

SERFF Tracking Number: AMRS-125267581 State: Arkansas  
 First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-025869  
 COMPANY, ...  
 Company Tracking Number: AR-IM-08-07-FAAIS  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
 Product Name: Commercial Inland Marine  
 Project Name/Number: AAIS Affiliation/AR-IM-08-07-FAAIS

## Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: Commercial Inland Marine SERFF Tr Num: AMRS-125267581 State: Arkansas  
 TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-025869  
 Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: AR-IM-08-07-FAAIS State Status: Approved-Filed  
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
 Llyweyia Rawlins, Brittany Yielding  
 Author: Dacia Owens Disposition Date: 08/23/2007  
 Date Submitted: 08/22/2007 Disposition Status: Approved  
 Effective Date Requested (New): 11/01/2007 Effective Date (New): 11/01/2007  
 Effective Date Requested (Renewal): 11/01/2007 Effective Date (Renewal):  
 11/01/2007

## General Information

Project Name: AAIS Affiliation Status of Filing in Domicile: Not Filed  
 Project Number: AR-IM-08-07-FAAIS Domicile Status Comments: Michigan is a letter  
 to file for all non-filed classes of commercial  
 inland marine  
 Reference Organization: Reference Number:  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 08/23/2007  
 State Status Changed: 08/31/2007 Deemer Date:  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 Amerisure has become a member of the American Association of Insurance Services (AAIS) and have given  
 authorization to AAIS to file all non-filed Commercial Inland Marine Classes on our behalf effective November 1, 2007.  
 As a result of our recent affiliation, we wish to adopt most current AAIS forms.

Previously, Amerisure submitted and received approval for Company Independent AAIS Guided Builders' Risk,  
 Contractors' Equipment and Installation Floater Programs. As we were not members of AAIS at the time these

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programs were established, many of AAIS' forms were adopted for use with our Independent program. It is our intent to have all independently adopted AAIS forms superseded with your approval of this proposed filing to adopt most current AAIS forms with company exceptions.

Please refer to the attached company filing memorandums and forms index for an outline of Company forms we wish to propose, retain and withdraw in relations to Builders' Risk, Contractors' Equipment and Installation Floater Programs.

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

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

## Filing Fees

*SERFF Tracking Number:* AMRS-125267581      *State:* Arkansas  
*First Filing Company:* AMERISURE MUTUAL INSURANCE      *State Tracking Number:* AR-PC-07-025869  
COMPANY, ...  
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*Product Name:* Commercial Inland Marine  
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*Fee Required?* No  
*Retaliatory?* No  
*Fee Explanation:*  
*Per Company:* No

SERFF Tracking Number: AMRS-125267581 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/23/2007	08/23/2007

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
FORMS INDEX	Supporting Document	Dacia Owens	08/22/2007	08/22/2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Clarification	Note To Reviewer	Dacia Owens	08/30/2007	08/30/2007

SERFF Tracking Number: AMRS-125267581 State: Arkansas  
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Product Name: Commercial Inland Marine  
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## Disposition

Disposition Date: 08/23/2007

Effective Date (New): 11/01/2007

Effective Date (Renewal): 11/01/2007

Status: Approved

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

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FILING MEMO	Approved	Yes
Supporting Document	SIDE-BY-SIDE COMPARISON	Approved	Yes
Supporting Document (revised)	FORMS INDEX	Approved	Yes
Supporting Document	FORMS INDEX	Approved	Yes
Form	Amerisure Mutual Insurance Company Signature Page	Approved	Yes
Form	Amerisure Insurance Company Signature Page	Approved	Yes
Form	Builders' Risk – Including Sub-Contractors As Insureds Coverage Endorsement	Approved	Yes
Form	Installation – Including Sub-Contractors As Insureds Coverage Endorsement	Approved	Yes
Form	Insurance Under More Than One Policy Endorsement	Approved	Yes

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*Project Name/Number:* AAIS Affiliation/AR-IM-08-07-FAAIS

**Note To Reviewer**

**Created By:**

Dacia Owens on 08/30/2007 01:29 PM

**Subject:**

Clarification

**Comments:**

Please note that we wish to clarify that our Company Declaration Page M 10 85 06 00 - Amerisure Mutual Insurance Company Signature page, M 10 89 01 97 - Amerisure Insurance Company Signature page, and CM DS 70 01 04 06 - Inland Marine Declarations page apply to all AAIS Non-Filed Inland Marine Classes of Business, and not just those classes outlined in our filing memo.

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**Amendment Letter**

Amendment Date:  
Submitted Date: 08/22/2007

**Comments:**

PLEASE NOTE THAT THE BUILDERS' FORMS INDEX DID NOT UPLOAD AS A PDF. DOCUMENT. I HAVE REATTACHED THE DOCUMENT FOR YOUR REVIEW.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: FORMS INDEX**

Comment:  
INSTALLTION FOR LIST - AMI-AIC.pdf  
Contractors Forms list - AMI-AIC.pdf  
BuildersForms list - AMI-AIC.pdf

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amerisure Mutual Insurance Company Signature Page	M 10 85	06 00	Declaration News/Schedule		0.00	M10850600.pdf
Approved	Amerisure Insurance Company Signature Page	M 10 89	01 97	Declaration News/Schedule		0.00	M10890197.pdf
Approved	Builders' Risk – Including Sub-Contractors As Insureds Coverage Endorsement	IM 89 01	07 07	Endorsement Amendment/Conditions		0.00	IM 89 01 07 07.pdf
Approved	Installation – Including Sub-Contractors As Insureds Coverage Endorsement	IM 89 00	07 07	Endorsement Amendment/Conditions		0.00	IM 89 00 07 07.pdf
Approved	Insurance Under More Than One Policy Endorsement	IM 80 06	05 07	Endorsement Amendment/Conditions		0.00	IM 80 06 05 07.pdf

# AMERISURE MUTUAL INSURANCE COMPANY

26777 Halsted Road, Farmington Hills, MI 48331-3586

Phone 1-800-257-1900

## ASSIGNMENT

Assignment of this policy is valid only with the written consent of this Company.

## POLICY CONTENT

This policy is made and accepted subject to the foregoing provisions and stipulations and those which follow. These provisions, in addition to those added by amendment or endorsement are a part of this policy.

This policy consists of the Common Policy Declarations, Coverage Parts and endorsements listed in that Declarations form. In return for the payment of the premium, the Company agrees with the Named Insured to provide the insurance afforded by a Coverage Part forming part of this policy.

## MUTUAL POLICY CONDITIONS

This policy is non-assessable. You are a member of the Company. Members participate in the distribution of dividends to the extent and upon the conditions fixed and determined by the Board of Directors. Such distribution will be made in accordance with the law.

**IN WITNESS WHEREOF**, the Company has executed and attested to these provisions. This policy is not valid unless countersigned on the Declarations page by our authorized representative.

The insured is notified that by virtue of this policy, he/she is a member of the Amerisure Mutual Insurance Company of Farmington Hills, Michigan. Members are entitled to vote either in person or by proxy at Company meetings. Annual meetings are held on the second Thursday of May of each year at 10:30 A.M. at the Home Office in Farmington Hills, MI or at such other place in the City of Farmington Hills, to which the members may adjourn such meeting.



Secretary



President

# AMERISURE INSURANCE COMPANY

26777 Halsted Road, Farmington Hills, Michigan 48333-2060

Phone 1-800-257-1900

## ASSIGNMENT

Assignment of this policy shall not be valid except with the written consent of this Company.

## POLICY CONTENT

This policy is made and accepted subject to the foregoing provisions and stipulations and those which follow. These provisions, in addition to those added by amendment or endorsement are a part of this policy.

This policy consists of the Common Policy Declarations, Coverage Parts and endorsements listed in that Declarations form. In return for payment of the premium, the Company agrees with the Named Insured to provide the insurance afforded by a Coverage Part forming part of this policy.

## PARTICIPATION

You participate, in the distribution of any unabsorbed premiums, savings or dividends, to the extent and upon the conditions fixed and determined by the Board of Directors of the Company in accordance with the provisions of law.

**IN WITNESS WHEREOF**, the Company has executed and attested to these provisions. This policy is not valid unless countersigned on the Declarations page by our authorized representative.



Secretary



President

POLICY NUMBER:

COMMERCIAL INLAND MARINE

**THIS ENDORSEMENT AMENDS YOUR POLICY. PLEASE READ THIS CAREFULLY.  
All Other "Terms" and Conditions Remain Unchanged.**

## **BUILDERS' RISK - INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT**

Named Insured \_\_\_\_\_

Effective Date \_\_\_\_\_

The coverage afforded through this endorsement is effective on the date stated above at 12:01 A.M. Standard Time, unless otherwise amended by endorsement attached to the policy. This endorsement is subject to the "terms", conditions and exclusions of the "Builders' Risk" Coverage Form and is a part of the Coverage Form to which it is attached.

This endorsement modifies the following forms:

### **BUILDERS' RISK COVERAGE FORM**

#### **DEFINITIONS:**

This replaces the DEFINITION of "you" and "your" in the above noted Coverage Form, the Inland Marine General Terms, and the Common Policy Conditions.

The words "you" and "your" mean the person or organization named as Insureds on the Declarations page or on an endorsement attached to this policy. This includes all:

1. Contractors;
2. Sub-contractors;

We will not take action to recover for a "loss" from them without your written consent.

**POLICY NUMBER:**

**COMMERCIAL INLAND MARINE**

**THIS ENDORSEMENT AMENDS YOUR POLICY. PLEASE READ THIS CAREFULLY.  
All Other "Terms" and Conditions Remain Unchanged.**

## **INSTALLATION - INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT**

Named Insured \_\_\_\_\_

Effective Date \_\_\_\_\_

The coverage afforded through this endorsement is effective on the date stated above at 12:01 A.M. Standard Time, unless otherwise amended by endorsement attached to the policy. This endorsement is subject to the "terms", conditions and exclusions of the "Installation" Coverage Form and is a part of the Coverage Form to which it is attached.

This endorsement modifies the following forms:

### **INSTALLATION COVERAGE FORM**

#### **DEFINITIONS:**

This replaces the DEFINITION of "you" and "your" in the above noted Coverage Form, the Inland Marine General Terms, and the Common Policy Conditions.

The words "you" and "your" mean the person or organization named as Insureds on the Declarations page or on an endorsement attached to this policy. This includes all:

1. Contractors;
2. Sub-contractors;

We will not take action to recover for a "loss" from them without your written consent.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ THIS CAREFULLY.**

## **INSURANCE UNDER MORE THAN ONE POLICY ENDORSEMENT**

This endorsement modifies the following form:

INSTALLATION FLOATER COVERAGE REPORTING FORM

Under **How Much We Pay**, item **6. Insurance Under More Than One Policy** is deleted and replaced with the following:

**Insurance Under More Than One Policy** – “you” may have another policy subject to the same policy “terms”, conditions and provisions as this policy. If “you” do, “we” will pay “our” share of the covered loss. “Our” share is the proportion that the applicable “limit” under this policy bears to the “limit” of all policies covering on the same basis.

If there is another policy covering the same loss other than described above, “we” will only pay the amount of covered loss;

- a) when “you” are acting as a subcontractor and “you” are contractually liable for the deductible, not the full insurance of your installation. “We” will only pay the difference between our policy deductible and the Builder’s Risk insurance carrier’s deductible which applies to “your” loss. In no event will the limit exceed \$20,000 in any one occurrence.
- b) in excess of the amount due from that other policy whether “you” can collect on it or not. But, “we” will not pay more than the applicable limit.

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**IM 80 06 05 07**

*SERFF Tracking Number:* AMRS-125267581

*State:* Arkansas

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COMPANY, ...

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*Company Tracking Number:* AR-IM-08-07-FAAIS

*TOI:* 09.0 Inland Marine

*Sub-TOI:* 09.0005 Other Commercial Inland Marine

*Product Name:* Commercial Inland Marine

*Project Name/Number:* AAIS Affiliation/AR-IM-08-07-FAAIS

## **Rate Information**

Rate data does NOT apply to filing.

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 COMPANY, ...  
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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Uniform Transmittal Document- Property & Casualty **Approved** 08/23/2007

**Comments:**  
 PLEASE REFER TO THE ATTACHED FORMS INDEX FOR THE FORMS SCHEDULE.

**Attachment:**  
 industry\_rates\_PCtransDoc\_intelligent[1].pdf

**Review Status:**  
**Satisfied -Name:** FILING MEMO **Approved** 08/23/2007

**Comments:**  
**Attachments:**  
 IM80060507 Insurance Under More Than One Policy Endorsement Memorandum.pdf  
 IM 89 00 07 07 INSTALLATION-INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE Memorandum.pdf  
 IM 89 01 07 07 BUILDERS RISK-INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE Memorandum.pdf

**Review Status:**  
**Satisfied -Name:** SIDE-BY-SIDE COMPARISON **Approved** 08/23/2007

**Comments:**  
**Attachments:**  
 IM 80 06 05 07 INSURANCE UNDER MORE THAN ONE POLICY SBS.pdf  
 IM 8900 07 07 sbs INSTALLATION INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE.pdf  
 IM 8901 07 07 sbs BUILDERS RISK INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE.pdf

**Review Status:**  
**Satisfied -Name:** FORMS INDEX **Approved** 08/23/2007

**Comments:**  
**Attachments:**  
 INSTALLTION FOR LIST - AMI-AIC.pdf  
 Contractors Forms list - AMI-AIC.pdf  
 BuildersForms list - AMI-AIC.pdf

**Property & Casualty Transmittal Document**

**Reset Form**

**1. Reserved for Insurance Dept. Use Only**

**2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
AMERISURE INSURANCE	0124

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

<b>5. Company Tracking Number</b>	AR-IM-08-07-FAAIS
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
DACIA OWENS, 26777 HALSTED RD., FARMINGTON HILLS, MI 48331	COMPLIANCE ANALYST	800-257-1900 EXT. 54270	247-426-7789	dowens@amerisure.com

7. Signature of authorized filer

8. Please print name of authorized filer: DACIA OWENS

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

<b>9. Type of Insurance (TOI)</b>	09.0 Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	09.0005 Other Commercial Inland Marine
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 11-01-2007      Renewal: 11-01-2007
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	08-21-2007
<b>19. Status of filing in domicile</b>	<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 # AR-IM-08-07-FAAIS

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

Amerisure has become a member of the American Association of Insurance Services (AAIS) and have given authorization to AAIS to file all non-filed Commercial Inland Marine Classes on our behalf effective November 1, 2007. As a result of our recent affiliation, we wish to adopt most current AAIS forms.

Previously, Amerisure submitted and received approval for Company Independent AAIS Guided Builders' Risk, Contractors' Equipment and Installation Floater Programs. As we were not members of AAIS at the time these programs were established, many of AAIS' forms were adopted for use with our Independent program. It is our intent to have all independently adopted AAIS forms superseded with your approval of this proposed filing to adopt most current AAIS forms with company exceptions.

Please refer to the attached company filing memorandums and forms index for an outline of Company forms we wish to propose, retain and withdraw in relations to Builders' Risk, Contractors' Equipment and Installation Floater Programs.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:   
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.)

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PLEASE SEE ATTACHED FORMS LIST
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	e		<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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	Overall percentage rate indication (when applicable)		
<b>5b</b>	Overall percentage rate impact for this filing		
<b>5c</b>	Effect of Rate Filing – Written premium change for this program		
<b>5d</b>	Effect of Rate Filing – Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	
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<b>7.</b>	Effective Date of last rate revision	
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<b>8.</b>	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	

## **INSURANCE UNDER MORE THAN ONE POLICY ENDORSEMENT**

### **EXPLANATORY MEMORANDUM**

The Difference in Deductible provides coverage for our subcontractor that is insured by a General Contractor's Builder's Risk policy form, however, is contractually liable for the Builder's Risk deductible.

We will round out our installation floater with implementing a difference in deductible enhancement. We will be adding an endorsement to accomplish this feature. This endorsement will revise the clause "Insurance Under More than One Policy". This is a mandatory endorsement.

Our amendment will provide coverage for the difference between our installation floater deductible and the deductible of the builder's risk policy provided by the General Contractor.

There will be times when our claims professionals will ask for contract wording so that we can identify liability for loss. It is our intent to push the builder's risk policy for loss excess their deductible and our policy responds only to the difference in our policy deductible and the builder's risk policy deductible.

There is no change in rates.

**INSTALLATION-INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE  
ENDORSEMENT  
IM 89 00 07 07**

**EXPLANATORY MEMORANDUM**

We created two separate forms from the CM 70 27 10 91 – one is for Builders Risk coverage and the other for Installation. The only change was to remove the word Builders' Risk from this form and insert Installation in the title of the form.

No other changes to our form.

There is no change in rates.

**BUILDERS' RISK - INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE  
ENDORSEMENT  
IM 89 01 07 07**

**EXPLANATORY MEMORANDUM**

We created two separate forms from the CM 70 27 10 91 – one is for Builders Risk coverage and the other for Installation. The only change was to remove the word Installation from this form and insert Builders' Risk in the title of the form.

No other changes to our form.

There is no change in rates.

**INSURANCE UNDER MORE THAN ONE POLICY ENDORSEMENT**  
**IM 80 06 05 07**  
**SIDE-BY-SIDE COMPARISON**  
**ONLY DIFFERENCES ARE SHOWN**

<p style="text-align: center;"><b>CURRENT FORM</b> <b>IM 80 03 02 06</b></p>	<p style="text-align: center;"><b>PROPOSED FORM</b> <b>IM 80 06 05 07</b></p>	<p style="text-align: center;"><b>COMMENTS</b></p>
<p><b>6. Insurance Under More Than One Policy</b></p> <p>a. <b>Proportional Share</b> -- "You" may have another policy subject to the same "terms" as this policy. If "you" do, "we" will pay "our" share of the covered loss. "Our" share is the proportion that the applicable "limit" under this policy bears to the "limit" of all policies covering on the same basis.</p> <p>b. <b>Excess Amount</b> -- If there is another policy covering the same loss, other than that described above, "we" pay only for the amount of covered loss in excess of the amount due from that other policy, whether "you" can collect on it or not. But "we" do not pay more than the applicable "limit".</p>	<p><b>6. Insurance Under More Than One Policy</b></p> <p>Under <b>How Much We Pay</b>, item <b>6 Insurance Under More Than One Policy</b> is deleted and replaced with the following;</p> <p><b>Insurance Under More Than One Policy</b> – “you” may have another policy subject to the same policy “terms”, conditions and provisions as this policy. If “you” do, “we” will pay “our” share of the covered loss. “Our” share is the proportion that the applicable “limit” under this policy bears to the “limit” of all policies covering on the same basis.</p> <p>If there is another policy covering the same loss other than described above, “we” will only pay the amount of covered loss;</p> <p>a) when “you” are acting as a subcontractor and “you” are contractually liable for the deductible, not the full insurance of your installation. “We” will only pay the difference between our policy deductible and the Builder’s Risk insurance carrier’s deductible which applies to “your” loss. In no event will the limit exceed \$20,000 in any one occurrence.</p> <p>b) in excess of the amount due from that other policy whether “you” can collect on it or not. But, “we” will not pay more than the applicable limit.</p>	<p>We have created a new endorsement to be used with the Installation Floater Coverage Reporter form. This form clarifies that if there is another policy covering the same loss how and when we will pay the loss.</p>

**INSTALLATION -INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT**  
**IM 89 00 07 07**  
**SIDE-BY-SIDE COMPARISON**  
**ONLY DIFFERENCES ARE SHOWN**

CURRENT FORM CM 70 27 10 91	PROPOSED FORM IM 89 00 07 07	COMMENTS
<b>INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT</b>	<b>INSTALLATION - INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT</b>	<p>We created two separate forms from the CM 70 27 10 91 – one is for Builders Risk coverage and the other for Installation. The only change was to remove the word Builders Risk from this form and insert Installation in the title of the form.</p> <p>No other changes to our form.</p>
<p>Named Insured _____</p> <p>Effective Date _____</p> <p>Additional Premium \$ _____</p> <p>The coverage afforded through this endorsement is effective on the date stated above at 12:01 A.M. Standard Time, unless otherwise amended by endorsement attached to the policy. This endorsement is subject to the "terms", conditions and exclusions of the "Builders' Risk/Installation" Coverage Form and is a part of the Coverage Form to which it is attached.</p> <p>This endorsement modifies the following forms:</p> <p style="text-align: center;"><b>BUILDERS' RISK/INSTALLATION COVERAGE FORM</b></p> <p>DEFINITIONS:</p> <p>This replaces the DEFINITION of "you" and "your" in the above noted Coverage Form, the Inland Marine General Terms, and the Common Policy Conditions.</p> <p>The words "you" and "your" mean the person or organization named as Insureds on the Declarations page or on an endorsement attached to this policy. This</p>	<p>Named Insured _____</p> <p>Effective Date _____</p> <p>Additional Premium \$ _____</p> <p>The coverage afforded through this endorsement is effective on the date stated above at 12:01 A.M. Standard Time, unless otherwise amended by endorsement attached to the policy. This endorsement is subject to the "terms", conditions and exclusions of the "<del>Builders' Risk</del>/Installation" Coverage Form and is a part of the Coverage Form to which it is attached.</p> <p>This endorsement modifies the following forms:</p> <p style="text-align: center;"><b><del>BUILDERS' RISK</del>/INSTALLATION COVERAGE FORM</b></p> <p>DEFINITIONS:</p> <p>This replaces the DEFINITION of "you" and "your" in the above noted Coverage Form, the Inland Marine General Terms, and the Common Policy Conditions.</p> <p>The words "you" and "your" mean the person or organization named as Insureds on the Declarations page or on an endorsement attached to this policy. This</p>	

**INSTALLATION -INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT**  
**IM 89 00 07 07**  
**SIDE-BY-SIDE COMPARISON**  
**ONLY DIFFERENCES ARE SHOWN**

<b>CURRENT FORM CM 70 27 10 91</b>	<b>PROPOSED FORM IM 89 00 07 07</b>	<b>COMMENTS</b>
<p>includes all:</p> <ol style="list-style-type: none"> <li>1. Contractors;</li> <li>2. Sub-contractors;</li> <li>3. Sub-sub-contractors.</li> </ol> <p>We will not take action to recover for a "loss" from them without your written consent.</p>	<p>includes all:</p> <ol style="list-style-type: none"> <li>1. Contractors;</li> <li>2. Sub-contractors;</li> <li>3. Sub-sub-contractors.</li> </ol> <p>We will not take action to recover for a "loss" from them without your written consent.</p>	

**BUILDERS' RISK - INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT**  
**IM 89 01 07 07**  
**SIDE-BY-SIDE COMPARISON**  
**ONLY DIFFERENCES ARE SHOWN**

CURRENT FORM CM 70 27 10 91	PROPOSED FORM IM 89 01 07 07	COMMENTS
<p><b>INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT</b></p> <p>Named Insured _____</p> <p>Effective Date _____</p> <p>Additional Premium \$ _____</p> <p>The coverage afforded through this endorsement is effective on the date stated above at 12:01 A.M. Standard Time, unless otherwise amended by endorsement attached to the policy. This endorsement is subject to the "terms", conditions and exclusions of the "Builders' Risk/Installation" Coverage Form and is a part of the Coverage Form to which it is attached.</p> <p>This endorsement modifies the following forms:</p> <p align="center"><b>BUILDERS' RISK/INSTALLATION COVERAGE FORM</b></p> <p><b>DEFINITIONS:</b></p> <p>This replaces the DEFINITION of "you" and "your" in the above noted Coverage Form, the Inland Marine General Terms, and the Common Policy Conditions.</p> <p>The words "you" and "your" mean the person or organization named as Insureds on the Declarations page or on an endorsement attached to this policy. This</p>	<p><b>BUILDERS' RISK - INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT</b></p> <p>Named Insured _____</p> <p>Effective Date _____</p> <p>Additional Premium \$ _____</p> <p>The coverage afforded through this endorsement is effective on the date stated above at 12:01 A.M. Standard Time, unless otherwise amended by endorsement attached to the policy. This endorsement is subject to the "terms", conditions and exclusions of the "Builders' Risk/<del>Installation</del>" Coverage Form and is a part of the Coverage Form to which it is attached.</p> <p>This endorsement modifies the following forms:</p> <p align="center"><b>BUILDERS' RISK/<del>INSTALLATION</del> COVERAGE FORM</b></p> <p><b>DEFINITIONS:</b></p> <p>This replaces the DEFINITION of "you" and "your" in the above noted Coverage Form, the Inland Marine General Terms, and the Common Policy Conditions.</p> <p>The words "you" and "your" mean the person or organization named as Insureds on the Declarations page or on an endorsement attached to this policy. This</p>	<p>We created two separate forms from the CM 70 27 10 91 – one is for Builders Risk coverage and the other for Installation. The only change was to remove the word Installation from this form and insert Builders Risk in the title of the form.</p> <p>No other changes to our form.</p>

**BUILDERS' RISK - INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT**  
**IM 89 01 07 07**  
**SIDE-BY-SIDE COMPARISON**  
**ONLY DIFFERENCES ARE SHOWN**

<b>CURRENT FORM</b> <b>CM 70 27 10 91</b>	<b>PROPOSED FORM</b> <b>IM 89 01 07 07</b>	<b>COMMENTS</b>
<p>includes all:</p> <ol style="list-style-type: none"> <li>1. Contractors;</li> <li>2. Sub-contractors;</li> <li>3. Sub-sub-contractors.</li> </ol> <p>We will not take action to recover for a "loss" from them without your written consent.</p>	<p>includes all:</p> <ol style="list-style-type: none"> <li>1. Contractors;</li> <li>2. Sub-contractors;</li> <li>3. Sub-sub-contractors.</li> </ol> <p>We will not take action to recover for a "loss" from them without your written consent.</p>	

## **Installation Floater Forms List**

### **Company Proposed Forms**

- IM 89 00 07 07 – Installation – Including Sub-Contractors As Insureds Coverage Endorsement
- IM 80 06 05 07 – Insurance Under More Than One Policy Endorsement.

### **Company Retained Forms**

- CM DS 70 01 04 06 – Inland Marine Declarations
- M 10 85 06 00 – Amerisure Mutual Insurance Company – Signature Page
- M 10 89 01 97 – Amerisure Insurance Company – Signature page
- IM 8003 12 06 – Installation Floater Coverage – reporting Form
- IM 8005 12 06 – Installation Floater Coverage – Scheduled Location
- IM DS 7033 12 06 – Schedule of Coverage's – Installation Floater Coverage
- IM DS 7034 12 06 – Schedule of Coverage's – Installation Floater Coverage - Reporting Form

## **Contractors' Equipment Forms List**

### **Company Proposed Forms**

- M 10 85 06 00 – Amerisure Mutual Insurance Company Signature Page
- M 10 89 01 97 – Amerisure Insurance Company Signature Page

### **Company Retained Forms**

- CM DS 70 01 04 06 – Inland Marine Declarations
- IM 8000 01 06 – Contractors' Equipment overage – Blanket Equipment Form
- IM 8001 01 06 – Contractors' Equipment Coverage – Schedule Equipment
- IM DS 7029 09 06 – Schedule of Coverage's – Contractor's Equipment
- IM DS 7030 01 06 – Schedule of Coverage's – Contractors' Equipment – Scheduled Equipment Form
- IM DS 7106 09 06 – Contractor's Equipment Schedule

### **Company Withdrawn Forms**

- M 10 44 08 98 – Contractors' Equipment Coverage Declarations
- CM 71 10 08 98 – Primary Coverage Park
- CM 71 86 08 98 – Contractors' Equipment Schedule
- CM 71 87 08 98 – Property Leased or Rented Schedule
- CM 71 88 08 98 – Property Leased or Rented From Others Endorsement
- CM 71 89 08 98 – Property Leased or Rented to Others Endorsement
- CM 71 90 08 98 – Rental Reimbursement Endorsement
- CM 71 91 08 98 – Weight of Load Endorsement
- CM 71 92 08 98 – Boom Coverage Endorsement
- CM 71 93 08 98 – Percentage Deductible Endorsement
- CM 71 94 08 98 – Waterborne Endorsement
- CM 71 95 08 98 – Replacement Cost Endorsement
- CM 72 27 04 02 – Small Tools Endorsement
- CM 72 64 01 05 – Small Tools Endorsement

## **Builders' Risk Forms List**

### **Company Proposed Forms**

- M 10 85 06 00 – Amerisure Mutual Insurance Company Signature Page
- M 10 89 01 97 – Amerisure Insurance Company Signature Page
- IM 89 01 07 07 – Builders' Risk – Including Sub-Contractors As Insureds Coverage Endorsement

### **Company Retained Forms**

- CM DS 70 01 04 06 – Inland Marine Declarations
- IM 8004 01 06 – Builders' Risk Coverage – Schedule Jobsite Form – Broad Form
- IM 8002 01 06 – Builders' Risk Coverage – Contractors' Reporting Form
- IM DS 70 31 01 06 – Schedule of Coverage's – Builders' Risk – Contractors' Reporting Form
- IM DS 7032 01 06 – Schedule of Coverage's – Builders' Risk – Broad Form
- IM DS 71 07 01 06 – Builders' Risk Completed Value Reporting Form

### **Company Withdrawn Forms**

- CM 70 27 10 91 – Including Sub-Contractors As Insureds Coverage Endorsement
- CM 72 05 01 99 – Builders' Risk Coverage
- CM 72 06 01 99 – Builders Risk' Schedule
- CM 72 08 01 99 – Soft Cost and Rental Income Endorsement
- CM 72 09 01 99 – Contractors Report Conditions
- CM 72 10 01 99 – Schedule of Soft Costs and Rental Income Endorsement
- CM 72 11 01 99 – Reporting Conditions Endorsement
- CM 72 12 01 99 – Permission to Occupy Endorsement
- CM 72 13 01 99 – Reporting Conditions Schedule
- CM 72 14 01 99 – Builders' Risk Completed Value Report
- CM 72 15 01 99 – Trees, Shrubs and Plants Endorsement
- CM 72 16 01 99 – Ground Water Endorsement
- CM 72 17 01 99 – Rehabilitation and Renovation