

SERFF Tracking Number: ALSX-125304865 State: Arkansas  
Filing Company: Allstate Insurance Company State Tracking Number: AR-PC-07-026218  
Company Tracking Number: BF1050/1070/10291089  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Coml Interline  
Project Name/Number: 2007 - Adopt ISO Forms/BF 1050/1070/10291089

## Filing at a Glance

Company: Allstate Insurance Company

Product Name: Coml Interline

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

SERFF Tr Num: ALSX-125304865

SERFF Status: Closed

Co Tr Num:

BF1050/1070/10291089

Co Status:

Author: SPI AllState

Date Submitted: 09/26/2007

State: Arkansas

State Tr Num: AR-PC-07-026218

State Status:

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

Disposition Date: 09/28/2007

Disposition Status: Approved

Effective Date Requested (New): 12/03/2007

Effective Date Requested (Renewal): 12/03/2007

Effective Date (New): 12/03/2007

Effective Date (Renewal):

12/03/2007

## General Information

Project Name: 2007 - Adopt ISO Forms

Project Number: BF1050/1070/10291089

Reference Organization:

Reference Title:

Filing Status Changed: 09/28/2007

State Status Changed: 09/26/2007

Corresponding Filing Tracking Number:

Filing Description:

Commercial Fire/Allied Lines

Commercial Inland Marine

Commercial Crime and Fidelity

Commercial General Liability

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

ISO Reference Filing No. CL-2006-OLOB1

Description of Filing:

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 Product Name: Coml Interline  
 Project Name/Number: 2007 - Adopt ISO Forms/BF1050/1070/10291089

We are filing to adopt the Arkansas Supplement to the Multistate Interline Forms Revision of Coverage Part References Approved. We are; however, not able to meet the Insurance Services Office (ISO) effective date of October 1, 2007.

We are requesting to adopt these forms to new business and renewals effective on or after December 3, 2007.

## Company and Contact

### Filing Contact Information

Kelly Urban, State Filings Analyst kurban@allstate.com  
 2775 Sanders Road (847) 402-0157 [Phone]  
 Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

Allstate Insurance Company CoCode: 19232 State of Domicile: Illinois  
 2775 Sanders Road Group Code: 8 Company Type: Property and  
 Casualty

Suite A5  
 Northbrook, IL 60062 Group Name: Allstate State ID Number:  
 (847) 402-5000 ext. [Phone] FEIN Number: 36-0719665  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$80.00  
 Retaliatory? No  
 Fee Explanation: \$20 x 4 lines of business = \$80.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$80.00	09/26/2007	15811060

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/28/2007	09/28/2007

*SERFF Tracking Number:*      *ALSX-125304865*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Insurance Company*                      *State Tracking Number:*      *AR-PC-07-026218*  
*Company Tracking Number:*      *BF1050/1070/10291089*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*                      *Coml Interline*  
*Project Name/Number:*              *2007 - Adopt ISO Forms/BF1050/1070/10291089*

## **Disposition**

Disposition Date: 09/28/2007

Effective Date (New): 12/03/2007

Effective Date (Renewal): 12/03/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125304865 State: Arkansas  
Filing Company: Allstate Insurance Company State Tracking Number: AR-PC-07-026218  
Company Tracking Number: BF1050/1070/10291089  
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Product Name: Coml Interline  
Project Name/Number: 2007 - Adopt ISO Forms/BF1050/1070/10291089

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Approved Casualty		Yes

*SERFF Tracking Number:*      *ALSX-125304865*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Insurance Company*                      *State Tracking Number:*      *AR-PC-07-026218*  
*Company Tracking Number:*      *BF1050/1070/10291089*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*                      *Coml Interline*  
*Project Name/Number:*              *2007 - Adopt ISO Forms/BF1050/1070/10291089*

## **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 09/28/2007

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Insurance Company	IL	19232	36-0719665	

<b>5. Company Tracking Number</b>	BF1050/1070/10291089
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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
	Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	State Filings Analyst	800-366-2958 Ext. 20157	847-402-9757	kurban@allstate.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Kelly Urban

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

<b>9.</b>	Type of Insurance (TOI)	35.0 Interline Filings
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
<b>11.</b>	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing Title)	Commercial Crime/Fidelity, General Liability, Inland Marine, and Fire/Allied Lines
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 12-3-2007      Renewal: 12-3-2007
<b>15.</b>	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	Reference Organization (if applicable)	ISO
<b>17.</b>	Reference Organization # & Title	CL-2006-OLOB1 - Arkansas Supplement to the Multistate Interline Forms Revision of Coverage Part References Approved
<b>18.</b>	Company's Date of Filing	9-24-2007

Effective March 1, 2007

<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	BF1050/1070/10291089
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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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Commercial Fire/Allied Lines  
Commercial Inland Marine  
Commercial Crime and Fidelity  
Commercial General Liability

ISO Reference Filing No. CL-2006-OLOB1

**Description of Filing:**

We are filing to adopt the Arkansas Supplement to the Multistate Interline Forms Revision of Coverage Part References Approved. We are; however, not able to meet the Insurance Services Office (ISO) effective date of October 1, 2007.

We are requesting to adopt these forms to new business and renewals effective on or after December 3, 2007.

<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]
<b>Check #:</b>	EFT
<b>Amount:</b>	\$80.00
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	BF1050/1070/10291089
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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 - ISO Adopt
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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			<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		
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		