

SERFF Tracking Number: HART-125270234 State: Arkansas
First Filing Company: Hartford Insurance Company of the Midwest, ... State Tracking Number: AR-PC-07-025872
Company Tracking Number: FF.14.001.2007.01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HW 01 57 12 07 Special Provisions - Arkansas
Project Name/Number: HW 01 57 12 07 Special Provisions - Arkansas/FF.14.001.2007.01

Filing at a Glance

Companies: Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Property and Casualty Insurance Company of Hartford, Sentinel Insurance Company Limited, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company

Product Name: HW 01 57 12 07 Special Provisions - Arkansas SERFF Tr Num: HART-125270234 State: Arkansas
TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: AR-PC-07-025872
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations Co Tr Num: FF.14.001.2007.01 State Status:
Filing Type: Form Co Status: Initial Filing Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
Disposition Date: 08/24/2007
Authors: Joyce Driscoll, Claire Dubord, David Logan, Angela Isaac
Date Submitted: 08/23/2007 Disposition Status: Approved
Effective Date Requested (New): 12/04/2007 Effective Date (New): 12/04/2007
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: HW 01 57 12 07 Special Provisions - Arkansas Status of Filing in Domicile:
Project Number: FF.14.001.2007.01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/24/2007 Deemer Date:
State Status Changed: 08/23/2007
Corresponding Filing Tracking Number:
Filing Description:
We herewith submit for approval Form HW 01 57 12 07 Special Provisions - Arkansas as described in the Explanatory Memorandum prepared by Nancy Daly, Product consultant.

Company and Contact

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Filing Contact Information

Joyce Driscoll, Filing Analyst joyce.driscoll@thehartford.com
 690 Asylum Avenue (860) 547-3468 [Phone]
 Hartford, CT 06055 (860) 547-5941[FAX]

Filing Company Information

Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Property and Casualty Insurance Company of Hartford	CoCode: 34690	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1276326	

Sentinel Insurance Company Limited	CoCode: 11000	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1552103	

Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	

Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
690 Asylum Avenue		

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Hartford, CT 06115
(860) 547-5000 ext. [Phone]

Group Name:
FEIN Number: 06-0383750

State ID Number:

Hartford Accident and Indemnity Company
690 Asylum Ave
Hartford, CT 06115
(860) 547-5000 ext. [Phone]

CoCode: 22357
Group Code: 91
Group Name:
FEIN Number: 06-0383030

State of Domicile: Connecticut
Company Type: Property
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0025540622	\$50.00	08/21/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/24/2007	08/24/2007

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Disposition

Disposition Date: 08/24/2007
Effective Date (New): 12/04/2007
Effective Date (Renewal):
Status: Approved
Comment:

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	Explanatory Memorandum	Approved	Yes
Form	Special Provisions - Arkansas	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Special Provisions - Arkansas	HW 01 57 12 07		Endorsement/Amendment/Conditions Replaced	Replaced Form #:56.60 HO 01 03 02 07 Previous Filing #:		AR HW 01 57 12 07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL PROVISIONS - ARKANSAS

SECTION I - CONDITIONS

E. Appraisal is replaced by the following:

E. Appraisal

If you and we fail to agree on the amount of loss, an appraisal of the loss may take place. However, an appraisal will take place only if both you and we agree, voluntarily, to have the loss appraised. If so agreed, each party will choose a competent and impartial appraiser within 20 days after both parties agree. The two appraisers will choose an umpire. If they cannot agree upon an umpire within 15 days, you or we may request that the choice be made by a judge of a court of record in the state where the "residence premises" is located. The appraisers will separately state the amount of loss. If the appraisers submit a written report of an agreement to us, the amount agreed upon will be the amount of loss. If they fail to agree, they will submit their differences to the umpire. An appraisal decision will not be binding on either party.

Each party will:

1. Pay its own appraiser; and
2. Bear the other expenses of the appraisal and umpire equally.

G. Suit Against Us is deleted and replaced by the following:

G. Suit Against Us

No action can be brought against us unless there has been full compliance with all of the terms under Section I of this policy and the action is started within five years after the date of loss.

K. Mortgage Clause

Paragraph 3. is replaced by the following:

3. If we decide to cancel this policy, the mortgagee will be notified:
 - a. At least 10 days before the date cancellation takes effect if:
 - (1) We cancel for nonpayment of premium; or
 - (2) The policy has been in effect for less than 60 days and is not a renewal with us; or
 - b. At least 20 days before the date cancellation takes effect in all other cases.If we decide not to renew this policy, the mortgagee will be notified at least 30 days before the date nonrenewal takes effect.

R. Loss Payable Clause is replaced by the following:

If the Declarations show a loss payee for certain listed insured personal property, the definition of "insured" is changed to include that loss payee with respect to that property.

If we decide to cancel this policy, that loss payee will be notified in writing.

If we decide to not renew this policy, that loss payee will be notified in writing at least 30 days before the date nonrenewal takes effect.

(This is Condition **Q.** in form **HO 00 04.**)

SECTIONS I AND II - CONDITIONS

C. Cancellation is replaced by the following:

C. Cancellation

1. You may cancel this policy at any time by returning it to us or by letting us know of the date cancellation is to take effect.
2. We may cancel this policy only for the reasons stated below by letting you know in writing of the date cancellation takes effect. This cancellation notice may be delivered to you, or mailed to you at your mailing address shown in the Declarations. Proof of mailing will be sufficient proof of notice.
 - a. When you have not paid the premium, we may cancel at any time by letting you know at least 10 days before the date cancellation takes effect.
 - b. When this policy has been in effect for less than 60 days and is not a renewal with us, we may cancel for any reason by letting you know at least 10 days before the date cancellation takes effect.
 - c. When this policy has been in effect for 60 days or more, or at any time if it is a renewal with us, we may cancel:
 - (1) Upon discovery of fraud or material misrepresentation made by or with the knowledge of the named insured in obtaining or continuing the policy, or in presenting a claim under this policy;
 - (2) Upon the occurrence of a material change in the risk which substantially increases any hazard insured against after insurance coverage has been issued;
 - (3) If there is a violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property which substantially increase any hazard insured against;
 - (4) For nonpayment of membership dues required by us as a condition of the issuance and maintenance of the policy; or
 - (5) In the event of a material violation of a material provision of this policy.
This can be done by letting you know at least 20 days before the date cancellation takes effect.
 - d. When this policy is written for a period of more than one year, we may cancel for any reason(s) noted in 2.c. at anniversary by letting you know at least 20 days before the date cancellation takes effect.
3. When this policy is canceled, the premium for the period from the date of cancellation to the expiration date will be refunded pro rata.
4. If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will refund it within a reasonable time after the date cancellation takes effect.

F. Subrogation is replaced by the following:

F. Subrogation

An "insured" may waive in writing before a loss all rights of recovery against any person. If not waived, we may require an assignment of rights of recovery for a loss to the extent that payment is made by us. However, we will be entitled to a recovery only after an "insured" has been fully compensated for the loss sustained.

If an assignment is sought, an "insured" must sign and deliver all related papers and cooperate with us.

Subrogation does not apply to Coverage F or Paragraph C. Damage To Property Of Others under Section II – Additional Coverages.

All other provision of this policy apply.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/24/2007

Comments:

Attached is the Property & Casualty Transmittal Document.

Attachment:

PC-TD-1 2007 FF14001200701.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 08/24/2007

Comments:

Attached is the Explanatory Memorandum.

Attachment:

AR Home Exp HW 01 57 12 07.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	

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	
Sentinel Insurance Company, Ltd.	Connecticut	00914-11000	06-1552103	

5. Company Tracking Number	FF.14.001.2007.01
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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
	Joyce Driscoll, Technical Services, T-1-54 Hartford Plaza, Hartford, CT 06115	Filing Analyst	860-547-3468	860-547-5941	Joyce.Driscoll@TheHartford.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Joyce Driscoll

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

9. Type of Insurance (TOI)	04 Homeowners Multi Peril
10. Sub-Type of Insurance (Sub-TOI)	Homeowners
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	PC
12. Company Program Title (Marketing title)	N/A
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: 12/4/07 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 23, 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 #	FF.14.001.2007.01
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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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We herewith submit for approval Form HW 01 57 12 07 Special Provisions - Arkansas as described in the Explanatory Memorandum prepared by Nancy A. Daly, Product Consultant.

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 #: 0025540622
Amount: \$50.00

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.)**

EXPLANATORY MEMORANDUM

Homeowners

ARKANSAS

**Hartford Fire Insurance Company
Hartford Accident and Indemnity Company
Hartford Underwriters Insurance Company
Twin City Fire Insurance Company
Property and Casualty Insurance Company of Hartford
Hartford Insurance Company of the Midwest
Sentinel Insurance Company, Ltd.**

RE: HW 01 57 12 07 Special Provisions – Arkansas

For the above mentioned companies we are filing form HW 01 57 12 07 Special Provisions – Arkansas. This will replace form HO 01 03 02 07.

This form was previously filed by Insurance Services, Inc., on our behalf. With this change the form is now being filed as a non-standard form and will adopt our Hartford specific form numbering.

This form is being filed to revise Section C. Cancellation under SECTIONS I AND II – CONDITIONS. Section C. Cancellation is being revised to inform the insured that “written” notice is no longer needed from them to cancel their policy.

A copy of form HW 01 57 12 07 is enclosed.

Prepared by:

Nancy A. Daly

Nancy A. Daly
Product Consultant, Personal Lines
The Hartford Insurance Group