

SERFF Tracking Number: LBRM-125266002 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: AR-PC-07-025829
Company Tracking Number: 2007-00991
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: COMMERCIAL PROTECTOR Program
Project Name/Number: BOP Endorsement/Rule Changes/2007-00991

Filing at a Glance

Companies: America First Insurance Company, Peerless Insurance Company, Peerless Indemnity Insurance Company, The Netherlands Insurance Company

Product Name: COMMERCIAL PROTECTOR SERFF Tr Num: LBRM-125266002 State: Arkansas
Program

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-025829

Sub-TOI: 05.0002 Businessowners

Co Tr Num: 2007-00991

State Status: PENDING FEES

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Scott Edwards

Disposition Date: 08/20/2007

Date Submitted: 08/20/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2007

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 03/01/2007

Effective Date (Renewal):

03/01/2008

General Information

Project Name: BOP Endorsement/Rule Changes

Status of Filing in Domicile: Not Filed

Project Number: 2007-00991

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/20/2007

State Status Changed: 08/20/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

BOP Endorsement/Rule Changes

Company and Contact

Filing Contact Information

Scott Edwards,

scottm.edwards@LibertyMutual.com

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62 Maple Ave. (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/20/2007	08/20/2007

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Disposition

Disposition Date: 08/20/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 03/01/2008
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	Cover Letter	Approved	Yes
Form	EXCLUSION – TELECOMMUNICATION EQUIPMENT OR SERVICE PROVIDERS ERRORS AND OMISSIONS	Approved	Yes
Form	EXCLUSION – EXTERIOR INSULATION AND FINISH SYSTEMS (“EIFS”)	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EXCLUSION – TELECOMMUNICATION EQUIPMENT OR SERVICE PROVIDERS ERRORS AND OMISSIONS	44-214	03/07	Endorsement/Amendment/Conditions		0.00	44-214_03_07.pdf
Approved	EXCLUSION – EXTERIOR INSULATION AND FINISH SYSTEMS (“EIFS”)	44-215	03/07	Endorsement/Amendment/Conditions		0.00	44-215_03_07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – TELECOMMUNICATION EQUIPMENT OR SERVICE PROVIDERS ERRORS AND OMISSIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following exclusion is added to Paragraph **B. Exclusions of Section II Liability**:

B. Exclusions

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of:

- a.** An error, omission, defect or deficiency in any evaluation, consultation or advice given by or on behalf of any insured concerning telecommunication equipment or services;
- b.** Any advice, consultation, evaluation, inspection, supervision, quality control or phone network set-up, including central office cabling, done by you or for you on a project on which you serve as a telecommunication equipment or service provider; or
- c.** The failure of any insured to adequately provide telecommunication services.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – EXTERIOR INSULATION AND FINISH SYSTEMS (“EIFS”)

This endorsement modifies insurance provided under the following:

COMMERCIAL PROTECTOR ® COVERAGE FORM (BUSINESSOWNERS COVERAGE FORM)

SECTION II – LIABILITY is amended as follows:

A. Paragraph B. Exclusions the following is added:

1. This insurance does not apply to “bodily injury”, “property damage” or “personal and advertising injury” arising out of, caused by, or attributable to, whether in whole or in part, the following:
 - a. The design, manufacture, distribution, sale, construction, fabrication, preparation, installation, application, maintenance or repair, including remodeling, service, correction or replacement, of any “exterior insulation and finish system” or any part thereof, or any substantially similar system or any part thereof, including the application of, use of, or failure to apply or use, conditioners, primers, accessories, flashing, coatings, caulking or sealant in connection with such a system; or
 - b. “Your product” or “your work” with respect to any component, fixture or feature on, adjacent to, or in the “exterior insulation and finish system”, or any substantially similar system.

B. Paragraph F. Liability And Medical Expenses Definitions is amended as follows:

1. The following definition is added to the Definitions section:

“Exterior insulation and finish system” (commonly referred to as EIFS or synthetic stucco) means any non-load bearing exterior cladding or finish system, and all component parts therein, used on any part of any structure, and consisting of some or all of the following:

- a. A rigid or semi-rigid insulation board made of expanded polystyrene or other materials;
- b. The adhesive and/or mechanical fasteners used to attach the insulation board to the substrate;
- c. A reinforced or unreinforced base coat or mesh;
- d. A finish coat providing surface texture to which color may be added; and
- e. Any flashing, caulking or sealant used with the system for any purpose.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/20/2007

Comments:

Attachments:

AR F 777.pdf

AR F 778.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 08/20/2007

Comments:

Attachment:

2007-00991.pdf

18. Company's Date of Filing	8/20/2007
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 #	2007-00991
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

Effective January 1, 2008 for new business and March 1, 2008 for renewal business, we wish to file revisions to our COMMERCIAL PROTECTOR® Program. With this submission, we are filing forms 44-214 (03/07) and 44-215 (03/07) to be used with our COMMERCIAL PROTECTOR® Program.

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 #: 60654692
Amount: \$50

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 #	2007-00991			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a			
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	Exclusion – Telecommunication Equipment Or Service Providers Errors And Omissions	44-214 (03/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Exclusion – Exterior Insulation And Finish Systems (“Eifs”)	44-215 (03/07)	<input checked="" 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		



**America First
Insurance.**

Member of Liberty Mutual Group

62 Maple Avenue
Keene, NH 03431
603-352-3221

August 20, 2007

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

Re: COMMERCIAL PROTECTOR® Program
Form Filing
PEERLESS INSURANCE COMPANY
NAIC #: 111-24198
THE NETHERLANDS INSURANCE COMPANY
NAIC #: 111-24171
AMERICA FIRST INSURANCE COMPANY
NAIC #: 111-12696
PEERLESS INDEMNITY INSURANCE COMPANY
NAIC #: 111-18333
Company Filing #: 2007-00991

Dear Mr. Lacy:

Effective January 1, 2008 for new business and March 1, 2008 for renewal business, we wish to file revisions to our COMMERCIAL PROTECTOR® Program. With this submission, we are filing forms 44-214 (03/07) and 44-215 (03/07) to be used with our COMMERCIAL PROTECTOR® Program.

The Corresponding Rule Filing has been submitted under separate cover (our filing # 2007-00992).

Enclosed, please find a copy of forms 44-214 (03/07) Exclusion – Telecommunication Equipment or Service Providers Errors And Omissions and 44-215 (03/07) Exclusion – Exterior Insulation And Finish Systems along with the required filing forms and our \$50 filing fee.

Questions regarding the enclosed filing should be directed to me at 603-354-9640 or 800-826-6189 ext. 49640.

Acknowledgement, evidenced by Department stamp on a copy of this letter would be appreciated. Self addressed stamped enveloped is enclosed for you convenience.

Sincerely,

Scott M. Edwards
State Filings Technician
e-mail: scottm.edwards@LibertyMutual.com
Fax: (603)- 352-9252