

SERFF Tracking Number: USPX-125274303 State: Arkansas
First Filing Company: United Services Automobile Association, ... State Tracking Number: AR-PC-07-025911
Company Tracking Number: HOMAR00014CGF01
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
Product Name: Product Administration
Project Name/Number: Product Administration/HOMAR00014CGF01

Filing at a Glance

Companies: United Services Automobile Association, USAA Casualty Insurance Company, USAA General Indemnity Company, Garrison Property and Casualty Insurance Company

Product Name: Product Administration SERFF Tr Num: USPX-125274303 State: Arkansas
TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: AR-PC-07-025911
Sub-TOI: 04.0003 Owner Occupied Homeowners Co Tr Num: HOMAR00014CGF01 State Status:
Homeowners
Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
Author: SPI USAAPC Disposition Date: 08/29/2007
Date Submitted: 08/27/2007 Disposition Status: Approved
Effective Date Requested (New): 02/01/2008 Effective Date (New): 02/01/2008
Effective Date Requested (Renewal): 02/01/2008 Effective Date (Renewal): 02/01/2008

General Information

Project Name: Product Administration Status of Filing in Domicile:
Project Number: HOMAR00014CGF01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/29/2007
State Status Changed: 08/28/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Two recent trial court rulings have stated the language excluding water damage and flood in other insurers' Homeowners policies is ambiguous as applied to flood due to the failure of a levee. We believe these decisions are in error, ignore the plain language of the policy, are contrary to the common understanding of the word "flood," and are inconsistent with the prior court decisions addressing the water damage exclusion.

However, in order to meet the concerns expressed in the recent trial court rulings, we recently added a flood endorsement to Homeowners and Fire policies to clarify our intent not to cover flood.

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The HO-208 Water Backup and Sump Pump Overflow endorsement uses the same language to describe Water damage, and as a result, we have revised it to match that of the HO FLDA Amendatory Endorsement.

Company and Contact

Filing Contact Information

Scott Hawthorne, Compliance Analyst scott.hawthorne@usaa.com
 9800 Fredericksburg Road (210) 498-5315 [Phone]
 San Antonio, TX 78288-1033 (210) 498-6675[FAX]

Filing Company Information

United Services Automobile Association CoCode: 25941 State of Domicile: Texas
 9800 Fredericksburg Road Group Code: 200 Company Type: Property & Casualty

ATTN: Insurance Regulatory Compliance, A-03-W
 San Antonio, TX 78288-0435 Group Name: USAA Group State ID Number:
 (210) 498-8722 ext. [Phone] FEIN Number: 74-0959140

USAA Casualty Insurance Company CoCode: 25968 State of Domicile: Texas
 9800 Fredericksburg Road Group Code: 200 Company Type: Property & Casualty

ATTN: Insurance Regulatory Compliance, A-03-W
 San Antonio, TX 78288-0435 Group Name: USAA Group State ID Number:
 (210) 498-8722 ext. [Phone] FEIN Number: 59-3019540

USAA General Indemnity Company CoCode: 18600 State of Domicile: Texas
 9800 Fredericksburg Road Group Code: 200 Company Type: Property & Casualty

ATTN: Insurance Regulatory Compliance, A-03-W
 San Antonio, TX 78288-0435 Group Name: USAA Group State ID Number:
 (210) 498-8722 ext. [Phone] FEIN Number: 74-1718283

Garrison Property and Casualty Insurance Company CoCode: 21253 State of Domicile: Texas
 9800 Fredericksburg Road Group Code: 200 Company Type: Property &

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Casualty

ATTN: Insurance Regulatory Compliance, A-03-W

San Antonio, TX 78288-0435

(210) 498-8722 ext. [Phone]

Group Name: USAA Group

FEIN Number: 43-1803614

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
tbd	\$50.00	08/27/2007

SERFF Tracking Number: *USPX-125274303* State: *Arkansas*
First Filing Company: *United Services Automobile Association, ...* State Tracking Number: *AR-PC-07-025911*
Company Tracking Number: *HOMAR00014CGF01*
TOI: *04.0 Homeowners* Sub-TOI: *04.0003 Owner Occupied Homeowners*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/29/2007	08/29/2007

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Disposition

Disposition Date: 08/29/2007
Effective Date (New): 02/01/2008
Effective Date (Renewal): 02/01/2008
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
Form	Water Backup or Sump Pump Overflow	Approved	Yes

SERFF Tracking Number: *USPX-125274303* State: *Arkansas*
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Water Backup or Sump Pump Overflow	HO-208	07-07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:52.00 HO-208 Previous Filing #:		HO-208.PDF

WATER BACKUP OR SUMP PUMP OVERFLOW**SECTION I**

This endorsement applies to **COVERAGE A - DWELLING, COVERAGE B - OTHER STRUCTURES, COVERAGE C - PERSONAL PROPERTY, and COVERAGE D - LOSS OF USE.**

For an additional premium, we insure for direct, physical loss caused by:

1. water or water-borne material which flows into your dwelling or other structures' plumbing system through sewers or drains located off the **residence premises**; or
2. water which overflows from a sump pump or sump well designed to drain subsurface water from the interior foundation area even if such overflow results from the mechanical breakdown of the sump pump. This coverage does not apply to direct physical loss of the sump pump, or related equipment, which is caused by mechanical breakdown.

This coverage does not apply to loss which is caused by the negligence of any insured.

Limit of Liability

\$10,000 is the most we will pay for any one loss whether resulting from a single condition or series of related conditions.

SECTION I - PERILS INSURED AGAINST

For loss covered by this endorsement, if your policy is the:

HO-3R or HO-9R only:

Paragraph 3.b. under **COVERAGE A - DWELLING and COVERAGE B - OTHER STRUCTURES** is deleted and replaced by the following:

3.b. inherent vice, latent defect;

If the policy includes the **Special Personal Property Coverage Endorsement**, paragraph 2.b. is deleted and replaced by the following:

2.b. inherent vice, latent defect;

HO-6R only:

If the policy includes the **UNIT-OWNERS COVERAGE A, Special Coverage Endorsement**, item 3.b. is deleted and replaced by the following:

3.b. inherent vice, latent defect;

If the policy includes the **Special Personal Property Coverage Endorsement**, paragraph 2.b. is deleted and replaced by the following:

2.b. inherent vice, latent defect;

SECTION I - EXCLUSIONS

Exclusion 1.c. **Water Damage** is deleted and replaced by the following:

- 1.c. **Water Damage**, arising from, caused by or resulting from human or animal forces, any act of nature, or any other source. Water damage means damage caused by or consisting of:
 - (1) flood, surface water, waves, tidal water, storm surge, tsunami, any overflow of a body of water or spray from any of these, whether or not driven by wind; or
 - (2) any release, overflow, escape or rising of water otherwise held, contained, controlled or diverted by a dam, levee, dike or by any type of water containment, water diversion or flood control device; or

- (3) water or water-borne material below the surface of the ground, including water which exerts pressure on or seeps or leaks through a building, sidewalk, driveway, foundation, swimming pool or other structure.

Direct loss by fire, explosion or theft resulting from water damage is covered.

Except as specifically modified in this endorsement, all provisions of the policy to which this endorsement is attached also apply to this endorsement.

Term Premium

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/29/2007

Comments:

Attachment:

P&C Transmittal Doc.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 #
USAA Group	200

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
United Services Automobile Association	TX	25941	74-0959140	
USAA Casualty Insurance Company	TX	25968	59-3019540	
USAA General Indemnity Company	TX	18600	74-1718283	
Garrison Property and Casualty Insurance Company	TX	21253	43-1803614	

5. Company Tracking Number	HOMAR00014CGF01
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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
	Scott Hawthorne, CPCU, ChFC, CLU 9800 Fredericksburg Road San Antonio TX 78288-1033	Compliance Analyst	800-531-8722 Ext. 85315	866-358-3638	scott.hawthorne@usaa.com

7.	Signature of authorized filer	<i>Scott Hawthorne</i>
8.	Please print name of authorized filer	Scott Hawthorne, CPCU, ChFC, CLU

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

9.	Type of Insurance (TOI)	04.0 Homeowners
10.	Sub-Type of Insurance (Sub-TOI)	04.0003 Owner Occupied Homeowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Personal Homeowners Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 02/01/2008 Renewal: 02/01/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input 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 #	HOMAR00014CGF01
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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 HO-208 Water Backup and Sump Pump Overflow endorsement uses the same language to describe Water damage, and as a result, we have revised it to match that of the HO FLDA Amendatory Endorsement.

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]				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Check #:</td> <td>TBD</td> </tr> <tr> <td>Amount:</td> <td>\$50.00</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		Check #:	TBD	Amount:	\$50.00
Check #:	TBD				
Amount:	\$50.00				

***Refer to 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 #	HOMAR00014CGF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Water Backup or Sump Pump Overflow	HO-208 07-07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HO-208	
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		