

SERFF Tracking Number: ZURC-125260958 State: Arkansas  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: AR-PC-07-025921  
Company Tracking Number: CW-BM-26432  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: CW-BM-26432 - Multistate Equipment Breakdown Declaration Revision Filing  
Project Name/Number: CW-BM-26432/

## Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: CW-BM-26432 - Multistate SERFF Tr Num: ZURC-125260958 State: Arkansas  
Equipment Breakdown Declaration Revision Filing

TOI: 27.0 Boiler & Machinery	SERFF Status: Closed	State Tr Num: AR-PC-07-025921
Sub-TOI: 27.0000 Boiler & Machinery	Co Tr Num: CW-BM-26432	State Status:
Filing Type: Form	Co Status: Not Applicable	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Deborah Freeman	Disposition Date: 08/29/2007
	Date Submitted: 08/28/2007	Disposition Status: Approved
Effective Date Requested (New): 12/01/2007		Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007		Effective Date (Renewal): 12/01/2007

## General Information

Project Name: CW-BM-26432	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/29/2007	
State Status Changed: 08/29/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Multistate Equipment Breakdown Declaration Revision Filing	

## Company and Contact

### Filing Contact Information

Deborah Freeman, Product Analyst  
1400 American Lane

deborah.freeman@zurichna.com  
(847) 605-4238 [Phone]

SERFF Tracking Number: ZURC-125260958 State: Arkansas  
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Product Name: CW-BM-26432 - Multistate Equipment Breakdown Declaration Revision Filing  
Project Name/Number: CW-BM-26432/

Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

**Filing Company Information**

American Zurich Insurance Company CoCode: 40142 State of Domicile: Illinois  
1400 American Lane Group Code: 212 Company Type:  
Schaumburg, IL 60196 Group Name: State ID Number:  
(847) 605-6000 ext. [Phone] FEIN Number: 36-3141762  
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American Guarantee and Liability Insurance CoCode: 26247 State of Domicile: New York  
Company Group Code: 212 Company Type:  
1400 American Lane Group Name: State ID Number:  
Schaumburg, IL 60196 FEIN Number: 36-6071400  
(847) 605-6000 ext. [Phone] -----

Zurich American Insurance Company of Illinois CoCode: 27855 State of Domicile: Illinois  
1400 American Lane Group Code: 212 Company Type:  
Schaumburg, IL 60196 Group Name: State ID Number:  
(847) 605-6000 ext. [Phone] FEIN Number: 36-2781080  
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Zurich American Insurance Company CoCode: 16535 State of Domicile: New York  
1400 American Lane Group Code: 212 Company Type:  
Schaumburg, IL 60102 Group Name: State ID Number:  
(847) 605-6000 ext. [Phone] FEIN Number: 36-4233459  
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SERFF Tracking Number: ZURC-125260958 State: Arkansas  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: AR-PC-07-025921  
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TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$0.00	08/28/2007	
American Guarantee and Liability Insurance Company	\$0.00	08/28/2007	
Zurich American Insurance Company of Illinois	\$0.00	08/28/2007	
American Zurich Insurance Company	\$0.00	08/28/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3400292721	\$50.00	08/14/2007

## State Specific

Check\_No: 3400292721  
Check\_Amt: \$50.00  
Check\_Rec: 09-04-2007

SERFF Tracking Number: ZURC-125260958 State: Arkansas  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: AR-PC-07-025921  
Company Tracking Number: CW-BM-26432  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: CW-BM-26432 - Multistate Equipment Breakdown Declaration Revision Filing  
Project Name/Number: CW-BM-26432/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/29/2007	08/29/2007

SERFF Tracking Number: ZURC-125260958 State: Arkansas  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: AR-PC-07-025921  
Company Tracking Number: CW-BM-26432  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: CW-BM-26432 - Multistate Equipment Breakdown Declaration Revision Filing  
Project Name/Number: CW-BM-26432/

## Disposition

Disposition Date: 08/29/2007  
Effective Date (New): 12/01/2007  
Effective Date (Renewal): 12/01/2007  
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

SERFF Tracking Number: ZURC-125260958 State: Arkansas  
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 Company Tracking Number: CW-BM-26432  
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 Product Name: CW-BM-26432 - Multistate Equipment Breakdown Declaration Revision Filing  
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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
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Equipment Breakdown Protection Coverage Form Declarations	Approved	Yes
Form	Equipment Breakdown Protection Coverage Form Extension of Declarations	Approved	Yes
Form	Amendment of Declarations	Approved	Yes

SERFF Tracking Number: ZURC-125260958 State: Arkansas  
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 Product Name: CW-BM-26432 - Multistate Equipment Breakdown Declaration Revision Filing  
 Project Name/Number: CW-BM-26432/

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Breakdown Protection Coverage Form Declarations	U-EB-D-100-A	09 07	Declaration Replaced s/Schedule	Replaced Form #:0.00 U-BMS-D-105-A Previous Filing #:		U-EB-D-100-A 0907 - Equipment Breakdown Protection Coverage Form Declarations.pdf
Approved	Equipment Breakdown Protection Coverage Form Extension of Declarations	U-EB-101-A	09 07	Declaration Replaced s/Schedule	Replaced Form #:0.00 U-BMS-D-106-A Previous Filing #:		U-EB-D-101-A 0907 - Equipment Breakdown Protection Coverage Form Extension of Declarations.pdf
Approved	Amendment of Declarations	U-EB-D-102-A	09 07	Declaration New s/Schedule		0.00	U-EB-D-102-A 0907 - Amendment of Declarations.pdf

**Policy Number**

**EQUIPMENT BREAKDOWN PROTECTION  
COVERAGE FORM DECLARATIONS**

Named Insured

Policy Period: From:

To:

12:01 A.M., Standard Time

Agent Name

Agent No.

**COVERED PREMISES See Schedule of Locations**

Location No.

Building No

**Premium:**

Insurance applies only to a coverage for which a Limit of Insurance, a number of Days/Hours or the word INCLUDED is shown. If INCLUDED is shown then the limit for that coverage is part of the Limit Per Breakdown.

**COVERAGE**

**LIMIT OF INSURANCE or DAYS/HOURS**

**Limit Per Breakdown**

- 1. **Property Damage** **INCLUDED**
- 2. **Expediting Expense**
- 3. **Business Income/Extra Expense**
  - a. Extra Expense Only
  - b. Extended Period of Restoration (Number of days of coverage) Days
  - c. Data or Media (\$25,000 Limit Of Insurance) or
- 4. **Spoilage Damage**
- 5. **Utility Interruption:**
  - a. Coverage applies only if the interruption of services lasts at least:
- 6. **Newly Acquired Premises** **INCLUDED**
  - a. (Number of days of coverage) Days
- 7. **Ordinance or Law:**
- 8. **Errors and Omissions**
- 9. **Brands and Labels**
- 10. **Contingent Business Income/Extra Expense**
  - a. Covered Premises:
  - b. Sales, Services or Materials:

**Limited Coverage for Fungus, Wet Rot and Dry Rot.**

Revised Limit

Separate Premises Option  YES  NO

Revised Limits

Description of Premises

Business Income And Extra Expense or Extra Expense Only – Revised number of days

Unless a higher limit or INCLUDED is shown the most we will pay for direct damage to covered property is \$25000 for each of the following. These limits are part of not in addition to the Property Damage or Limit Per Breakdown

<b>COVERAGES LIMITATIONS</b>	<b>LIMIT OF INSURANCE</b>
Ammonia Contamination Consequential Loss Data and Media Hazardous Substance Water Damage	
<b>CONDITIONS AND OPTIONAL COVERAGES</b>	<b>LIMIT OF INSURANCE</b>
Business Income Report Date Business Income Annual Value Business Income Coinsurance Percentage Diagnostic Equipment (Included or Excluded)	
The deductible applies only to a coverage for which an amount, hours or days are the word INCLUDED is shown. If INCLUDED is shown, then the deductible for that coverage is part of the Combined Deductible	
<b>DEDUCTIBLES</b>	<b>AMOUNTS, HOURS or DAYS</b>
Property Damage Business Income and Extra Expense Spoilage Damage Utility Interruption: Other: Combined Deductible:	Days
<b>FORMS APPLICABLE</b>	<b>See Schedule of Forms and Endorsements</b>

COUNTERSIGNED \_\_\_\_\_ BY \_\_\_\_\_ (Authorized Representative)

Policy Number

EQUIPMENT BREAKDOWN PROTECTION COVERAGE FORM  
EXTENSION OF DECLARATIONS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Location No.

Building No.

Insurance applies only to a coverage for which a Limit of Insurance, a number of Days/Hours or the word INCLUDED is shown. If INCLUDED is shown then the limit for that coverage is part of the Limit Per Breakdown.

**COVERAGE**

**LIMIT OF INSURANCE or DAYS/HOURS**

**Limit Per Breakdown**

- 1. **Property Damage** **INCLUDED**
- 2. **Expediting Expense**
- 3. **Business Income/ Extra Expense**
  - a. Extra Expense Only
  - b. Extended Period of Restoration (Number of days of coverage) Days
  - c. Data or Media (\$25,000 Limit Of Insurance) or
- 4. **Spoilage Damage**
- 5. **Utility Interruption:**
  - a. Coverage applies only if the interruption of services lasts at least:
- 6. **Newly Acquired Premises** **INCLUDED**
  - a. (Number of days of coverage) Days
- 7. **Ordinance or Law:**
- 8. **Errors and Omissions**
- 9. **Brands and Labels**
- 10. **Contingent Business Income/Extra Expense**
  - a. Covered Premises:
  - b. Sales, Services or Materials:

**Limited Coverage for Fungus, Wet Rot and Dry Rot**

Revised Limit

Separate Premises Option  YES  NO

Revised Limits

Description of Premises

Business Income And Extra Expense or Extra Expense Only -- Revised number of days

Unless a higher limit or INCLUDED is shown the most we will pay for direct damage to covered property is \$25000 for each of the following. These limits are part of not in addition to the Property Damage or Limit Per Breakdown.

<b>COVERAGE LIMITATIONS</b>	<b>LIMIT OF INSURANCE</b>
<b>Ammonia Contamination</b> <b>Consequential Loss</b> <b>Data and Media</b> <b>Hazardous Substance</b> <b>Water Damage</b>	
<b>CONDITIONS AND OPTIONAL COVERAGES</b>	<b>LIMIT OF INSURANCE</b>
<b>Business Income Report Date</b> <b>Business Income Annual Value</b> <b>Business Income Coinsurance Percentage</b> <b>Diagnostic Equipment</b> (Included or Excluded)	
The deductible applies only to a coverage for which an amount, hours or days are the word INCLUDED is shown. If INCLUDED is shown, then the deductible for that coverage is part of the Combined Deductible.	
<b>DEDUCTIBLES</b>	<b>AMOUNTS, HOURS or DAYS</b>
<b>Property Damage</b> <b>Business Income and Extra Expense</b> <b>Spoilage Damage</b> <b>Utility Interruption:</b> <b>Other:</b> <b>Combined Deductible:</b>	       <b>Days</b>

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## AMENDMENT OF DECLARATIONS

This endorsement modifies insurance provided under the following:

### EQUIPMENT BREAKDOWN PROTECTION COVERAGE FORM

With respect to the listed premises, the following Amounts, Limits, Days or INCLUDED shall be inserted in lieu of that which is presently shown in the Declarations for that COVERAGE, COVERAGE LIMITATION, CONDITION, OPTIONAL COVERAGE or DEDUCTIBLE. All other items in the Declarations remain unchanged.

COVERED PREMISES See Schedule of Location(s) Changes	
Location No.	Building No
<b>COVERAGE</b>	<b>LIMIT OF INSURANCE or DAYS/HOURS</b>
<b>Limit Per Breakdown</b>	
1. <b>Property Damage</b>	<b>INCLUDED</b>
2. <b>Expediting Expense</b>	
3. <b>Business Income/ Extra Expense</b>	
a. Extra Expense Only	
b. Extended Period of Restoration (Number of days of coverage)	Days
c. Data or Media (\$25,000 Limit Of Insurance) or	
4. <b>Spoilage Damage</b>	
5. <b>Utility Interruption:</b>	
a. Coverage applies only if the interruption of services lasts at least:	
6. <b>Newly Acquired Premises</b>	<b>INCLUDED</b>
a. (Number of days of coverage)	Days
7. <b>Ordinance or Law:</b>	
8. <b>Errors and Omissions</b>	
9. <b>Brands and Labels</b>	
10. <b>Contingent Business Income/ Extra Expense</b>	
a. Covered Premises:	
b. Sales, Services or Materials:	
<b>Limited Coverage for Fungus, Wet Rot and Dry Rot</b>	
Revised Limit	
Separate Premises Option	<input type="checkbox"/> YES <input type="checkbox"/> NO
Revised Limits	Description of Premises
Business Income And Extra Expense or Extra Expense Only – Revised number of days	

Unless a higher limit or INCLUDED is shown the most we will pay for direct damage to covered property is \$25000 for each of the following. These limits are part of not in addition to the Property Damage or Limit Per Breakdown.

COVERAGE LIMITATIONS	LIMIT OF INSURANCE
<b>Ammonia Contamination</b> <b>Consequential Loss</b> <b>Data and Media</b> <b>Hazardous Substance</b> <b>Water Damage</b>	
CONDITIONS AND OPTIONAL COVERAGES	LIMIT OF INSURANCE
<b>Business Income Report Date</b> <b>Business Income Annual Value</b> <b>Business Income Coinsurance Percentage</b> <b>Diagnostic Equipment</b> (Included or Excluded)	
The deductible applies only to a coverage for which an amount, hours or days are the word INCLUDED is shown. If INCLUDED is shown, then the deductible for that coverage is part of the Combined Deductible.	
DEDUCTIBLES	AMOUNTS, HOURS or DAYS
<b>Property Damage</b> <b>Business Income and Extra Expense</b> <b>Spoilage Damage</b> <b>Utility Interruption:</b> <b>Other:</b> <b>Combined Deductible:</b>	<b>Days</b>

*SERFF Tracking Number:*      *ZURC-125260958*                      *State:*                      *Arkansas*  
*First Filing Company:*      *American Zurich Insurance Company, ...*      *State Tracking Number:*      *AR-PC-07-025921*  
*Company Tracking Number:*      *CW-BM-26432*  
*TOI:*                      *27.0 Boiler & Machinery*                      *Sub-TOI:*                      *27.0000 Boiler & Machinery*  
*Product Name:*                      *CW-BM-26432 - Multistate Equipment Breakdown Declaration Revision Filing*  
*Project Name/Number:*      *CW-BM-26432/*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125260958 State: Arkansas  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: AR-PC-07-025921  
Company Tracking Number: CW-BM-26432  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: CW-BM-26432 - Multistate Equipment Breakdown Declaration Revision Filing  
Project Name/Number: CW-BM-26432/

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/29/2007

**Comments:**

**Attachment:**

NAIC PC TD-1.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 08/29/2007

**Comments:**

**Attachment:**

1Coverletter - SERFF.pdf

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 08/29/2007

**Comments:**

**Attachment:**

Explanatory Memorandum - 4 companies.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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: 60%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Zurich American Insurance Company	NY	16535	36-4233459	
American Guarantee and Liability Insurance Company	NY	26247	36-6071400	
American Zurich Insurance Company	IL	40142	36-3141762	
Zurich American Insurance Company of Illinois	IL	27855	36-2781080	

<b>5. Company Tracking Number</b>	CW-BM-26432
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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
Deborah A. Freeman 1400 American Lane Schaumburg, IL 60196	Product Analyst	(847) 605-4238	(847) 605-7768	deborah.freeman@zurichna.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Deborah A. Freeman		

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

9. Type of Insurance (TOI)	27.000
10. Sub-Type of Insurance (Sub-TOI)	27.000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Equipment Breakdown Coverage Declarations Filing
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: 12/01/2007      Renewal: 12/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	08/28/2007
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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CW-BM-26432
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to update the Declarations used for writing Equipment Breakdown (Boiler/Machinery) coverage on package policies using ISO Equipment Breakdown Coverage forms. Forms U-BMS-D-105-A and U-BMS-D 106-A were previously filed and approved in your state under Zurich filing reference CW-BM-21662. We will withdraw these declarations as the new declarations are approved.

We seek approval for U-EB-D-100-A, Equipment Breakdown Coverage Form Declarations, U-EB-D-101-A Equipment Breakdown Extension of Declarations, and U-EB-D-102-A Amendment of Declarations. These will be attached to Equipment Breakdown policies written on a package policy using ISO coverage forms in the companies listed below. Coverage is provided by the ISO Equipment Breakdown Coverage form, EB 0020.

Changes to the Declarations from the prior version (U-BMS-D-105-A) are:

- Inclusion of information for the limited Fungus, Wet Rot and Dry Rot coverage as per the ISO 2007 changes

The Declarations include the same information as the ISO Advisory Declarations.

There is no pricing differential in the usage of this form. The Declarations simply state the coverages and terms of the policy to which it is attached.

<b>22.</b>	<b>Filing Fees</b> (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 #: 3400292721**  
**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.)**

PC TD-1 pg 2 of 2

## 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>	CW-BM-26432
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	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	Equipment Breakdown Protection Coverage Form Declarations	U-EB-D-100-A (0907)	[ ] New [ <b>X</b> ] Replacement [ ] Withdrawn	U-BMS-D-105-A (0701)	
02	Equipment Breakdown Protection Coverage Form Extension of Declarations	U-EB-101-A (0907)	[ ] New [ <b>X</b> ] Replacement [ ] Withdrawn	U-BMS-D-106-A (0701)	
03	Amendment of Declarations	U-EB-D-102-A (0907)	[ <b>X</b> ] New [ ] Replacement [ ] Withdrawn		
04			[ ] New [ ] Replacement [ ] Withdrawn		
05			[ ] New [ ] Replacement [ ] Withdrawn		
06			[ ] New [ ] Replacement [ ] Withdrawn		
07			[ ] New [ ] Replacement [ ] Withdrawn		
08			[ ] New [ ] Replacement [ ] Withdrawn		
09			[ ] New [ ] Replacement [ ] Withdrawn		
10			[ ] New [ ] Replacement [ ] 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>	<b>CW-BM-26432</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)	<b>N/A</b>
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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.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>		
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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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	



August 28, 2007

VIA SERFF FILING

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
Property and Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

**Reference:      Equipment Breakdown Declarations Filing**  
**American Guarantee and Liability Insurance Company NAIC #212-26247**  
**American Zurich Insurance Company NAIC #212-40142**  
**Zurich American Insurance Company NAIC #212-16535**  
**Zurich American Insurance Company of Illinois NAIC #212-27855**  
**Company File Number: CW-BM-26432**

**Zurich North America**

Dear Honorable Bowman:

1400 American Lane  
Schaumburg, Illinois  
60196-1056

**Telephone:** (847) 605-4238

**Facsimile:** (847) 605-7768

**Internet :**

[www.deborah.freeman@zurichna.com](mailto:www.deborah.freeman@zurichna.com)

In accordance with the filing requirements of your state, we hereby submit for your review and approval the following declaration pages on behalf of the above referenced companies:

- U-EB-D-100-A (0907) – Equipment Breakdown Protection Coverage Form Declarations
- U-EB-101-A (0907) - Equipment Breakdown Protection Coverage Form Extension of Declarations
- U-EB-D-102-A (0907) – Amendment of Declarations

The purpose of this filing is to update the Declarations used for writing Equipment Breakdown (Boiler/Machinery) coverage on package policies using ISO Equipment Breakdown Coverage forms.

Please see the Explanatory Memorandum which provides additional details regarding this filing submission.

We request this filing become effective December 1, 2007.

This filing is being submitted electronically through SERFF. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,

Deborah A. Freeman  
Product Analyst  
Regulatory Services/Independent Products  
(847) 605-4238  
(847) 605-7768 (Fax)  
[deborah.freeman@zurichna.com](mailto:deborah.freeman@zurichna.com)

Enclosures:

**ZURICH NORTH AMERICA  
EQUIPMENT BREAKDOWN COVERAGE  
DECLARATIONS**

The purpose of this filing is to update the Declarations used for writing Equipment Breakdown (Boiler/Machinery) coverage on package policies using ISO Equipment Breakdown Coverage forms. Forms U-BMS-D-105-A and U-BMS-D 106-A were previously filed and approved in your state under Zurich filing reference CW-BM-21662. We will withdraw these declarations as the new declarations are approved.

We seek approval for U-EB-D-100-A, Equipment Breakdown Coverage Form Declarations, U-EB-D-101-A Equipment Breakdown Extension of Declarations, and U-EB-D-102-A Amendment of Declarations. These will be attached to Equipment Breakdown policies written on a package policy using ISO coverage forms in the companies listed below. Coverage is provided by the ISO Equipment Breakdown Coverage form, EB 0020.

Changes to the Declarations from the prior version (U-BMS-D-105-A) are:

- Inclusion of information for the limited Fungus, Wet Rot and Dry Rot coverage as per the ISO 2007 changes

The Declarations include the same information as the ISO Advisory Declarations.

There is no pricing differential in the usage of this form. The Declarations simply state the coverages and terms of the policy to which it is attached.

**American Guarantee and Liability Insurance Company  
American Zurich Insurance Company  
Zurich American Insurance Company  
Zurich American Insurance Company of Illinois**