: Not Applicable

Filing Status Changed: 07-05-2007

State Status Changed:

Corresponding Filing Tracking Number: Not Applicable

Filing Description:

Form Revision - Arkansas Amendatory Endorsement (01A09-03ED0212-E1106)

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: Not Applicable

Advisory Org. Circular: Not Applicable

Deemer Date:

Company and Contact

Filing Contact Information

Cindee Tran, Filing Compliance Analyst II

3349 Michelson Drive

Irvine, CA 92612-8893

cindee_tran@balboainsurance.com

(949) 222-7367 [Phone]

(949) 222-8717[FAX]

Filing Company Information

Balboa Insurance Company

3349 Michelson Drive, Suite 200

Irvine, CA 92612-8893

(800) 854-6115 ext. [Phone]

CoCode: 24813

Group Code: 1330

Group Name:

FEIN Number: 95-6027860

State of Domicile: California

Company Type:

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing x 1 form filing = \$50.00
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
Not available at this time.	\$50.00	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-05-2007	07-05-2007
Approved	Llyweyia Rawlins	01-22-2007	01-22-2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Revise Effective date	Note To Filer	Llyweyia Rawlins	07-05-2007	07-05-2007
Request to Revise Effective Date	Note To Reviewer	Elizabeth Clark	06-27-2007	06-27-2007

Disposition

Disposition Date: 07-05-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-2007

Status: Approved

Comment: I have acknowledged your change to amend effective date to 10/1/2007 for new and renewal.

Rate data does NOT apply to filing.

Created by SERFF on 07-05-2007 08:56 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Marked Comparison of Form	Approved	Yes
Supporting Document	AR LPP Product Summary Sheet	Approved	Yes
Form	Arkansas Amendatory Endorsement	Approved	Yes

Disposition

Disposition Date: 01-22-2007

Effective Date (New): 02-04-2007

Effective Date (Renewal): 02-04-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Marked Comparison of Form	Approved	Yes
Supporting Document	AR LPP Product Summary Sheet	Approved	Yes
Form	Arkansas Amendatory Endorsement	Approved	Yes

Created by SERFF on 07-05-2007 08:56 AM

Note To Filer

Created By:

Llyweyia Rawlins on 07-05-2007 08:52 AM

Subject:

Revise Effective date

Comments:

I have acknowledged your change to amend effective date to 10/1/2007 for new and renewal.

Note To Reviewer

Created By:

Elizabeth Clark on 06-27-2007 01:07 PM

Subject:

Request to Revise Effective Date

Comments:

Dear Ms. Rawlins:

We would like to respectfully request to amend our effective date to October 1, 2007 for new and renewal business. We were unable to implement this filing as scheduled.

I apologize for any inconvenience this may have caused you.

Thank you in advance and please do not hesitate to contact me if you have questions.

Sincerely,

Elizabeth Clark

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Amendatory Endorsement	01A09- 03ED0212 -E1106	1106	Endorseme Replaced nt/Amendm ent/Condi tions	01A52- 03ED0009-E1204	0.00	Arkansas Amendatory Endorsemen t (01A09- 03ED0212- E1106).pdf

BALBOA INSURANCE COMPANY

(hereinafter called "The Company")

HOME OFFICE - 3349 Michelson Drive, Suite 200, Irvine, CA 92612-8893

LENDER'S PROTECTION PROGRAM FIRE INSURANCE MASTER POLICY

ARKANSAS AMENDATORY ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

- I. Under the FIRE INSURANCE MASTER POLICY issued to you, Part **4. TERMINATION** of the **SPECIAL PROVISIONS** Section is DELETED in its entirety and REPLACED with the following:

4. TERMINATION

- a. YOU may cancel this Master Policy at any time by giving written notice to US stating when, thereafter, such cancellation shall be effective. WE may cancel this Master Policy by mailing a notice of cancellation, stating the reason for cancellation to YOU at YOUR last address known to US, as well as any loss payee or lien holder shown in the Master Policy at least twenty (20) days in advance of the date of cancellation. This Master Policy shall cease at 12:01 A.M. (standard time) at YOUR address shown on the DECLARATIONS PAGE on the date of cancellation specified in the notice.
- b. If this Master Policy is cancelled, all in-force insurance on PROPERTY for which an EVIDENCE OF INSURANCE has been issued shall be cancelled concurrently unless the notice of cancellation states that the insurance referenced on the EVIDENCE OF INSURANCE will remain in effect. If the Company gives notice that any such coverage on specific PROPERTY will remain in effect after cancellation of the Master Policy, the coverage on the specific PROPERTY will then remain in force until the expiration date of such insurance or until the insurance on the specific PROPERTY has been cancelled in compliance with the cancellation provisions applying to the specific PROPERTY, except that the Company reserves the right to cancel insurance referenced in any or all EVIDENCES OF INSURANCE upon at least ten (10) days written notice if such cancellation is for non-payment of premium, or at least twenty (20) days written notice if cancellation is for any reason other than non-payment of premium.
- c. If this Master Policy has been in effect more than sixty (60) days WE, may cancel only for one or more of the following reasons:
- (1) Non-payment of premium;
 - (2) Fraud or material misrepresentation made by YOU or with YOUR knowledge in obtaining the Master Policy, continuing the Master Policy or in presenting a claim under the Master Policy;
 - (3) The occurrence of a material change in the risk which substantially increases any hazard insured against after Master Policy issuance;
 - (4) Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured PROPERTY or its occupancy which substantially increases any hazard insured against under the Master Policy;
 - (5) Nonpayment of membership dues in those cases where OUR by-laws, agreements or other legal instruments require payment as a condition of the issuance and maintenance of the Master Policy; or
 - (6) A material violation of a material provision of the Master Policy.
- d. When this Master Policy is written for a period longer than one year, we may cancel for any reason at anniversary by notifying you at least sixty (60) days before the date cancellation takes effect.

II. UNEARNED PREMIUM

Any unearned premium that may become due under this Master Policy will be computed pro-rata.

III. ARBITRATION/APPRAISAL

Any arbitration/appraisal/settlement dispute provisions included in this Master Policy are voluntary and non-binding.

IV. Under the COMMERCIAL PROPERTY FIRE INSURANCE FORM issued to you, CONDITIONS, Subsection 2, Limit of Liability, b., is DELETED in its entirety and REPLACED by the following:

b. The ACTUAL CASH VALUE of the damaged or destroyed COMMERCIAL PROPERTY on the DATE OF LOSS.

V. Under the RESIDENTIAL PROPERTY FIRE INSURANCE FORM issued to you, CONDITIONS, Subsection 11, Suit against Us, is DELETED in its entirety and REPLACED by the following:

11. Suit against US. No action may be brought unless there has been compliance with the provisions of the Residential Property Form, and the action is started within five years after the DATE OF LOSS.

VI. Under the COMMERCIAL PROPERTY FIRE INSURANCE FORM issued to you, CONDITIONS, Subsection 9, Suit against Us, is DELETED in its entirety and REPLACED by the following:

9. Suit against US. No action may be brought unless there has been compliance with the provisions of the Commercial Property Form, and the action is started within five years after the DATE OF LOSS.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, or limitations of the Policy to which this endorsement is attached other than as stated above. Unless stated otherwise herein, terms defined in the Policy shall have the same meaning for purposes of this Endorsement.

This endorsement is attached to and forms a part of Policy Number _____.

Issued to _____

Effective Date of this Endorsement _____ Endorsement Number _____

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- Property & Casualty	Review Status: Approved	01-22-2007
Comments: NAIC Transmittal Document is attached.		
Attachment: NAIC Transmittal Document.pdf		
Satisfied -Name: Cover Letter	Review Status: Approved	01-22-2007
Comments: Cover Letter is attached.		
Attachment: FOH_06-5141_Cover Letter.pdf		
Satisfied -Name: Marked Comparison of Form	Review Status: Approved	01-22-2007
Comments: Marked Comparison of Form is attached for your reference.		
Attachment: Marked Comparison_AR Amendatory Endorsement.pdf		
Satisfied -Name: AR LPP Product Summary Sheet	Review Status: Approved	01-22-2007
Comments: AR LPP Product Summary Sheet is attached for your reference.		
Attachment: AR LPP Product Summary Sheet.pdf		

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance
Dept. Use Only

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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	Balboa Insurance Group			Group NAIC #	1330
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Balboa Insurance Company	CA	24813	95-6027860		

5. Company Tracking Number	FOH_06-5141
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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
	Cindee Tran 3349 Michelson Dr.	Compliance Coordinator	(800) 854-6115 ext 7367	(949) 222-8717	cindee_tran@balboainsuranc e.com
	Suite 200 Irvine, CA 92612-8893		(949) 222-7367		

7.	Signature of authorized filer		<small>Digitally signed by Cindee Tran DN: CN = Cindee Tran, C = US Reason: I have reviewed this document Location: Irvine, CA Date: 2007.01.04 08:59:45 -08'00'</small>
8.	Please print name of authorized filer	Cindee Tran	

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
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	01.0001 Commercial Fire & Allied
12.	Company Program Title (Marketing title)	Lender's Protection Program
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: _____
14.	Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Not Applicable
17.	Reference Organization # & Title	Not Applicable
18.	Company's Date of Filing	January 4, 2007
19.	Status of filing in domicile	<input checked="" 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 #	FOH_06-5141
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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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This filing is being submitted as an independent filing on behalf of Balboa Insurance Company. The last applicable filing to this program was filed and approved effective August 15, 2005 under the Department's file number AR-PC-05-015194 (our company file number FOH_05-3322).

Enclosed you will find our revised Arkansas Amendatory Endorsement form number 01A09-03ED0212-E1106, which replaces our currently filed and approved Arkansas Amendatory Endorsement form number 01A52-03ED0009-E1204. We have added the provision for anniversary cancellation of the policy for clarification purposes. This is the only change made and there is no rate impact on this filing. A marked up comparison of the form is attached for your reference.

An updated product summary sheet is also attached to reflect this change.

There is a \$50.00 filing fee applicable to this form filing, pursuant to Arkansas's filing requirements. A check and a copy of NAIC Transmittal Document will be mailed to the Department.

We respectfully request February 4, 2007 as the effective date for this filing, or upon the date of your approval, which ever comes first.

Thank you for your attention in this matter and please contact me if you have any questions.

[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]
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Check #:	not avail. at this time
Amount:	\$50.00

There is a \$50.00 filing fee applicable to this form filing, pursuant to Arkansas's filing requirements. A check and a copy of NAIC Transmittal Document will be mailed to the Department.

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 #	FOH_06-5141
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	Not Applicable

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	Arkansas Amendatory Endorsement	01A09-03ED0212-E1106	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	01A52- 03ED0009-E1204	AR-PC-04- 012956
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		



January 4, 2007

Arkansas Insurance Department
Property and Casualty Division
1200 West Third Street
Little Rock, Arkansas 72201

Re: Balboa Insurance Company – NAIC # 24813, FEIN # 95-6027860
Lender's Protection Program
Reporting Line of Business: Commercial Fire & Allied
Independent Filing: **Form Revision - Arkansas Amendatory Endorsement (01A09-03ED0212-E1106)**
Our File Number: FOH_06-5141

Dear Sir/Madam:

This filing is being submitted as an independent filing on behalf of Balboa Insurance Company. The last applicable filing to this program was filed and approved effective August 15, 2005 under the Department's file number AR-PC-05-015194 (our company file number FOH_05-3322).

Enclosed you will find our revised Arkansas Amendatory Endorsement form number 01A09-03ED0212-E1106, which replaces our currently filed and approved Arkansas Amendatory Endorsement form number 01A52-03ED0009-E1204. We have added the provision for anniversary cancellation of the policy for clarification purposes. This is the only change made and there is no rate impact on this filing. A marked up comparison of the form is attached for your reference.

An updated product summary sheet is also attached to reflect this change.

There is a \$50.00 filing fee applicable to this form filing, pursuant to Arkansas's filing requirements. A check and a copy of NAIC Transmittal Document will be mailed to the Department.

We respectfully request February 4, 2007 as the effective date for this filing, or upon the date of your approval, which ever comes first.

Thank you for your attention in this matter and please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Cindee Tran'.

Cindee Tran
Compliance Coordinator
Balboa Insurance Companies
Toll Free #: (800) 854-6115 ext. 7367
Fax #: (949) 222-8717
E-Mail: cindee_tran@balboainsurance.com

Attachments

cc: K. Frech
K. Ross

BALBOA INSURANCE COMPANY

(hereinafter called "The Company")

HOME OFFICE - 3349 Michelson Drive, Suite 200, Irvine, CA 92612-8893

LENDER'S PROTECTION PROGRAM
FIRE INSURANCE MASTER POLICY

ARKANSAS AMENDATORY ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Deleted: ATTACHING TO AND FORMING PART OF POLICY NO.: ¶

I. Under the FIRE INSURANCE MASTER POLICY issued to you, Part 4, TERMINATION of the SPECIAL PROVISIONS Section is DELETED in its entirety and REPLACED with the following:

Deleted: Coverage provided by this Endorsement will attach on the effective date stated in the Declarations Page or the date the Named Insured's interest in the loan attaches, whichever is later. ¶
I. Part 4.

4. TERMINATION

- a. YOU may cancel this Master Policy at any time by giving written notice to US stating when, thereafter, such cancellation shall be effective. WE may cancel this Master Policy by mailing a notice of cancellation, stating the reason for cancellation to YOU at YOUR last address known to US, as well as any loss payee or lien holder shown in the Master Policy at least twenty (20) days in advance of the date of cancellation. This Master Policy shall cease at 12:01 A.M. (standard time) at YOUR address shown on the DECLARATIONS PAGE on the date of cancellation specified in the notice.
- b. If this Master Policy is cancelled, all in-force insurance on PROPERTY for which an EVIDENCE OF INSURANCE has been issued shall be cancelled concurrently unless the notice of cancellation states that the insurance referenced on the EVIDENCE OF INSURANCE will remain in effect. If the Company gives notice that any such coverage on specific PROPERTY will remain in effect after cancellation of the Master Policy, the coverage on the specific PROPERTY will then remain in force until the expiration date of such insurance or until the insurance on the specific PROPERTY has been cancelled in compliance with the cancellation provisions applying to the specific PROPERTY, except that the Company reserves the right to cancel insurance referenced in any or all EVIDENCES OF INSURANCE upon at least ten (10) days written notice if such cancellation is for non-payment of premium, or at least twenty (20) days written notice if cancellation is for any reason other than non-payment of premium.
- c. If this Master Policy has been in effect more than sixty (60) days WE, may cancel only for one or more of the following reasons:
 - (1) Non-payment of premium;
 - (2) Fraud or material misrepresentation made by YOU or with YOUR knowledge in obtaining the Master Policy, continuing the Master Policy or in presenting a claim under the Master Policy;
 - (3) The occurrence of a material change in the risk which substantially increases any hazard insured against after Master Policy issuance;
 - (4) Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured PROPERTY or its occupancy which substantially increases any hazard insured against under the Master Policy;
 - (5) Nonpayment of membership dues in those cases where OUR by-laws, agreements or other legal instruments require payment as a condition of the issuance and maintenance of the Master Policy; or
 - (6) A material violation of a material provision of the Master Policy.

Deleted:

d. When this Master Policy is written for a period longer than one year, we may cancel for any reason at anniversary by notifying you at least sixty (60) days before the date cancellation takes effect.

Deleted: ¶

II. UNEARNED PREMIUM

Any unearned premium that may become due under this Master Policy will be computed pro-rata.

III. ARBITRATION/APPRaisal

Any arbitration/appraisal/settlement dispute provisions included in this Master Policy are voluntary and non-binding.

Deleted: 01A5203ED0009E1204

~~IV. Under the COMMERCIAL PROPERTY FIRE INSURANCE FORM issued to you, CONDITIONS, Subsection 2, Limit of Liability, b., is DELETED in its entirety and REPLACED by the following:~~

~~b. The ACTUAL CASH VALUE of the damaged or destroyed COMMERCIAL PROPERTY on the DATE OF LOSS.~~

~~V. Under the RESIDENTIAL PROPERTY FIRE INSURANCE FORM issued to you, CONDITIONS, Subsection 11, Suit against Us, is DELETED in its entirety and REPLACED by the following:~~

Deleted: IV. LIMIT OF LIABILITY¶

~~11. Suit against US. No action may be brought unless there has been compliance with the provisions of the Residential Property Form, and the action is started within five years after the DATE OF LOSS.~~

Deleted: Form 01A09-MFPO0002-E1103, CONDITIONS, paragraph 2, "Limit of Liability", subsection b., is hereby deleted in its entirety and replaced by the following:

~~VI. Under the COMMERCIAL PROPERTY FIRE INSURANCE FORM issued to you, CONDITIONS, Subsection 9, Suit against Us, is DELETED in its entirety and REPLACED by the following:~~

Deleted: 2. Limit of Liability.¶
b. The ACTUAL CASH VALUE of the damaged or destroyed COMMERCIAL PROPERTY on the DATE OF LOSS.¶

~~9. Suit against US. No action may be brought unless there has been compliance with the provisions of the Commercial Property Form, and the action is started within five years after the DATE OF LOSS.~~

Deleted: V. SUIT AGAINST US¶

~~(A) Form 01A09-MFPO0001-E1103, CONDITIONS, paragraph 11, "Suit against Us," is deleted in its entirety and replaced by the following:~~

Deleted: (A) Form 01A09-MFPO0001-E1103, CONDITIONS, paragraph 11, "Suit against Us," is deleted in its entirety and replaced by the following:¶

Deleted: 11. Suit against US. ¶
No action may be brought unless there has been compliance with the provisions of the Residential Property Form, and the action is started within five years after the DATE OF LOSS.¶

~~(B) Form 01A09-MFPO0002-E1103, CONDITIONS, paragraph 9, "Suit against Us," is deleted in its entirety and replaced by the following:~~

Deleted: (B) Form 01A09-MFPO0002-E1103, CONDITIONS, paragraph 9, "Suit against Us," is deleted in its entirety and replaced by the following:¶

Deleted: 9. Suit against US. ¶
No action may be brought unless there has been compliance with the provisions of the Commercial Property Form, and the action is started within five years after the DATE OF LOSS.¶

Deleted: All other terms and conditions remain unchanged.¶

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, or limitations of the Policy to which this endorsement is attached other than as stated above. Unless stated otherwise herein, terms defined in the Policy shall have the same meaning for purposes of this Endorsement.

This endorsement is attached to and forms a part of Policy Number _____.

Issued to _____

Effective Date of this Endorsement _____ Endorsement Number _____

Deleted: 01A52-03ED0009-E1204

COMPANY NAME: Balboa Insurance Company

STATE: Arkansas

PROGRAM - Lenders Protection Program

PROJECT NUMBER	MANDATORY FORM NUMBER	FORM DESCRIPTION		APPROVED DATE
FOH_04-1555	01A09-MFDE0001-E1103	Fire Insurance Master Policy Declaration Page		05-01-04
FOH_04-1555	01A09-MFMP0001-E1103	Fire Insurance Master Policy Insuring Agreement		05-01-04
FOH_04-1555	01A09-MFPO0001-E1103	Residential Property Fire Insurance Form		05-01-04
FOH_04-1555	01A09-MFPO0002-E1103	Commercial Property Fire Insurance Form		05-01-04
FOH_04-1555	01A09-MFEN0001-E1103	Unacceptable Risk Endorsement		05-01-04
FOH_06-5141	01A09-03ED0212-E1106	Arkansas Amendatory Endorsement		
PROJECT NUMBER	OPTIONAL FORM NUMBER	FORM DESCRIPTION	RATE (if applicable)	APPROVED DATE
FOH_04-2470	01A09-00ED0071-E1004	General Change Endorsement		12-28-04
94-331	F292E-R0894	Automatic Coverage Endorsement		11-15-94
98-183	F434E-E498	Extended Automatic Coverage Endorsement		04-20-98
	F359E-E491	Blanket Vandalism Endorsement		12-12-91
94-150	H311E-E394	Blanket Condominium Coverage Endorsement		07-01-94
FOH_04-1927	01A09-00ED0028-E0604	Excess Insurance Endorsement		06-25-04
PROJECT NUMBER	NOTICE FORM NUMBER	FORM DESCRIPTION		APPROVED DATE
PROJECT NUMBER				APPROVED DATE
	REFUND METHOD:			
FOH_05-3322	RATING:	Rules & Rates (LPP AR Rev. 5/05)		08-15-05