

Filing at a Glance

Company: American Security Insurance Company

Product Name: Mortgage Service Program - Commercial SERFF Tr Num: ASPX-125254967 State: Arkansas

TOI: 01.0 Property SERFF Status: Closed State Tr Num: AR-PC-07-025717

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: CF AR02363ASF01 State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: SPI AssurantPC Disposition Date: 08-07-2007
Date Submitted: 08-07-2007 Disposition Status: Approved

Effective Date Requested (New): 10-01-2007

Effective Date Requested (Renewal):

Effective Date (New): 10-01-2007

Effective Date (Renewal):

General Information

Project Name: Mortgage Service Program - Commercial

Project Number: CF AR02363ASF01

Reference Organization:

Reference Title:

Filing Status Changed: 08-07-2007

State Status Changed: 08-07-2007

Corresponding Filing Tracking Number:

Filing Description:

The Notice of Terrorism Insurance Coverage, N8076-0306, which replaces N8076-1103, informs applicants or policyholders of the terrorism coverage provided by the Terrorism Insurance Program, in accordance with the Terrorism Risk Insurance Extension Act of 2005. Changes in the Act are reflected in the revised form as follows: We have changed the extension date and U.S. Government's share of the payment. We have changed these two provisions from fixed to variable by placing them in brackets. Going forward we will amend these two provisions in our notice without resubmitting the notice.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The requested effective date is on or after October 1, 2007.

Company and Contact

Filing Contact Information

Toni Taylor, Contract Development Analyst

11222 Quail Roost Drive

Miami, FL 33157

Toni.Taylor@assurant.com

(305) 253-2244 [Phone]

(305) 252-6987[FAX]

Filing Company Information

American Security Insurance Company
0
0, DE 00000
(305) 253-2244 ext. [Phone]

CoCode: 42978

Group Code: 19

Group Name: Assurant, Inc. Group

FEIN Number: 581529575

State of Domicile: Delaware

Company Type:

State ID Number:

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	08-07-2007	08-07-2007

Disposition

Disposition Date: 08-07-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 08-07-2007 12:06 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Notice of Terrorism Coverage	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice of Terrorism Coverage	N8076-0306	0306	Disclosure/ Replaced Notice	N8076-	0.00	N8076-0306.PDF

DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your current policy or new/renewal premium quotation. Under your existing coverage, any losses resulting from certified acts of terrorism would be partially reimbursed by the United States government under a formula established by the Terrorism Risk Insurance Act, as extended on [December 22, 2005]. Under this formula, the United States government generally pays [90% (85% in 2007)] of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The premium that is attributable to coverage for acts of terrorism has been waived for the current policy term. Future premium charges for terrorism coverage, if any, will be made at the time of your next policy renewal.

[Insurer]
[Policy Number]

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-07-2007
Comments:			
Attachment:	Property and Casualty Transmittal.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: 50%; 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					

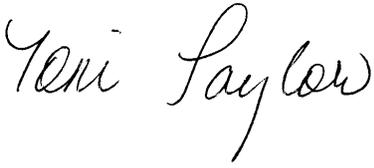
3. Group Name	Group NAIC #
Assurant, Inc. Group	0019

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Security Insurance Company	DE	42978	581529575	

5. Company Tracking Number	MSC CF AR02363ASF01
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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
	Toni J. Taylor 11222 Quail Roost Drive Miami FL 33157	Contract Compliance Analyst	800-852-2244 Ext. 33104	305-252-6987	Toni.J.Taylor@assurant.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Toni J. Taylor

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

9.	Type of Insurance (TOI)	01.0 Property
10.	Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Commercial Mortgage Service 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 (give description)
14.	Effective Date(s) Requested	New: 08/03/2007 Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	August 7, 2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	MSC CF AR02363ASF01
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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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The requested effective date is on or after October 1, 2007.

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 #: To be mailed
Amount: \$50.00

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.)